The thesis is submitted as part of my Professional

Doctorate

A qualitative study exploring healthcare

students' understanding of their moral

compass and its influence on practice.

13008744

Acknowledgements

I would like to thank my supervisor's Dr Lindesay Irvine and Dr Susi Peacock for their support and patience during some very difficult times.

I would like to thank my husband, Colin for his love and enduring support throughout the years, the periods of separation and the financial sacrifices he has made.

I thank the Lord for His guidance, His wisdom and His love has I have sought to do His work on earth.

Contents

Glossary of terms

Cards, **-** these are a series of picture cards, with classical pictures (Appendix 7) with word association. They are intended to illicit emotions or feelings concerned with the participants' moral compass. Thus, acting as a gateway to explore participants underlying meanings.

Exegesis, - an explanation and interpretation of a piece of writing, especially a religious piece of writing, after very careful study. Collins English Dictionary

http://www.collinsdictionary.com/dictionary/english/exegesis

Hermeneutics, - the methodology of interpretation concerned with problems that arise when dealing with meaningful human actions and the products of such actions, most importantly texts. As a methodological discipline, it offers a toolbox for efficiently treating problems of the interpretation of human actions, texts and other meaningful material. (Stanford Encyclopaedia of Philosophy)

http://www.plato.stanford.edu/entries/hermeneutics

Iterative process, - a process for arriving at a decision or a desired result by repeating rounds of analysis or cycles of operations. The objective is to bring the desired or result closer to discovery with each repetition (iteration) http://www.business.com/definition/iterative-process.html

Journey Lines, - a template on which participants will write or draw their experiences when they were aware of their moral compass. This may be its development, or when it has been challenged (Appendix 8)

Proof of Concept, - evidence which establishes that an idea or process is feasible http://www.businessdictionay.com/definition/proof–of-concept

Types of Hermeneutics. This research will use *spiral hermeneutics* (Fig 1) this will allow me to move between tools individually and between participants allowing depth and breadth of understanding.

1. The Hermeneutical Circle	2. The Hermeneutical Spiral	3. The Hermeneutical Catherine Wheel
whole parts	whole parts	whole parts
Understanding of the whole is aided by understanding the parts, understanding of the parts is helped by understanding the whole	As the circle is repeated, understanding expands	As the circle is repeated, the mind is distr Look! A Kitten!
4. The Hermeneutical Turntable	5. The Hermeneutical Roundabout (Marxist)	6. The Hermeneutical Mini - Roundabout
whole parts		
Sometimes understanding decreases, until the reader goes round and round and...	Give way to opinions from the left (reverse depending on location)	MY INTERPRETATION IS CORRECT!

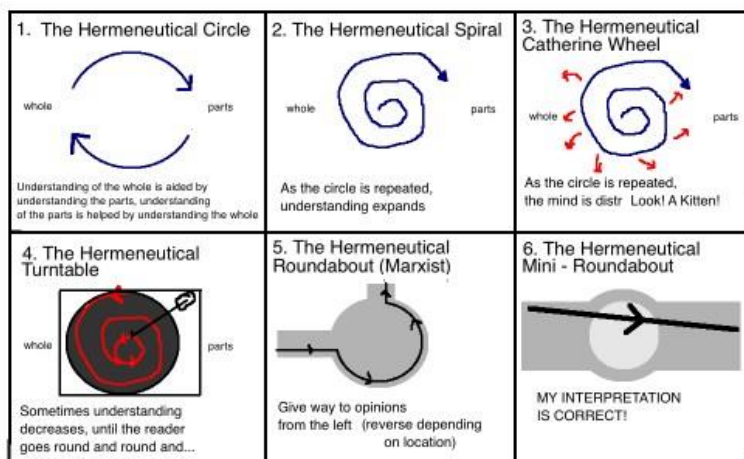Fig. 1. McGrath, J., (2013). The Hermeneutical Mini-Roundabout, http://www.patheos.com/religionprof/2013/07/the-hermeneutical-miniroundabout.html

Anti- social behaviour, any behaviour that shows little concern about other people's feelings and needs, there is little morality associated with this behaviour (Hart et al 2017).

Pro-social behaviour, any behaviour that is enacted in order to benefit others (Hart et al 2017).

Abbreviations

CCDR Care, Compassion, Dignity, Respect	NICE National Institute of Clinical Excellence
HCPC Health Care Professions Council	KJV King James Version
CQC Care Quality Commission	NMC Nursing and Midwifery Council
HCP Health Care Professional	SCQF Scottish Credit Qualifications Framework
WMA World Medical Association	UK United Kingdom
NIV New International Version	POC Proof of Concept

P1 Participant 1	P2 Participant 2	P3 Participant 3	P4 Participant 4
P5 Participant 5	P6 Participant 6	P7 Participant 7	P8 Participant 8
P9 Participant 9	P10 Participant 10	P11 Participant 11	P12 Participant 12

Abstract

Aims: To explore healthcare students' understanding of their moral compass.

Background: Francis (2010; 2013) highlighted failings within health and social care delivery, identifying themes of poor care, compassion, dignity and respect as issues. Stimulated by these reports a critical literature review revealed spirituality to be important in developing good healthcare practice. A proof of concept (pilot study) sought to understand healthcare students' understanding of religion/spirituality. The moral compass emerged as an important theme that required deeper understanding.

Methodology: I took a critical, social constructionist perspective incorporating a theological axiology, as I sought to understand healthcare students' moral compass. The research was exploratory and descriptive using qualitative and inductive approaches.

Methods: Sampling and recruitment was purposive (N=12), using students within a higher education institution in Lothian. Three data collection methods were used (interpretation of picture cards, identification on journey lines key points where healthcare students felt their moral compass was developed or challenged, and one-one, face-face semi-structured audio-taped interviews) and data was triangulated to increase rigour and trustworthiness within the study.

Analysis: Data analysis used an iterative process of thematic analysis, with a critical exegetical/hermeneutical interpretation. I used the theological/anthropological lens of St Augustine's Two Cities, 'The City of God' (spiritual) and the 'City of Man' (secular) as a reference to interpretation.

Interpretation: Early religious education appeared to influence how an individual's moral compass developed. Having a faith, seemed to guide an individual in the choices they made, developed self-esteem and the way they interacted with others.

Elements such as forgiveness and trust were important in relationships. Feelings of guilt and shame were evident with wrong-doing but the level of wrong-doing appeared to be calibrated depending on the situation.

Conclusion: It would appear that what a person does in this life can influence how they will enter the next-life. A great deal of information was generated concerning forgiveness, trust, guilt and shame which need to be addressed for proper moral development. Participants calibrated these factors depending on their situation and it is proposed that the moral compass can be fluid.

Chapter 1- Introduction and background

Evidence based rationale

Following a number of allegations regarding the North Staffordshire Health Authority, Francis (2010; 2013), published the findings of the Independent and Public inquiries he had overseen. An outcome of this work was evidence of a poor level of care, compassion, dignity and respect afforded to some of the most vulnerable in our society. One such group was older people and having worked in, and taught care of older people within a university setting, I was deeply concerned.

Following Francis (2010; 2013), subsequent reports emerged into poor delivery of care revealing continuing problems, regarding patient safety (Berwick 2013), the lack of registration of healthcare assistants (Cavendish 2013), high mortality rates (Keogh 2013), and lack of person-centred care (Willis 2013). In addition to these governmental reviews there were reports by The British Geriatrics Society (2012), which built upon the Levenson Report (2007). This led to a number of policy reviews, including the Department of Health's 'Compassion in Practice' (2013) outlining the six C's (care, compassion, communication, commitment, courage and competence), culture change in the National Health Service (NHS), (Department of Health 2015), and the Care Quality Commission (CQC 2015) which developed standards of care in line with the NHS values and constitution. However, media reports suggested that, despite implementation of Francis' recommendations and the policy reviews poor care persisted (Tringle 2013; Holt 2014; Rigby 2015; Coyle 2015, and Borland 2016). I consider it is important that the public have trust in the healthcare that is provided, whether this be public or private. Many of the aspects of poor care, it could be argued, bordered on abuse and would violate human dignity (Levenson 2007). The most vulnerable in society, older people, the very sick, the very young and those with

mental health issues require a safe secure environment to live, or in some cases to die; how someone lives is important but also how someone dies (Kydd and Flemming 2015). The ramifications of poor care can extend from the individual concerned to their family and the wider community. In order to maintain trust in our caring institutions we must ensure the very highest levels of care is provided (CQC 2015). From a personal perspective, I have been unable to understand why; when there has been numerous studies (see literature review) into the four themes (see Figure 2) identified by Francis (2013), poor care continues. This prompted me to look deeper into the literature, and look for an alternative lens to view the problem through

Figure 2: Underpinnings of how the themes emerged
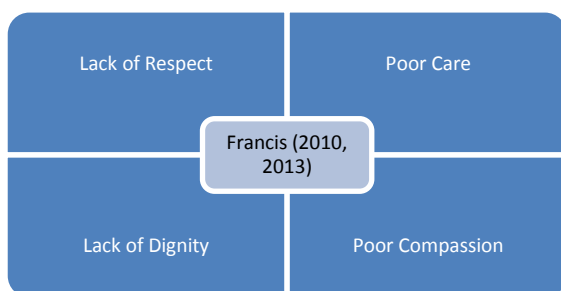
I will be writing this research in the first person, and thus, acknowledge that I am one of the research tools. I will be transparent and reflexive in my literature review, proof of concept (pilot study), and the process of data analysis and discussion. I offer a diagram (see Figure 3 below) to show how the work developed over the period of the Professional doctorate followed by a representation of the process used (see Figure 4).

Figure. 3: illustrates the why, what, how, when, and where my research took place.

Why?

> Concern over continued poor care following Francis reports 2010, 2013

What?

> Exploration of health care students moral compass

How Conducted

> Qualitative, picture cards, journey lines, 1-, f-f interviews

How Analysed

> Thematic Analysis, Spiral hermeneutics

When
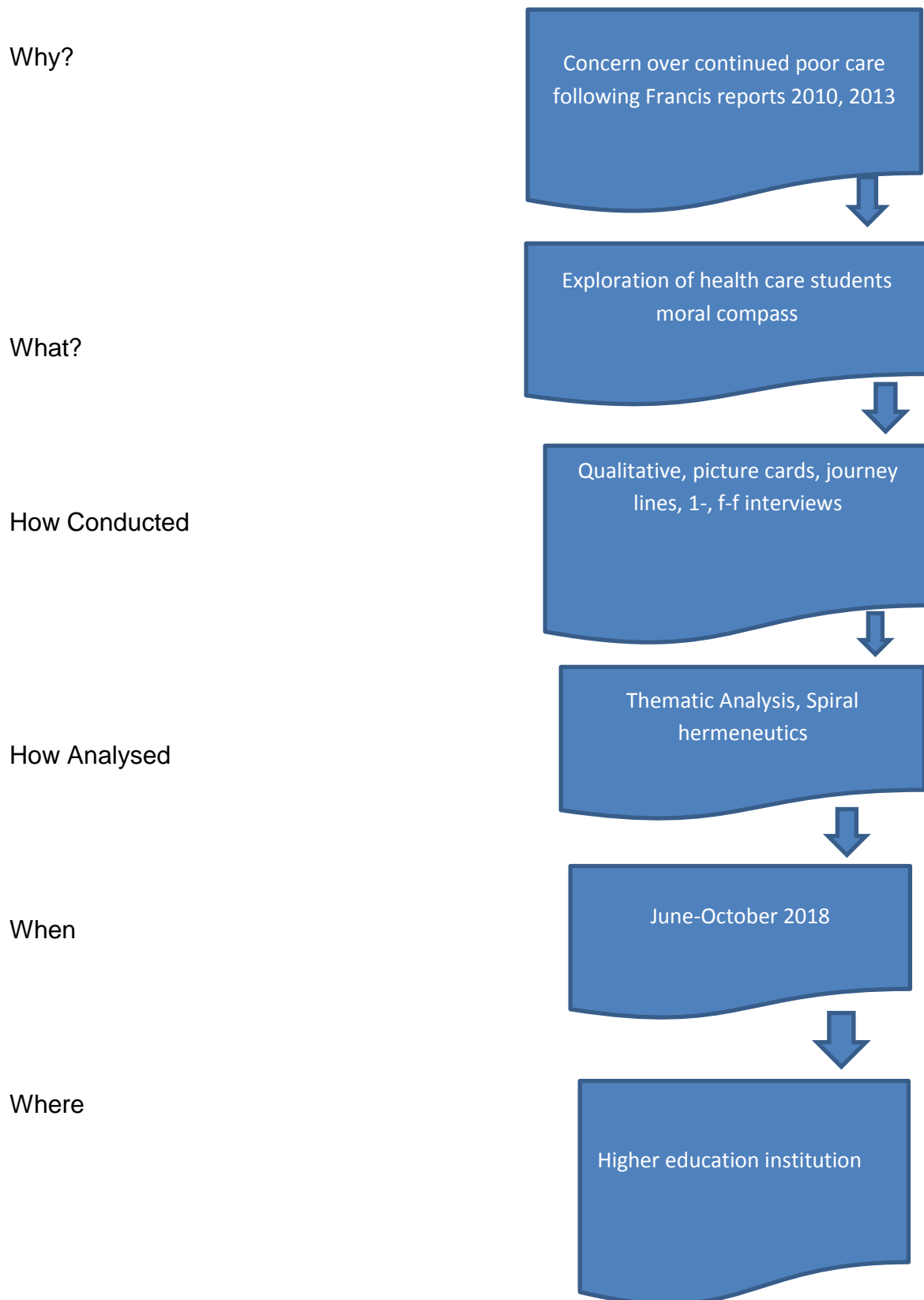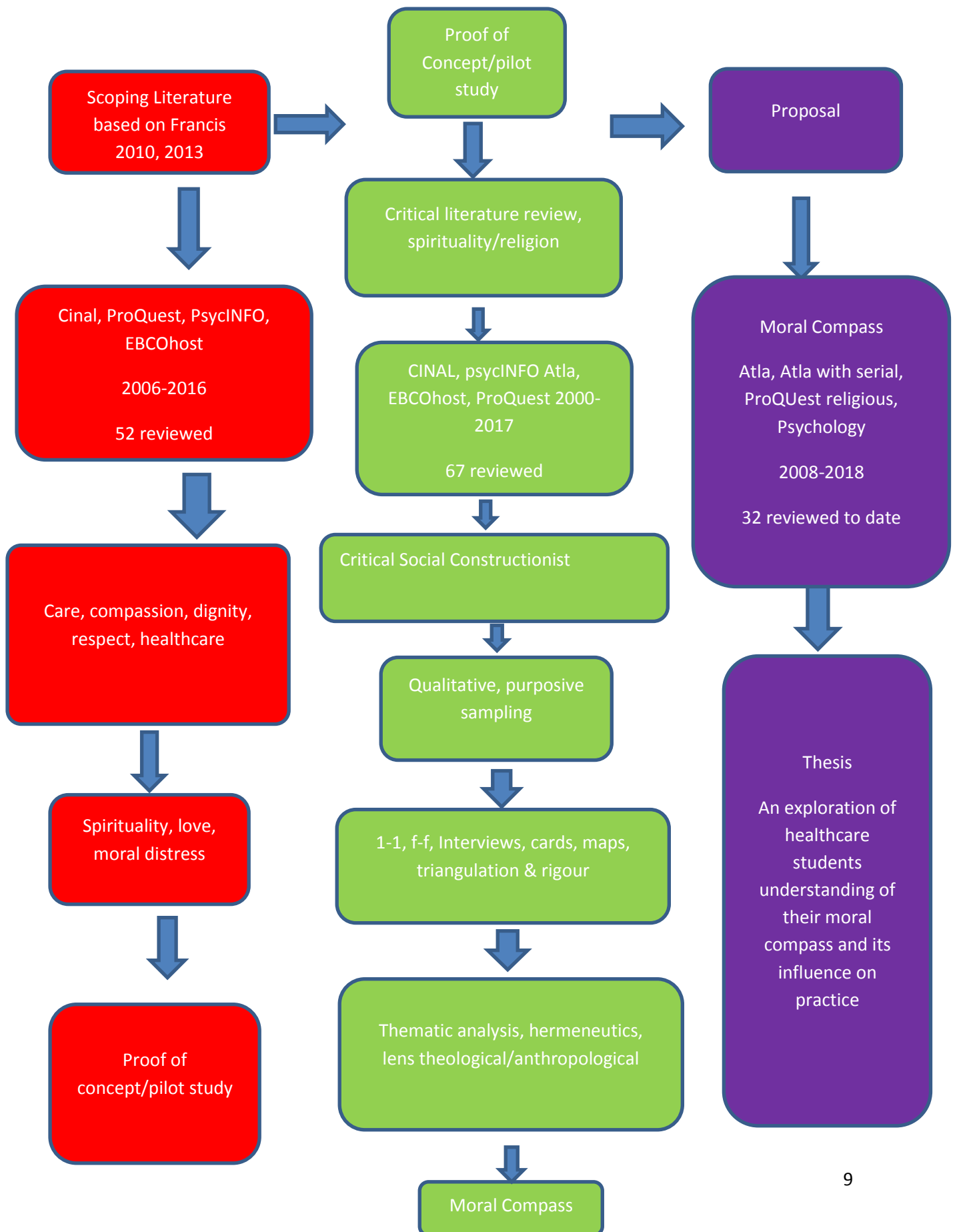
> June-October 2018

Where

> Higher education institution

Figure 4 : Diagrammatical representation of the background to study showing the analytical and practical processes involved in this research.


```
Scoping Literature          Proof of                    Proposal
based on Francis       →     Concept/pilot         →
2010, 2013                  study
     │                          │                          │
     ▼                          ▼                          ▼
Cinal, ProQuest, PsycINFO,  Critical literature review,  Moral Compass
EBCOhost                    spirituality/religion
                                                         Atla, Atla with serial,
2006-2016                        │                       ProQUest religious,
                                 ▼                       Psychology
52 reviewed                 CINAL, psycINFO Atla,
                            EBCOhost, ProQuest 2000-     2008-2018
     │                      2017
     ▼                                                   32 reviewed to date
Care, compassion, dignity,  67 reviewed
respect, healthcare              │                           │
                                 ▼                           ▼
                            Critical Social Constructionist
     │                                                   Thesis
     ▼                           │
Spirituality, love,              ▼                       An exploration of
moral distress              Qualitative, purposive       healthcare
                            sampling                     students
     │                           │                       understanding of
     ▼                           ▼                       their moral
                            1-1, f-f, Interviews, cards, maps,  compass and its
Proof of                    triangulation & rigour       influence on
concept/pilot study              │                       practice
                                 ▼
                            Thematic analysis, hermeneutics,
                            lens theological/anthropological
                                 │
                                 ▼
                            Moral Compass
```

Chapter 2 - Literature reviews

Initial Scoping Literature Review

I conducted a critical review of literature, using the search engines ProQuest, PsycINFO, EBSCOhost and CINAHL as these cover the main areas under investigation. I focused on two key recommendations of Francis (2010; 2013), where I had personal experience relating to older people; namely models of care, and inter-professional education. However, it was the models of care and how they were delivered that I felt offered more in relation to my aim. By having an increased awareness of a student's moral compass and worldview there is the potential to develop a model of care that draws upon students ethical, cognitive and practical reflections that may have impacted their development, and their ability to care. Using the key words: care, compassion, dignity, respect (CCDR), older people, healthcare professionals, healthcare education, and a combination of these words and phrases I identified 52 papers that I felt met the necessary criteria of study size, methodological approach, the depth and breadth of their literature and of analysis of data. I selected a range of research methods into CCDR, to give me the broadest understanding of the subject area. Critical peer reviewed papers were selected as were those specifically related to care delivery as seen from the care giver and receiver respectively. Therefore a balanced review was undertaken this is summarised below in Table 1; I critically reviewed these using the Critical Analysis Skills Programme (CASP, 2015). This offers an initial starting point for any critique of research papers by offering a checklist of points to consider. This was followed by identifying strengths and weaknesses of the papers. The CASP checklists consulted were systematic reviews, qualitative and quantitative. These were most relevant for this study.

Table 1

Quantitative	Qualitative	Mixed Methods	Theoretical
14	27	4	7

Three themes emerged from this review that I felt worthy of pursuing, because of the nuanced interpretation which I felt had a deeper meaning than what was being revealed and appeared to be intrinsically related to the topic. These were; Jean Watson's (2008) seminal work on caritas (Appendix 1), the use of narrative to help develop empathy and the issue of moral distress.

Firstly, Watson's (2008) caritas as a model of care embraced a spiritual aspect, a connection through love between care-giver and receiver. Her seminal work led to a number of studies including Rykkje, et al. 2011; Iversen and Sessanna 2012; Gustin and Wagner; 2012; Rykkje, et al. 2013 and Rykkje and Raholm 2014, Erickson 2007. These studies focused on the religious and spiritual needs of older patients. It was evident from the work of Rykkje and colleagues (2011; 2013; 2014) that early religious experiences played a crucial role in the needs of older people, even when they no longer practised their religion.

Secondly, the use of narratives within healthcare to promote better understanding of patients' lived experiences also highlighted a moral and spiritual aspect (Greenfield et al. 2015; Tsevat et al. 2015; Kontos et al 2010b; Brown and Kirkpatrick 2008 and Leffers and Martin 2004). Results from my proof of concept work subsequently supported these studies. Proof of concept revealed that some of the participants had developed their notion of right and wrong through books and films in their early

development, including religious stories. This reflected previous work of Rahim and Husni-Rahiem (2012).

Thirdly is the issue of moral distress, Corley (2002), defines moral distress as:

> ""psychological disequilibrium" that occurs when, for whatever reason, the nurse is not able to provide the care that is to be 'right' or 'best for the patient" p636.

Furthermore, moral distress has been identified as a component to poor care by Skirbeck and Nortvedt (2014), Kydd and Flemming (2015), Hunsaker et al (2015), and Whitehead et al (2015). These studies had encompassed both qualitative and quantitative methodology including observations, interviews and surveys and thus offered a robust reason for further examination of this topic.

To summarise, the initial literature review identified spirituality, narrative and moral distress as important factors when considering care, compassion, dignity and respect. These themes raised in my mind the question, whether, as the United Kingdom (UK), has become more secular (Prentis et al 2014; Casarez and Engebretson 2012), this was having an impact on our ability to care. Consequently, I felt that this would be an important area to explore. It appears that most of the studies within healthcare have been viewed through a biopsychosocial lens. I therefore felt it would add to our knowledge by challenging current theoretical perspectives using an alternative theoretical lens that would draw upon my previous experience of medical social anthropology and theology.

Hence, I have decided to explore healthcare students' understanding of the terms religion and spirituality within a higher education institution in Lothian. I wanted to relate students understanding of these terms to their understanding of care in its widest sense. This was explored through a proof of concept, which is defined as:

> "demonstration, the purpose of which is to verify that certain concepts or theories have the potential for real world application. It is a method

Literature Review - Proof of Concept (POC)

I returned to the literature this time using the search engines ATLA religion and ATLA serial, EBSCOhost, ProQuest, Science Direct and Multi-search in order to broaden the pool of literature searched. Key words were spirituality, religion, healthcare and secularization. Interestingly, these search results revealed the majority of studies were within nursing, and therefore, not reflective of healthcare as a whole.

The literature (67 articles) included and encompassed systematic/theoretical reviews (Hill and Maltby 2009; Rykkje 2011; Casarez and Engebretson 2012; Van de Zande 2013; Rykkje et al. 2014; Abu-Raiya et al. 2015; Morley 2016 and Merz and Merz 2017) and original papers (Laabs 2008; Hall et al. 2008; Visse et al. 2012; Pattison 2013; Goodman 2016) a concept analysis (Lazenby 2010), and a scientific contributions (Gelhaus 2013).

A key observation to note is the disparity of understanding within the terminology in relation to spirituality and religion. This was not only within healthcare but also psychology, sociology and even theology literature. Thus, this needs to be explicated in the research. Below is a summary of the key themes (Table 2) of what constitutes spirituality and religion from the reviewed literature. I suggest that these cannot be clearly delineated and that within the understanding of spirituality or religion all of the

Table 2

Spirituality	*Religion*
Individualistic, meaning of life, transcendence, connections, nature, yearning for something bigger than ourselves, may/may not include religion (Bento 2000; Fried 2001; Palmer 2003; Massoudi 2003; Cook 2011and Prentis et al. 2014).	Road map to life, doctrine and church tradition, community, fellowship, Spirit component, love, compassion, meaning of life, service, transcendence, connection with higher other – God (Robinson 2003, Visage 2016)

From the literature I identified several qualitative studies which resonated with my focus on healthcare and spirituality; this included Rykkje and Raholm (2014) and Rykkje et al. (2011). These two studies, using focus groups and one-to-one interviews of patients in Norwegian hospitals and thematic analysis found love, and connection to be important, with older patients wanting staff to understand their spiritual and religious needs. A robust quantitative study by Chiang et al. **(**2016), also identified similar results. The researchers used a cross-sectional survey of 619 Taiwanese nurses, and measurements included spiritual attitudes, professional commitment, and caring behaviour scales. Analysis was through structural equation modelling to establish associations between variables.

Finally, mixed methods research by Riklikiene et al (2016) sought to ascertain the understanding and benefits of spirituality for the care giver following the transition from a communist no-religion policy to a more open religious freedom in Lithuania. This questionnaire-based study was distributed to 316, 3rd and 4th year nursing students and 92 nurse educators. Data analysis was through SPSS 13.0 using

Mann-Whiney and Kruskal-Wallis tests, followed by qualitative thematic analysis of the comments made to specific questions. The researchers found that spirituality of the caregiver was perceived to benefit both the caregivers' understanding of religious/spiritual beliefs of their patients, and also was beneficial for the caregivers' self-care. They observed that those who had trained under the Soviet regime were more objective and technical in their approach, compared to the religious orientated staff who administered tasks in a more subjective and personal interaction. Riklikiene et al (2016) supported the results of Dahl-Michelson (2015) qualitative study identified in the initial literature review, which was to ascertain student's perceptions and interactions during 'caring' activities as opposed to 'curative' interventions and was conducted through observations and interviews within a physiotherapy establishment.

Following the critical literature reviews, I conducted a proof of concept of the tools I intended to use in my current research. This took place between March 2016 and July 2016. The three tools were picture cards, journey lines and one-to-one face-to-face semi-structured interviews (these will be discussed under research methods). The themes that emerged via initial thematic analysis were: Alternative world view, Agape, Socialisation and Narrative. Data revealed that religion, particularly during childhood development, appeared to play an important role in the development of morality. This led me to the notion of the moral compass, and its role in the development of morality.

The Cambridge Dictionary (2017) defines moral compass as

> *"a natural feeling that makes people know what is right and wrong and how they should behave".*

I felt that this definition was limited because it lacked a sense of origin, it lacked 'warmth' and process to the decision of 'right/wrong or appropriateness of behaviour'', that it required broadening out to give a more nuanced theological perspective, whilst appreciating the effects of socialisation, which may be secular in nature. Erickson (2013) and Bigger (2015) in their theoretical papers, suggest that our moral compass in the West has shifted as we have become more 'humanistic' and individualistic, moving away from the community-based fellowship of religion. After extensive reading (Bible 2001; Laabs 2008; Visse et al. 2012; Moore and Gino 2013; Van De Zande et al. 2013; Gelhaus 2013; Whitehead et al. 2015, Morley 2016; Visage 2016 and Svantessen et al. 2017) emerging data from proof of concept, and personal reflection, I constructed the working definition of a moral compass to be used in this study as:

> *'An inner sense that helps us distinguish right from wrong and functions*
> *as a guide for morally appropriate behaviour. It is something that lies*
> *deep within us that may be called a person's spirit or soul. It is probably*
> *innate, but can be shaped through the process of socialisation'.*

This led me to conduct a further literature review as I sought to understand morality, moral compass and secularisation. The search engines used were the same as I had used for religion and spirituality, ATLA religion and ATLA serial, EBSCOhost, ProQuest, Science Direct and Multi-search in order to broaden the pool of literature searched with Table 3 showing the results.

Table 3

Qualitative	Quantitative	Mixed Methods	Theoretical Papers
22	13	4	31

In summary I offer a diagrammatical representation (Fig. 5) of the process. The outer boxes inform the inner boxes. Already spiral thinking and interconnectivity, so critical

to this research were emerging. Initial literature reviews of Francis and subsequent reports led to the poor care, compassion, dignity and respect review. From this emerged the notion of spirituality and moral distress. The proof of concept reviewed students understanding of spirituality and religion and their notion of right and wrong, from which the moral compass emerged. I then chose to view the moral compass through the theological lens of St Augustine's Two Cities, 'God' and 'Man' as alternative worldviews to moral development.

Figure 5: literature review process
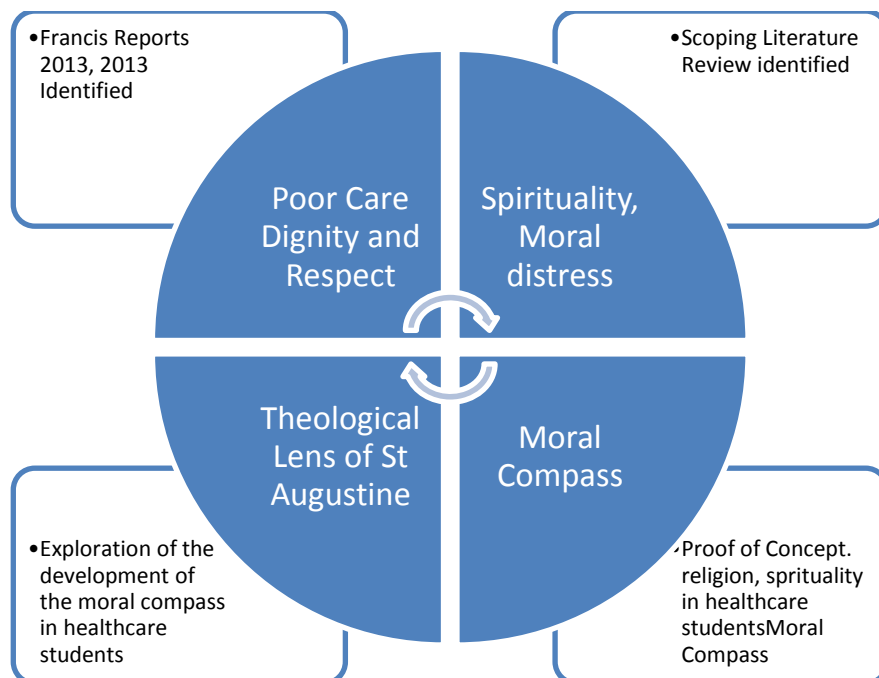
I shall now review the literature pertaining to the development of the moral compass and its development. Using my working definition:

> *'An inner sense that helps us distinguish right from wrong and functions as a guide for morally appropriate behaviour. It is something that lies deep within us that may be called a person's spirit or soul. It is probably innate, but can be shaped through the process of socialisation'.*

I will begin by outlining a brief description of the moral compass, before discussing the overall concept of morality, moral development, and the development of pro and anti-social behaviours as components of the moral compass. This will then lead into the discussion of the theological perspective and the doctrine of sin, followed a discussion of secularization. Finally there will be a review of the literature concerning moral distress.

Development of the Moral Compass

Henriques (2016), when referring to an American psychologist Barry Schwartz's theory of knowledge observed that America once taught moral philosophy in schools and universities in an attempt to create shared values and aspirations. He notes that Schwartz now argues, that as a result of a growth in science we have lost our moral direction. Schwartz suggests that instead of a moral compass, people have been allowed to construct their own lives and make their own moral decisions. Essentially, everyone has their own definition of morality according to their construction of knowledge. For this reason, it could be argued, to attempt to reduce 'morals' down to measurable outcomes is not only difficult but in itself immoral. As competing cultures attempt to live side by side, the development of the moral compass can, and will, be influenced by these forming a juxtaposition of transition as each culture recalibrates their moral values.

The quantitative study by Kim et al. (2016), looked at children's moral compass and their conformity to moral and social-conventional judgements. The sample group were asked to rate acceptability of social-conventional events and also completed a visual judgement task. The strength of the study was that it followed Piaget's and

Kohlberg's developmental structure of moral development and the classic Asch's (1956) paradigm for testing prescriptiveness of morality. The study also confirmed results of similar studies in this area. A potential weakness, however, is whether it is culturally biased to the United States although ethnic representation was balanced. The researchers found pre-schoolers showed a significantly higher level of conformity across social-conventions, visual judgements, and peer pressure than over moral issues. They surmised that moral issues are less responsive to peer pressure, requiring further research to understand what leads children, in subsequent years, to engage in morally unacceptable behaviour such as bullying and cheating. Martin's (2015), appeared to address this latter question. The study prior to that of Kim et al (2016) was conducted an American university which would have addressed the older age group which Kim et al (2016) identified for future research. Martin (2015) sought to identify the effects of a secular curricula. His findings reported a decrease in religiosity as students sought to be accepted by their peers and many undertook anti-social behaviours such as alcohol and drugs.

Morality

Laabs' (2008), academic paper cited Engelhardt (1996) argued; that unlike bioethicists who contend that there is a common morality known to all in a pluralistic secular society, morality is loosely based on permission between strangers. He further suggests that these are different to content morality which is based upon shared beliefs and values, which exist within communities and which are religious based. However, Van De Zande et al. (2013) contend that there is a distinction between explicit moral knowledge and tacit moral knowing, suggesting that it is an individual's action that identifies their moral values, therefore morality is the action.

Goodman (2016) raises an issue of 'persons lying to themselves' about their abilities to provide safe, compassionate and safe care. It would appear from POC that healthcare professionals could be replacing the religious doctrine of rules and regulated behaviour rejected during their teenage years, with a different form of rules and regulations; ones they may not have considered prior to entering the professions. This may indirectly contribute to the poor care, compassion, dignity and respect that they profess to facilitate through conflicting with an individual's moral compass. Although there is a need to identify misdemeanours, hence the codes of professional practice, it is worth noting that if based on van De Zande et al. (2013) tacit knowing, when an individual feel that something is inherently 'right' in their eyes but are asked to perform tasks they consider 'wrong', then an inner moral conflict may result. An example could be being asked to participate in terminations, or end of life decisions, or even to prioritise younger patients over older people as revealed in studies by Skirbeckk and Nortvedt (2014) and Kydd and Flemming (2015). In addition, the emphasis on professionalism, objectivity, outcomes and time limitations may restrain the very human values that individuals and communities expect. This can be seen in the work of Laitinen et al (2011) where patients identified the importance of time and being listened to.

Moral Development

Moral development within the discipline of psychology centres round Piaget (1932) and Kohlberg (1984). Healthcare professions I suggest look more towards this discipline and its empirical data than they do towards theology. It is for this reason that I shall attempt to draw the two disciplines together, enabling a deeper understanding and meaning to moral development.

It can be argued that modern biomedicine arising out of the Descartes dualism of the body/mind split has continued to develop. Psychology as a scientific entity has striven historically to be recognised. Thus, it emphasizes a need for empirical data, often at the expense of the supernatural. Yet, evidence would suggest that despite increased secularization there remains an inner yearning for worship, a spiritual calling that lies deep within each of us. In addition, this inner spirit, is what people also refer to as the conscience helping determine right/wrong although acknowledging there is an ultimate free-will or choice.(Gelhaus 2013; Erickson 2013 and Visage 2017).

Psychological Development within moral development

Within moral child development, it is recognised that Piaget and Kohlberg were the founders of moral thinking within a developmental psychology domain, and their work led to a better understanding of the development of pro and anti-social tendencies. From Piaget's (1932) work using hypothetical moral dilemmas it was established that the younger children judged the actions more harshly than older children, who were able to see two sides to the same problem. He concluded that younger children's moral judgement was governed by the unilateral respect for adults and their rules with little understanding of the intentions of others. The older children, Piaget (1932) believed that through the interaction with peers they were able to develop an understanding of morality co-operation and social exchange. From a theological perspective many religions (Abrahamic) identify God as Father, based on sacred texts. For those individuals who have a faith-based worldview following the authority of 'The Father', may influence their moral judgement in decision making. Whilst not rejecting the transformative process of interaction with peers, the potential influential authority of a 'higher other' may not have been

included in their work. Abrahamic scripture encourages love, compassion and thought towards others (Psalm103:13; 1Corinthians 8:6; Psalm 68:5; Isaiah 64:8). Therefore a more cross disciplinary approach to moral development may have revealed different results

Kohlberg (1984), substantiated Piaget's (1932) work and developed it further. By using judgements of moral situations. He determined that there were five sequential stages to moral development, heteronomous morality, instrumental morality, interpersonal normative morality, social systems morality and human rights and welfare morality. Stages 1&2 (children 5-9 heteronomous morality), 3, emerging adolescent's (9-10 autonomous morality), 4, increases in salience across adolescence and 5 appears in adulthood, although this is rare. This work was supported by Colby et al's (1994) longitudinal study, and Dawson (2002) meta-analysis. With both demonstrating that the stages were sequential and that there was rarely any regression. There was an additional hypothesised stage, 6, morality of conscience, which Kohlberg believed was reached by only 25% of the population where people are ends not means and there is a personal commitment to a universal principle of ethics.

Hart et al. (2017) argued that the work of Piaget and built upon by Kohlberg suggested children's moral judgements may differ from their actions, therefore implying a link between pro-social behaviour and anti-social behaviour may not be as straightforward as was originally thought. Citing the review of Helwig and Turiel (2011), they noted that over the last 20 years children and adolescents were able to make sharp distinctions between moral and non-moral domains and therefore Kohlberg's moral stages are less likely to be used in social reasoning. Additionally, Hart et al. (2017) noted that there is increasing evidence to support the notion that

there is more to moral reasoning than first thought by Kohlberg, especially within a cross-cultural and social dimension. Whilst Gibbs et al. (2007) supported this notion for stages 2, 3 and 4 across cultures they could not substantiate 5. In contrast. Hart et al. (2017), citing Jensen (2008), found that in India, adolescents and adults made reference to the divine in their moral justifications, whereas Westerners used justice for their justification.

Thoughts and emotions are important factors to be considered when discussing anti-social and pro-social behaviour. They are constructs that are used to explain the continuity and transformation. Some behaviours may be very strong and will continue throughout their development into adulthood, aggression is one such element. Children who have difficulty with emotional regulation can be identified by their peers and adults as early as 3-year olds. A study by Ortiz and Raine (2004), cited by Hart et al. (2017), observed that those children and adolescents who had consistent anti-social behaviour had unusually low resting heart rates and that this was linked to inhibited experiences of guilt and shame, and thus is one of the most robust biological indicators of anti-social behaviour.

Although Kohlberg and Piaget have stages for moral development, it must be remembered that these are psychological and socially determined, predominantly passed on by parents, school or the community. These values have historically been formed by religious organisations such as the church (Visage 2016). In the West values such as do not kill, do not steal and do not commit adultery are all part of the framework of the scriptures

Theological Perspectives

Introduction

In this section I will outline briefly some biblical theology regarding the nature of humanity and the concept of sin. This is important because the moral compass is connected to an individual's concept of right and wrong. Many of the concepts will be referred back to in the discussion section.

Anthropology is the study of man, and biblical anthropology is the study of man as we understand him from scripture. Biblically, God created man, in his image (Gen (1:26), to have a special relationship with him, he was to be Holy, upright and perfect. Man was created to rule over the earth with care and compassion and not destruction. Human beings are made of both complex material (physical) and immaterial (spiritual) substances (Macleod 1998; Milne 2009, Shillaker 2016). In Genesis 3, sin entered the world. Man seeking autonomy disobeyed God and spiritually died, resulting in a change taking place within humanity, where nakedness was revealed and guilt and shame entered the world. Yet, God showed them love, care and compassion by providing clothing to hide their nakedness and shame.

Doctrine of Sin

I suggest that it would be hard to discuss the concept of right/wrong (moral compass) without the theological understanding of sin and posit that modern philosophers refuse to accept sin as a real concept, but those of faith would disagree. Sin is both spiritual and ethical in nature (Milne 2009). Sin can be described as the wilful rebellion against God (Erickson 2013). It is a wanting to be autonomous, trying subdue or remove God from our lives (Erickson 2013). Sin can be seen in personal finiteness, existential angst, desire to control others, selfishness, and sexual immorality. Paul in Rom 5:12ff makes it clear that sin entered the world through our

first parents. Adam, as federal head imputed sin so that we are all sinners in a legal sense rather than a biological sense (Milne 2009). I would argue that this is what non-believers misunderstand, the counter-argument of why humanity should be blamed for something we did not do. Yet, I would argue that we sin daily through cheating, lying, stealing, deception, the inability to love or be loved, conflict with work colleagues, to mention but a few.

Sin is sin to God, whoever commits it, it violates God's holiness (Erickson 2013). Believers (Rom 5:1) are justified once and for all. Christians must immediately confess it to the Lord, knowing he will forgive and cleanse (1 John 1:9). It may or may not require restitution, through confession to another. When sin is not confessed it causes hardening of the spiritual and moral aspects of an individual's nature, resulting in delusions of the type of person they are (Erickson 2013).

Punishment for sin

For those who believe in God, God punishes not only because he is righteous, but also to bring the sinner back into a relationship with him. Punishment it could be argued is intended to act as a deterrent to others. Sin will cause three types of death, spiritual, physical and eternal (Bible.org 2019). The last of these is most serious. God makes no way for reconciliation; the others can be reconciled through Jesus Christ (Dunn 1998).

Summarising, sin theologically is disobedience to God, and demonstration of exercising freedom of choice when considering right/wrong. This is different to those individuals who follow a more secular understanding of right and wrong.

Secularization

Healthcare and education work within a secular context. It is therefore important to gain an understanding of what is secularization. This study will be looking at the

development of the moral compass through St Augustine's concept of the two cities, the City of God (faith) and the City of Man (secular). The world in which an individual is socialised in may affect the development of their moral compass. A world dominated by God or the supernatural may be very different to one based on science and rational thought, which as Zakariyya (2005).observed formed the basis of separating state and religion The concept of humanism, often associated with secularism will also be explored.

Secularization may be defined as being without religion (Erickson 2013). Bigger (2015) and Merz and Merz (2017) are now questioning this definition. Merz and Merz (2017) suggests that it is when a society no longer adheres to the religious values and becomes transformed through rational thought and where religion loses its authority in all aspects of social life and governance. Their academic paper suggested encompassing the opposing dichotomies of religion and non-religion to create a new terminology, post-secular. A society based on equality and mutual respect where the government is neutral, not aligning itself with any particular religion. They suggest that a post-secular society may be considered the only possible form of democracy that can exist in a multi-cultural society and is essentially based upon a premise of humanism.

Evans-Pritchard (1937) in a seminal paper described humanism as a trust in science and its methods of understanding the universe rejecting the supernatural and the mythical. This raised concerns within healthcare when in POC one of the emerging themes was alternative worldviews, which encompassed a 'supernatural' perspective and an interest in 'alternative therapies'. There had been a rejection of 'God' in the teenage years as science became more prominent within the curriculum but an interest in non-science therapies and alternative spirituality developed subsequently.

Humanists claim to be either atheist (not believing in a God) or agnostic (not sure about a higher being). Humanists would argue that ethical decisions should be made based on reason, empathy and concern for all human beings and sentinel animals (similar to natural theologians). Their belief in no afterlife presupposes a need to make the most of their current life, and that they should seek its purpose through creating happiness for the self and through helping others (Erikson 2013). However Visage (2016) suggests religious doctrine and community are what 'gel s' like-minded people together, and is much more than simply a set of beliefs.

Drawing on my personal experience of social medical anthropology, I believe as healthcare professionals and educationalists we can learn from the experiences of others such as the anthropologists Evans- Pritchard, Mary Douglas and Victor Turner. They like healthcare and education today attempted to be 'secular' in the presentation of their findings, as they tried to understand cultures other than their own. To be secular in thought appeared to make their findings more creditable and acceptable within the world of science and academia. Douglas trying to counter the dichotomization of the two positions of secular and religion stated,

> 'we modernists have an article of faith, that somewhere there are
> adequate scientific explanations for anything that puzzles us, this trust in
> science is antithetical to religious faith'. (Secular and religious symbiosis
> strengthening post secular anthropology through commitment to faith
> 1998, 468)

Wu (2007) cited Christian Secularist Shibli Shumayyil (1850-1917), who posited everything should be based on Darwin's theory of evolution. Therefore, as the world progresses, it is driven by competition and natural selection. The premise as the power of religion weakened, the stronger the state will become. Larsen (2014) calls the relationship between religion and science 'the warfare model', referring to the jousting for position that both have traditionally sought in attempting to win over an

individual's personage. Yet as Merz and Merz (2017) observed taking a post-secular approach allows the theologian and the anthropologist to be reflexive in their approach and provide an ethnographic space to allow originality and creativity. Although this paper reviews a vast amount of literature and crosses many disciplines, I point the reader to the Gallup poll (2012) which found that those with higher incomes and better education tend to be more secular when compared to those with lower educational attainments. Hodge (2009) and Polzer-Casarez and Engebretson (2012) hypothesized whether the more educated question the meaning of life from the more acceptable scientific rather than a philosophical or theological perspectives. Hodge (2009), known for his earlier works on spirituality and the family, examined the notion of secular privilege and identified that the privileged or elite members of society were usually secular and that the power differentials between those with materialism were greater than those without wealth, power and prestige. This again may influence someone's moral compass, and being reported by an eminent researcher into spirituality credence needs to be given to this piece of research when considering the moral compass. Martin (2015) in his study into the effect of a secular curriculum within an American University, reported a decrease in religiosity as students sought to be accepted by their peers and many undertook anti-social behaviours such as alcohol and drugs. Although this study was American based, the ramifications of peer pressure and its effects on a student's moral compass is relevant to this present study.

Secularism proposes that all governmental departments and polices implement a non-religious approach which, in theory creates a neutral approach to all aspects in society where all citizens are equal and religion is a strictly private matter.

Momen (1999) discussed in his book 'The Phenomenon of Religion: a thematic approach' summarised the above argument when he described secularization as permeating Christian society. He suggested there has been a loss of the sacred, where science has increased our understanding of humanity by removing the mystery. Religion has become more concerned with the problems of this world rather than the spiritual. He suggested faith leaders had lost their position of authority and respect so that their role as moral teachers became reduced and less important. He further identified that this had been reinforced by the separation of the state and society. Religion has become personal rather than societal, individuals choosing if and when they want to worship. This has led to a gradual decrease in Christian baptisms, marriages and funerals with individual's taking a more humanist approach to all of these 'rites de passage'.

The UK Census (2011), The British Social Attitude Survey (1983-2015) and You Gov. (2016) all showed a decrease in church attendance, church weddings, baptisms and church funerals. They also show that 28% of the population believed in God or a higher spiritual being compared to 38% who did not believe in either God or a higher spiritual being. The remaining 34% did not know. Unfortunately, the studies did not give a breakdown of ethnicity and this may well skew results, particularly within high ethnic areas who do not use the language of God.

The Canadian study by Thiessen (2016) interviewed 30 marginal Christian religious affiliates (those attending church for 'rites de passage') and 30 non-religious affiliates and the study by Loseke (2007) whose research was conducted on cultural, intuitional, organisation and personal narrative developed her research on Berger and Luckmann (1966) primary and secondary socialization. Both studies found that children often followed their parent's beliefs up to the teenage years when they

became more questioning and often rejected the parent's religious beliefs, preferring a more science based ideology. They also noted the role of the grandparents and their influence can be positive or negative regarding religious attendance and beliefs. They also identified that when the children had children of their own they maintained a Christian perspective in their children's upbringing, regardless of their affiliation. These studies are clearly Christian biased as they were within a predominantly Christian society and may have produced very results different if other cultures had been included.

The rites de passage within cultures outside Christianity are still important and the rituals around sickness, health and bereavement are multiple and complex and which in our 'secular healthcare', I suggest have failed to understand. Communities where people share the same morality and beliefs are rapidly disappearing. There are few shared values that people can adhere to, and those beliefs that were adhered to because of the plausibility of choice are now seen as being implausible (Partridge 2004).

Summary of theological perspectives

The once commonality of thought on how society treated older people, the widows, the sick, the poor, and the immigrants or strangers in society, that had been guided by a collective faith is now reliant on science based evidence and technology. Being socialised within a secular society as opposed to an all-encompassing faith based society, may have an impact on the development of the moral compass. A society reliant on science and technology whilst rejecting the 'inner spiritual wisdom' that faith may provide, provides a potential situation where there is an imbalance of thought and actions. This research aims to explore the moral compass through the theological lens of St Augustine and the 'Two Cities'. I refer the reader to the

Appendix 2**,** where an explanation of the 'Two Cites' can be found. They are based on the premise of the 'City of God' (faith) and the City of Man (secular). When the 'City of God resides within the parallel world of the 'City of Man' I suggest problems may arise, as two opposing worldviews compete within the individual deciding 'right from wrong'. I shall now provide an overview of the literature regarding 'Moral Distress'.

Moral Distress

> Morley (2016, p 575), citing Jameton (1984b), defined moral distress as arising
> *'when one knows the right thing to do, but the institutional constraints make it nearly impossible to pursue the right course of action'.*

Moral distress as a relatively new domain within healthcare UK research explores the impact of complex moral issues and the tensions that arise which can affect staff on a deep emotional level and can contribute to poor care (Skirbeck and Nortvedt 2014; Kydd and Flemming 2015; Whitehead et al. 2015, and Morley 2016). Svantessen et al. (2017), looked at Moral Case Deliberation (MCD). They used a multi-item instrument assessing the outcomes of MCD. Staff were enabled to discuss cases that brought them moral distress. The study sought to identify whether moral case deliberation, would help in providing good patient care. They found that it had a restorative function on staff wellbeing and which may help overcome moral distress. The study was carried out with purposive sampling with 86 European participants contributing to a Delphi panel and content validity testing and included older people care settings where; as identified a qualitative study by Hall et al. (2014) care needs tend to be greater and more time consuming. Although individual moral values were discussed in the Svantessen (2017) study, there remains an indication

in the results of professional power over the passive patient illustrated by statements such Drawing evidence from literature across the themes together

Summary of main themes from literature and evidence

From the three literature reviews (1. Care, Compassion Dignity and Respect, 2. The proof of concept and 3. Development of the moral compass, morality, secularization and the theological perspective) and the POC activities the following main themes emerged:

- Spirituality appears to affect ability to care

- Moral distress and moral compass appear to be linked

- Healthcare education may influence students understanding of moral compass.

How an individual is socialized within a given society will I suggest determine their worldview, which will in turn affect the way they study, select a career, raise a family and ultimately how they care for each other (Thiessen 2016). The proof of concept, and literature reviewed identified the family and community (including the religious community) as being important in the development of a moral compass. It is here that I believe we need to look if we are to understand the poor care issue we continue to see currently within healthcare. Thus, the following research questions emerged from the literature.

The Research Questions:

The research questions that have emerged from the literature and I will explore are:

1. What do healthcare students understand by the term 'moral compass?'

2. How do healthcare students think they attained their moral compass?

3. How do healthcare students think they use their moral compass?

4. How do healthcare students relate their moral compass to their practise?

Chapter 3: Research Methodology and Methods

Introduction

In this chapter I shall be covering my ontological, epistemological and my axiological perspectives. This will be followed by a discussion of my research methodology and methods, sampling, data collection and ethical considerations. Finally a short conclusion will be given.

The methodology and methods were based upon my research questions which were:

- What do healthcare students understand by the term 'moral compass?'

- How do healthcare students think they attained their moral compass?

- How do healthcare students think they use their moral compass?

- How do healthcare students relate their moral compass to their practise?

Ontological Perspective

I struggled to get a clear ontological perspective. Ontology is how we see the world, what we consider to be 'the truth' and whether we consider a single truth - realism or multiple truths – relativism and between the two extremes sits critical realist (Braun and Clarke 2013). I bring interpretations from my lived experiences of multi-culturalism, studies of theology, psychology, sociology, anthropology, and biomedicine. I knew I wanted to interpret the world through an anthropological/theological lens, because it would approach the subject of poor care from a new perspective. I wanted to gain a new understanding of care delivery and felt that I could draw on my explicit, implicit and phronesis knowledge (Kinsella and Pitman 2012) to do this. The experience of conducting the study, the analysis and interpretation of data, has allowed my critical thinking (Dunne 2015, Dwyer et al

2014, Lai 2011) to develop in what I consider to be original, and creative, (SCQF 12, Scobbie 2016) providing the opportunity to explain things in a new and meaningful way.

As I reflected on my learning experience, I found that my thoughts were spiralling, into ever increasing and decreasing circles. The movement of my thoughts progressed from a simple spiral (Appendix 3) to more of a double spiral (Appendix 4) in a three-dimensional context. There were links between my different life experiences, the different emotions that can be elicited and that these were time and context specific. The use of memory, visualisation, and the fluid nature of the thought patterns made me appreciate the complexity of whom we are, and who I am.

The Gestalt Theory devised by Max Wertheimer (1924), and modified by Wolfgang Kohler, and Kurt Koffka where the whole is greater than the sum of its parts I believe is very appropriate here. The interconnectivity of how I and others construct the world is very much relative and that there is no single truth but multiple truths as each person experiences the same conditions differently. With each new interaction having the potential to change us in a physical, social, psychological, emotional and spiritual perspective (Goffman 1974), Borg et al 2012, Braun and Clarke 2013)

The very fact that our physicality is fluid, and an electric current passing through us (Ho and Knight 1998; Oschmann 1981; 2015), I believe further enhances our connectivity with the physical world around us. I believe that it is not the physical, realism and single truth that defines us - it is the interconnectivity of the universe and the multiplicity of truths. If you consider the spiral in human musculature observed by Dart (1996), the spiral of the universe (Slezak 2015; Hadhazj 2014) and the endless debate concerning the direction which the vortex takes water down a plughole depending on our position on earth, there is the potential these physical

representations provide an argument that may support our interconnectivity and the relationship that we have with the world around us. Spirals continually move round in circles, moving across different dimensions and depths. They can increase or decrease in size, but always going round and round either from a central point outwards, or from a vast expanse inwards. When a spiral or double spiral becomes three-dimensional it becomes a helix.

The discipline of hermeneutics devised within theology to interpret scriptures has developed to include the hermeneutic spiral and double hermeneutics or a double spiral – I conceptualise a helix (Appendix 5) and how it interlinks humanity with the wider world and I believe this can help us understand our relationships. Theologically from a Christian perspective we are made in the image of God, in his likeness (Genesis 1:28-29) and as such we are social, interconnecting beings with the whole of creation. As I consider the concept of wholeness as opposed to separate parts and the overall connectivity and inter-relationships; I refer the reader to science geology, tectonic plates and the disruption of Pangea, the supercontinent that separated millions of years ago, and now the separate parts are moving together once more (Britannica**)**. Maybe secularization is the fault-line in society, (affecting our moral compass), which will ultimately fail, leading to the reuniting the religious/spiritual dimensions once more. The worldview of science and the world's beginnings and those of theology are not, in my opinion diametrically opposed and can be explained as a synergy and having a symbiotic relationship – one where humanity and nature/environment can exist for each's mutual benefit (United Nations 2002) but this is dependent upon humanities ability to care for what was entrusted to us (Genesis 1:26-28, Jeremiah 2:7, Numbers 35:33-35). Drawing this together, my

ontological perspective is one of critical relativist. However there is also the issue of my epistemological perspective, which will now be discussed.

Epistemological perspective

Deciding upon my epistemological perspective or how my knowledge is attained was equally challenging. Braun and Clarke (2013) describe a continuum between positivism and constructionism with critical theory midway. My epistemological perspective is towards critical social constructionism. I have a strong interpretative leaning and seek to understand meaning. I believe that the experiences I have gained through formal and informal learning over the last 57 years have helped me to develop a set of skills that will enhance my ability to interpret social construction of reality.

For me the world is an enactment of a theatre where we all have parts to play. Recounting the terminology of the anthropologist Victor Turner (1987) concerning his interpretation of social drama analysis and anthropology of performance, our understanding of meaning is through our past. I examined the number of roles that I have played. I have been daughter, sister, physiotherapist, lecturer, fitness instructor, mother, grandmother, friend, colleague, church member, girls brigade leader, a first responder and ambulance driver – the roles are endless. Each of these roles has enabled me to construct multiple realities, observe and participate in a wide ranging number of activities and experiences all of which help to construct and transform. My life career of growing up in Birmingham, a city of vast cultural diversity, working with a diverse population including severely deprived inner city areas where life expectancy is 12 years lower than their middle-class counterparts, moving to Malta where I lived and worked for 10 years before settling in the remote and rural community of Unst in Shetland. Has also influenced my development. My

experiences and understanding of issues confronting these populations has helped me to develop a social constructionist perspective, a need to gain meaning and understanding through interaction, and a political affiliation towards those who are vulnerable in society. My multi-variant background has influenced my axiology, that is, my values, attitudes and belief systems. I try to see the world as someone looking through the eyes of Jesus, one of love, care and compassion towards others, leading to my axiological perspective.

Axiology

The understanding and meaning of cultures, behaviour, rituals, attitudes, values and beliefs, opened up the axiology component of my thinking. I was looking through the lens of St Augustine, a Christian theologian and his concept of 'two cities', God (religion) and man (secular), and the potential impact on healthcare. It is this aspect that brings in the critical discourse and the wish to produce some form of change (Lather 1992). Within Christian theology Jesus is described as 'the way, the truth and the life' (John 14:6). Although for many Christians there is one truth, (Jesus Christ), my own belief system has embodied this within multi-truths drawn from a number of experiences. This reflected the background of St Augustine and the Apostle Paul, all of whom drew on their previous experiences to develop their own interpretations and worldview.

Summary

For me ontology and epistemology were two intertwining spirals with connections between them and within them. A helix of transformation occurring to make a new structure/situation which itself will be transformed depending on the person, the

situation, and the context. It acts as a form of social systems theory (Parsons 1951) encompassing the cultural, religious, spiritual, moral and value belief system developed and maintained by the individual within the context of the family and the community. My epistemology is as much about the research process and knowledge generation (Borg et al. 2012) as it is a static definition.

Research Methodology

Once I had established in my own mind what my ontological and epistemological stance was to be, deciding upon my methodology was relatively simple. I knew I wanted to gain an understanding and meaning (Bryman 2016; Creswell 2014, Braun and Clarke 2013) of how individuals developed their moral compass. I was questioning whether as we become more secular as a society, and in particular in our delivery of education and healthcare. Questioning whether we are losing our humanity and moral compass in our attempt to reconstruct the world in which we live through science and exploring the development of an individuals and society's moral compass. Thus the chosen approach was qualitative methodology due to its potential for in-depth exploration and understanding.

Qualitative Methodology

I used the SWOT analysis (Martin 2015) to evaluate my decision to use a qualitative methodology (Table 4). This allowed me to critically evaluate the strengths and weaknesses of the qualitative approach. It also enabled me to identify the opportunities such a method can provide whilst mitigating against some of the potential threats. Previous experience of using such a tool has enabled me to gain

clarity of thought as I sieve through the different methods available to determine a
sound basis for my choice.

Table 4

Strengths	Weaknesses
'Richness of data' - Subjectivity - Allows creativity - Allows exploration of meaning - Inductive - Generates theory - Relevant to population - Observational studies - Interviews - Focus groups - Case studies	- Can't generalize - Subjectivity - Problems with reliability, validity - Small numbers - Time consuming - Can generate vast amounts of data
Opportunities	**Threats/difficulties**
- To gain deep understanding - Extract personal and meaningful information in the social context - Gain insight - Experience what participants experience	- Bias - Emotional involvement - Becoming 'native'

In addition to this Mustard Research (2019) identified the qualities that help to
determine a good qualitative researcher (Appendix 6). I believe I have these qualities
and that they embrace my worldview through my ontological and axiological
perspective.

By reviewing the SWOT analysis I concluded that on balance the positive attributes of the qualitative methodology outweighed the negatives. The subjectivity that it afforded produced opportunities for personal development such as increasing self-awareness (Luft and Ingram 1955), creativity (Liles 2012/13), analytical skills, (Liles 2012/13; Lai 2011) and embodiment of participant's experiences, as I was allowed into the privileged position of entering their world (Rice 2009). The connection between myself and the participant opened up a special place and provided a space where a challenging experience could take place as we explored sensitive topics. One of the greatest challenges of qualitative research is not 'going native', (Tedlock 2003) an expression normally used within ethnographic field work. Where the researcher enters the physical environment of the participants and where the researcher becomes embroiled in the participants world, thus being unable to maintain a degree of detachment. I felt that I was able to keep the balance of being sufficiently involved in the relationship to be able to engage meaningfully with the participant but detached enough to enable me to begin analysing and interpreting from a theological perspective (Steier 1991).

The negative aspects and the threats are those that are seen as the positives in quantitative studies, but I felt that if I wished to seek understanding and meaning this could only be achieved through a qualitative methodology. As I looked towards the method(s) I wanted to use I first considered rigour in qualitative research. This would then provide the focus for setting up my choice of methods.

Rigour in Qualitative Research

> *'Rigorous research is trustworthy research determined by evidence of systematic decision-making demonstrating philosophical, methodological and method coherency in answering the research question(s) or meeting the stated objectives of the research'* (McCormack, 2016).

Padgett et al (2004) observed rigorous methods are both attainable and essential in qualitative research although this will not be the same as in quantitative research. Quantitative research works predominantly within a positivist/realistic paradigm based upon techniques such as probability sampling, control of variables, and prides itself on objectivity. The researcher stands outside the research looking in (Killam 2015). The concepts of validity and reliability are to the fore front of the research methods, and the data obtained is subjected to rigorous statistical testing (Green and Thorogood 2004; Bell 2014; and Bryman 2016). Validity in quantitative studies refers to whether one can draw meaningful and useful inferences from scores on particular instruments (Bell 2014). In essence is it measuring what it is supposed to measure and whether the conclusions drawn are in line with the measurements obtained (Flick et al. 2004; Braun and Clarke 2013; Bell 2014; Creswell 2014; Glass 2014; Bryman 2016). Reliability refers to whether the test or procedure will yield similar results under similar circumstances over time and with different researchers (Bell 2014; and Creswell 2014). The terms reliability and validity within literature are often companions, however, as Bell (2014) observed an item that is unreliable must also lack validity, but a reliable item may not be valid. That is to say the researcher could obtain similar responses on all occasions, but not be measuring what it is supposed to measure. Qualitative researchers, in attempting to be seen on a par with their quantitative counterparts have embarked upon searching for terminology that would fulfil the reliability and validity question. In my opinion these have not always been successful, Qualitative research by its very nature is subjective and contextual (Flick et al 2004; Braun and Clarke 2013; Creswell 2014; and Glass 2014). However, this did not deter me to seek as far as is reasonably possible some form of standardisation. Hammersley (1990) defined these terms within ethnography (a

method within qualitative research) where validity was defined as the extent to which an account accurately represents the social phenomena to which it refers; and reliability refers to the degree of consistency with which instances are assigned to the same categories by different observers or by the same observer on different occasions. Bowen's (2009) academic paper suggests enhancing rigour in qualitative research by establishing an audit trail. This allows the research to be held up to scrutiny of the methodological and theoretical decisions made within the research process. This has been supported by authors such as McCormack (2016), Creswell (2014) and Padgett et al. (2004). Bowen (2009) used the terminology trustworthiness and creditability; where trustworthiness refers to the conceptual soundness from which the qualitative research may be judged and creditability refers to the confidence one can have in the truth of the findings. Regarding the terminology of trustworthiness, Bowen (2009) expands this definition by concurring with Denzin and Lincoln (1994) who rejected the positivist criteria of internal and external validity, reliability and objectivity. A theme supported by authors such as Padgett et al. (2004); Creswell (2014); and McCormack (2016). Bowen (2009) recognised that qualitative research lies within the interpretivist paradigm, and as such drew upon Denzin and Lincoln's (1994) proposal of four factors when considering trustworthiness; these being creditability, transferability, dependability and confirmability.

Whilst this definition still stands for many, more recent researchers have devised and expanded the terminology to include terms as such as authenticity and transparency (Padgett et al 2004; Creswell 2014 and McCormack 2016). Creswell (2014) breaks this down further by suggesting eight validity strategies where these can be demonstrated. These are triangulation, peer debriefing, external auditing, member

checking, peer debriefing, providing a thick and rich description of the findings, the search for negative or discrepant information, spending prolonged periods in the field [which was not appropriate in this study], and transparency through the researchers' acknowledgement of biases and self-reflection.

I acknowledge that validity within qualitative research is different to that in quantitative, and cannot be seen as the same companion to reliability, as it does in quantitative research. Sample size and recruitment strategies are very different. The value of qualitative research, in my opinion, is in the reduced sample size which produces a thick description (Braun and Clarke 2013) and richness (Glass 2014) of data generated in a particular population, institution or site. Where the experiences of participants are developed into themes within that specific context.

Although I have taken the headings of Creswell (2014) and made them relevant to the current research, I am of the belief that the description or metaphor put forward by Ellingson (2009), cited in Denzin and Lincoln (2011), when looking at qualitative research is more appropriate. Richardson (2000) cited by Denzin and Lincoln (2011), describes looking through a crystal, where the researcher is able to get multiple perspectives of the same data. Similarly, the analogy of standing at the base of Mount Everest, seen from 5 different countries, and yet, the perspective from each country will be different. For Ellingson (2009), it is a metaphor or technique that crosses qualitative methodologies, interpretations and disciplines. It is similar to the term bricoleur used by Denzin and Lincoln (2003), when referring to crossing different disciplines.

I chose to view the moral compass, through a theological/anthropological interpretive lens, rather than a biomedical or social/psychological lens. By doing so, I believe I have achieved what Ellingson (2009) suggested, that by being creative on the

continuum of qualitative research methodologies, I can enlarge the possibilities of the impact of my qualitative research. Ellingson (2009**)** noted this requires self-reflexivity and a willingness to cross and weave epistemological boundaries. It recognises that knowledge is only ever partially constructed, situated and embodied. Through the combined ethos of a theological/anthropological interpretation of the three data collection methods and the genre of the literature perused, an original and authentic perspective has been achieved.

Another aspect of quantitative research that does not fit within the qualitative approach is generalizability (Flick et al. 2004). Greene and Caracelli (1997) stated, it is the particularity rather than generalizability that is the hallmark of good qualitative research. In fact, the term generalizability can be replaced by transferability (Lincoln and Guba 1985; Braun and Clarke 2013; and Bryman 2016). In their study of education, they were able to demonstrate that provided the specific content, participants, setting and circumstances of the research is laid out, the results can to some extent be transferable. Bowen (2009) and Bryman (2016), supports this notion emphasising the need for the researcher to provide a 'thick' description of the data and its method of collection, a term coined by the anthropologist Clifford T. Geertz (1973a).

Application to this research

Silverman (2013) observed that qualitative research should be practically relevant and that this is particularly pertinent in a research project such as this. He indicated the importance of allowing theoretical concerns to steer the analytical conception of the research problem to avoid the danger of taking it at face value, and providing policy makers and practitioners with the answers they require in *their* terms. Thus, it

was important that I took steps to ensure as far as reasonably practical the collection, analysis and interpretation of data was authentic, creditable and trustworthy. As previously discussed, trustworthiness within qualitative research is a set of criteria that can be used by the researcher for assessing the quality of the research (Creswell 2004). These criteria will now be placed alongside this this research.

Triangulation

In this study, I used card selection, journey lines and semi-structured interviews based on the study of Saunders and Thornhill (2004) which allowed me to triangulate data. Triangulation is when more than one research tool is used to obtain data (Denzin and Lincoln 2011; Silverman 2013; Braun and Clarke 2013; Bell 2014; Bryman 2016). The chosen tools provided data which could be analysed individually, before being compared and contrasted, with the key themes emerging across the data. Through analysing each tool individually, I was able to immerse myself more thoroughly in the data (Ryan and Bernard 2003). Initially the card selection (Appendix 7) opened up avenues of thought which were then built upon through the journey lines (Appendix 8), and finally these emerging themes could be taken forward into the interview analysis. This enabled me to compile a coherent and thorough in-depth analysis and interpretation of the data as a whole. This was important because where participants had hesitated in their answers, or that I sensed the participant was reluctant to answer the question I was able to return to the other tools in order to draw comparisons on whether they had answered the question in a slightly different way.

Thick, Rich Description of the Data

Where possible I have attempted to give the reader a thick and rich description of the data that was analysed. This was then explored further in the interpretation section. The purpose for providing a rich description is to help provide the reader with a greater appreciation of the individuals of whom they are reading about. It also helps to validate the findings (Flick et al 2004; Creswell 2014).

Negative or discrepant information

I actively sought to uncover discrepancies between the tools, between participants and between the emerging findings within the literature review. This is important because it demonstrated that I was not afraid to address difficult themes. I felt that it enhanced the account by becoming more realistic and more valid.

Transparency, self-reflection and the researcher's role (reflexivity)

In qualitative research the researcher is one of the instruments and as such must be considered. Steier (1991) emphasised the importance of the researcher's reflexivity, by describing Mead's (1962) notion of turning back one's experiences upon one's self. This 'bending back on one's self' must be understood as a form of social construction, and like a spiral, circularity begins as one understands the self, and how that may change within the research process. Under ontology and epistemology, I clearly stated that I intended to use a theological/anthropological lens for the interpretation of the data. This ultimately influenced the questions posed, and would also influence the themes that would appear significant. My past experiences were brought to bear through my experience of working within healthcare, specialising in older people and community care. I also had extensive experience of

health promotion, health and fitness in addition to my Christian background. I was able to bring my experience of living and working in a large, multi-cultural city, having lived and worked in another European culture. I had also had experience of working within education and was familiar with talking to students. I felt that as a researcher I brought a wide range of relevant experience to the study, which would enhance my interpretation. The wide and varied experience that I was able to bring to the research I felt enabled me to put the participants at ease. I considered this important, and demonstrated what Searle (1999) called 'methodological awareness'.

I was able, as far as was able to document my thoughts at each stage of the research process. This helped me present a systematic, logical progression of my ideas and my direction of thought. I believe this would help the reader understand my biases, reflexivity of thought, clearly demonstrating how I was able to change direction in questions, analysis and interpretation in the light of emerging evidence. Re-modelling conclusions in the light of new evidence, I believe increases creditability and authenticity to the research rather than detracts from the findings. This also assisted me in identifying transference and countertransference.

Padgett (1998); Flick et al. (2004); Costley, Elliott and Gibbs (2010); and Braun and Clarke (2013), noted the importance of identifying one's own biases and personal beliefs. It is important not to exclude them, but to recognise them through constant vigilance and being aware of their impact on the study. Padgett (1998), suggested that although the implications may be painful, as one addresses a number of issues, this process is important to gain an increased understanding of the issues and of the self.

I had been aware throughout the study of the transformation that was occurring through the research process regarding my own values and beliefs. These were

being challenged initially during the interview process and later in the data analysis and interpretation. I was able to recognise that this transformation was occurring to both the interviewer and interviewee.

The term transferential phenomena (Padgett 1998) can be an alternative phrase to bias, which describes the transference of one's own values onto the participant and theirs onto the researcher (Steier 1991). It is my opinion that qualitative research and the interview process, is by its very nature, a transformative process for both parties. It is this that can lead to the emergence of rich, in-depth, insightful data that can only be achieved as this transformation occurs. Social interaction is what constitutes society, its values, beliefs and attitudes; and it is this that this research sought to understand.

Research Methods

Introduction

Once I had established my methodology and considered how to determine rigour, I subjected the different methods available to me to another SWOT analysis. I had initially considered doing focus groups (Braun and Clarke 2013). This would enable me to facilitate a social construction of the moral compass (Table 5), however I decided that the topic might be too challenging for a focus group discussion particularly if there were several faiths represented.

Table 4 SWOT Analysis of Focus Groups

Strengths	Weaknesses
• Can develop a social construction of the topic through the discussion	• Can be difficult to organize all participants in the same place at the same time

• Researcher can be directly involved in the social construction and develop meaning • Time efficient – can gain several people's opinions at once	• Control of the group – dominant members taking over • Deciphering the text to transcribe when people talk at once • Can't get to the 'deeper personal meaning • Some participants are left out of discussion • Individuals may be reluctant to reveal very personal aspects to a group
Opportunities • To actively participate in constructing a social situation • Can be used to facilitate change • Used in Participatory/advocacy approaches • Can facilitate emancipatory action through hearing the voices of the 'affected' and their socially constructed reality	**Threats/Difficulties** • Keeping control of the group • Researcher bias if part of group • Researcher becomes transformed • Confidentiality of the group • 'Rules of conduct' for the group to ensure respect for group members

After reflecting upon the literature, I considered a 1-1, face to face interview was preferable, allowing me to develop a rapport enabling me to probe much deeper an individual's construction and meaning of the topic. This I believe played towards my strengths of good interpersonal skills, understanding of the topic, and feeling relaxed in a 1-1 setting (Kvale 1996). I believe that this was the correct choice; my only reservation having completed the interviews was that maybe they should have been unstructured (Kvale 1996). This may have allowed the participant more freedom to explore their own meaning more deeply. But against this is the need within myself to have some structure to follow maintaining my locus of control. And being able to discern my critical reasoning skills and decision making as to which questions to expand upon and to paraphrase (Dumitru et al. 2014).

This revealed that I am not a total social constructionist or relativist, requiring boundaries albeit flexible, fluid or moveable. In essence the semi-structured approach alongside the cards and journey lines provided sufficient meaningful data to interpret.

Sampling and Recruitment

Sampling

In this research I used purposive non-sequential sampling as proposed by Teddlie and Yu (2007). This is where participants are selected with reference to the research question and against specific criteria in this case students from a higher education institution in Lothian. I recognised that the very nature of qualitative research is flexible and needs to be responsive to the research question (Walliman 2011, Bryman 2012). This method was pragmatic within the time limits prescribed, yet reflected the composition of students at the higher education institution.

I recognised that this method was reliant on self-selection and could have introduced bias. This was taken into consideration when interpreting the data, where I considered whether any particular group (age, gender, ethnicity or course) responded more or less than others. This method was considered the most appropriate for this study, where the nature of the information being sought was highly personal and potentially very emotive.

Sample Size

Reflexivity of the research process allowed me to adjust the sample size to meet the research questions needs (Steier 1991). Responding to the literature I took the premise that qualitative research is as much about the process as the resulting outcome. I required sufficient data to be generated in order for the research question

to be answered (Corbin and Strauss 2008; Braun and Clarke 2013; Davies 2013; and Glass 2014). Therefore, I sought to reach data saturation. Data saturation, is when no new data emerges and when I, as researcher was satisfied that the research question has been answered (Charmaz 2006; O'Reilly and Parker 2013). I used my experience from the proof of concept, where data saturation had been reached at 9 participants to help inform me of possible numbers. Reflexivity is paramount in qualitative research, thus a definitive number at which point data saturation is accomplished cannot be given. Recruitment continued until saturation was reached and a theory had begun to emerge (Flick et al 2004; Guest et al 2006; Corbin and Strauss 2008; Braun and Clarke 2013). Data saturation was reached at participant 11, however, I included a final participant to confirm this assumption. Thus, bringing the total included in the data analysis to 12.

Once data saturation had been attained, I was able to begin theory generation. Guest et al. (2006) observed saturation of data can be achieved relatively quickly as described by thematic analysis reaching exhaustion and variability within the sample, however, once attained I wanted to ensure that theory generation could be achieved.

Recruitment and Ethical Considerations

Ethical Considerations

Ethical approval was sought using QMU ethical processes, this was granted see Appendix 9. Ethical considerations, beneficence and maleficence are paramount in all research, and especially where sensitive topics are concerned (Beauchamp and Childress 2009). The sensitivity of the topic 'the moral compass' may have produced emotional/psychological distress as participants recall what could have potentially been distressing experiences (Collins 2007). I therefore ensured as was reasonably

practical to counter this. All participants were interviewed in a private room, where the door was closed and there was no glass through which the interview could be viewed. There were two chairs positions at the end of the table, and at an angle that allowed maximum interaction but not being intrusive. On the table was laid the picture cards, the journey lines paper, pens and pencils. There was a jug of water and glasses along with tissues. The audio-recorder sat neatly between myself and the participant on the table.

I greeted the participant personally, introducing myself and shaking their hand. As we walked to the interview room it provided me a chance to interact through small talk and help put the participant at ease. Once arriving at the room, the procedure was carefully explained. They were able to read the participant information sheet, ask questions and sign the consent form (Appendix 10 and 11). Participants must be fully informed of the procedure and be given the opportunity to withdraw if they wish (Creswell 2014; Holloway and Wheeler 2014; and Flick 2014). This would also apply to any point within the interview and following the interview. Participants need not give any reasons for their withdrawal. They were made aware that all data would be retained for 6-12 months and that it may be used at professional conference presentation and or professional journals. The recordings would also be kept securely in line with the University's ethical guidelines. At all times participants would be anonymous. One participant (12) was very particular about this aspect and that her information was to be confidential. I reassured her of this point.

All were informed that they could pause the interview at any point, or stop the recording, and that there would be a student counsellor available if they became distressed. This was not required by any of the participants. In reflection, I may consider following-up of participants, post research to ensure that no after effects

emerged. I believe this would enhance my duty of care as defined by (WMA Declaration of Helsinki – Ethical Principles of Medical Subjects (2013) and Creswell 2014).

The nature of the moral compass, may have revealed information that would be contra to the participant's professional body. I took steps to counter this in advance by consulting supervisors, who would help me decide on an individual case-by-case situation whether any action was deemed necessary. This may have included contacting the professional body or in some cases the police. This was not necessary since no legally or professionally sensitive information was revealed requiring action.

I informed all participants that I would be taking field notes as I went along, and that after the interview had been written up, they were able to access it if they wished. This would enhance the rigour of my research, but also ensure that participants were happy with the content (Creswell 2014). No one requested this.

I informed participants that they could ask questions at any point in the interview, particularly at the beginning and the end of the process. Several, at the end of the interview remarked how they had enjoyed the experience and that it had been an excellent self-reflection, learning experience (Gibbs 1988).

At the completion of the session I personally thanked the participant, shook their hand and walked them back to the original meeting point.

Recruitment

The method of recruitment at the institution where the research was conducted is through the moderator board. I was able to access this once my ethics had been approved. The Moderator was then able to place an advertisement (Appendix 12) on the board asking for participants. This stated that the title of my research, who I was and who my supervisors were. It explained that I was seeking participants from

any course at institution, there were no restrictions of age, gender, ethnicity or course content. The gate-keeper was the moderator, I had no influence on who self-selected.

Students were informed that they would be treated with confidentiality and anonymity (WMA 2013; Creswell 2014; and Flick 2014) that they could withdraw from the study at any stage without giving an explanation. The advertisement also gave a brief outline of what the study involved, that is, to participate in one-to-one face-to-face interviews, picture card selection and the use of journey lines. All participating students were self-selecting, and all were given the opportunity to meet with me face to face where the study was explained.

This was supplemented by a participation information sheet (Appendix 10) and participants were encouraged to ask questions with the opportunity to withdraw if they wished. This is in line with the ethical application form (Appendix 9) and fulfils the WMA (2013) in particular sections 24-36 which states the need for all research participants to be aware of the study prior to its commencement, and deals specifically with Privacy and Confidentiality.

Those who agreed to participate then completed a pre-study consent form (Appendix 11). Participants were informed that all data would be confidential, and they could withdraw from the study at any time without giving an explanation. They were also told that there would be an opportunity to read the data at a later date to concur that it was correct.

The Research Tools

I will now explain the different tools (picture cards, journey lines and 1-1, f-f interviews) that I used in the research process. I will justify the use of each tool, and how each inter-relates with the others, thus allowing me to triangulate my findings

and add depth and breadth to my analysis. I acknowledge I am a research tool and thus, need to declare my ontological, epistemological and axiological stand-point at the start of the research process. Therefore, I will demonstrate how I attempted to be transparent and maintain rigour in the research process. All tools were considered appropriate to be used across cultures and religious/non-religious participants. This was because it would be set within the individual's own 'worldview', it was their experience that was being told and placed within their life-history.

Picture Cards (See Appendix 7)

Historically, the use of visual imagery, usually photographs, has been used in research in order to elicit feelings and meaning that would be hard to express verbally (Bryman 2016 p452). Several studies (The Dignity in Care Project 2010, Dewar et al 2010 and Halcrow 2011) primarily based on upon the work of Murphy (2005), advocated using visual tools to explore how people feel. My research aims to identify issues or trends in individuals that may compromise the delivery of care, and thus seeks to identify proactive or preventative concepts. This current research aligns itself much more with the work of Saunders and Thornhill (2004). They used pictures. They used pictures and one-to-one, face –to-face interviews concurrently when studying 'trust and non-trust' in organisations

Saunders and Thornhill (2004) noted the importance of trust when dealing with sensitive issues and that the importance of developing trust between the researcher and participant was crucial citing Dalton et al. (1997). They found that the use of cards enabled trust to be developed and they felt this would enhance the quality of the data – a particular concern when dealing with sensitive issues. The concept of the moral compass and in deed aspects of care when considering health

professionals implementation are sensitive issues, thus care was taken to ensure anonymity and privacy in line with the recommendations by Kvale and Brinkmann (2009).

Relevance to this Research – data collection

Drawing upon the seminal work of Crowe and Marlow (1964) and Arksey and Knight (1999) concerning the social construction of sensitive data, it became clear that the use of picture cards would provide three functions to the current research. Firstly, it would involve participants being active in card selection; they could make their own choices and elicit their own meanings. Secondly it would provide an opening towards the journey life-lines where they would be able to develop and or apply their feelings/emotions to specific points in their lives and thirdly the in-depth interviews. I felt the picture cards offered classical humanist pictures that were ascetically pleasing in design with non-threating words attached, and would therefore be preferential to words alone. I believed that the use of pictures would help elicit emotions and feelings by association and be less threatening than words as noted by Henwood et al (2002) cited in Bryman (2016) p480, concerning photograph elicitation. In essence they acted as 'ice-breakers.

The cards themselves are freely available on the internet for personal non-commercial use, and therefore no copyright was sought. Under normal usage the cards are used for personal journey readings of spirituality, such meanings were judged inappropriate in this study.

I asked the participant to three select cards that meant something regarding their understanding of their moral compass. I was able to take notes of the cards and the order in which they were selected. The act of participation in an activity allowed the

participant to take their time to settle, observe the cards, ask questions if they wished and then to discuss their choice. It allowed a rapport to develop between me and the participant in a non-threatening way.

Journey Lines (see Appendix 8)

I developed the notion of journey lines to be divided into family, social and professional experiences where the participant felt their moral compass was being developed or challenged.   I had used the concept of journey lines in the proof of concept. The idea had arisen from the work of David Hodge (2005 a, b, c and 2009) who had designed a number of tools for the assessment of spirituality. In the proof of concept participants had been asked to identify on a map when they experienced religious, spiritual or caring experiences. Now I wanted to identify when participants had experienced feeling of moral compass development or when it being challenged. I chose three key domains – the family, social influences (school, work or peers) and anticipation within their future professional lives.

The journey lines framework was drawn onto a large piece of wallpaper lining paper, and the participants asked to fill in their experiences into the different domains (Appendix 8). The journey lines allowed participants to provide me with a 'hard copy' of their thoughts and emotions, a type of diary. Participants were allowed to write or draw their experiences and many entered into a deep reflective discussion as they recalled and remembered their experiences. Only one participant chose to draw.

It was important that I tried to avoid asking questions at this point, although I was able to make notes of specific points of interest, enabling me to develop a line of questioning in the subsequent interview.

I chose family, social and professional as the key domains to look at because I felt that these would reflect the difference influences that participants would have been or would be exposed to. In the early life the family would play an important role in shaping a child's morality. In the POC, the grandmother, was an important factor in developing a child's spirituality (de Souza et al 2016) and now I wished to determine whether a similar pattern emerged regarding the moral compass. The social domain would correspond to when the developing child would be exposed to people outside of the family, perhaps nursery or pre-school, church, social activities and school, college or university. The professional domain I considered to be important because it will be this area in which the participant will eventually work. Some had already entered placements and their experiences; positive and negative would I believe shape or challenge their moral compass.

From the literature I had identified that spirituality tends to be greater in the young (Goodliff 2016) and older people (Rykkje et al 2013, Rykkje and Raholm 2014) and that the teenage years would appear where changes and challenges occurred (Yust 2016). I wanted to explore whether the development of the moral compass followed a similar pattern, therefore the ages set across the top of the framework corresponded to changes in physical, psychological, spiritual, emotional and possibly moral development as recorded by Piaget (1932) and Kohlberg (1984). These were then divided into age ranges 0-5, 6-10. 11-15. 16-20, 21-25, 26-30, 31-35, 36-40, 41-46, 46-50, 51-55, 56-60, 61-65, 66-70.

1-1, face to face interviews (see Appendix 13)

I recognised that as the researcher, I am also an instrument of the research process (Kvale 1996). I also acknowledge that I needed to bring a degree of expert

knowledge of the topic, to the research process. Following the proof of concept, I felt I had moved from novice interviewer to accomplished (Kvale 1996). I do not call myself 'expert', because research interviewing is a skill. It develops over time and each situation and experience is new and transforming. However, I believe I was able to conduct the interview in a professional, relaxed, and as reasonably practicable in an unbiased manner. I acknowledge that my diction, and my body language may have led to bias unintentionally but conscious effort was maintained at all times to restrict this. I did not refer to my own beliefs and took away any religious symbols such as my crucifix.

Semi-structured Interviews

I chose to use semi-structured interviews as opposed to unstructured. Using semi-structured allowed me the opportunity to develop questions along a specific line of interest yet stay with a set of identifiable boundaries, on which there would be comparable data (Silverman 2013, Creswell 2014). This was important to the research process because I was seeking to determine how the moral compass was developed. I required data that could be comparable across ages, course, religious and societal experiences. The proof of concept had determined that the use of semi-structured interviews were suitable for the task in hand. The use of unstructured interviews may have led me away inadvertently from the research question, thus leading to data that would not be suitable at this point in time. Semi-structured interviews enabled me to reach data saturation and then theory generation, through its flexibility and my reflexivity.

The questions were open to enable the participant to explore the question fully and not be restrained to yes and no answers. The structure of the questions were

designed to lead on from the picture cards and journey lines as determined by Saunders and Thornhill (2004). The nature of a semi-structured approach allowed me to follow a set of questions enabling some degree of control and similarity between participants (Glass 2014) yet have the flexibility to follow up with additional questions, points of particular interest or relevance (Bryman 2012 p472).

Order of Questions (see Appendix 14)

The questions at the beginning of the interview explored participants understanding of religion, spirituality and the moral compass in their own words which is important within qualitative research (Glass 2014). It allowed me to link back to the card selection and to relevant points on the journey lines therefore assisting understanding for both the participant and researcher. The use of paraphrasing (Ewles and Simnett 1995) allowed me, as interviewer, to refer back to the participant what was said in order to gain clarification of meaning.

Underpinning reasoning for the choice of questions

As the interview progressed the questions were planned to explore aspects when their moral compass was being developed and the influences at play in its development such as books, films and social media (Wimmer and Dominick 2009, Barnes and Laird 2012, Baumgartner 2017). There was exploration of times when the compass was challenged and the participants understanding of right and wrong (Moore and Gino 2013, Gino 2015, Sonnentag 2018). This allowed me to develop what they would do if they saw or heard something that they thought was wrong. There were also questions in the latter part of the interview concerning the attitudes of the participants, their understanding of the terms free-will, trust, and servant, how

they were disciplined, and whether they agreed with punishment, what type and under what conditions. These questions were selected from my own understanding of Christian theology, from literature (Erickson 2013, Moore and Gino 2013; Van De Zande et al. 2013; Whitehead et al. 2015; Morley 2016; Visage 2016 and Svantessen et al. 2017) and comments from the POC.

The questions linked not only to the participants own experiences but also to their family and the influence that they brought to the participant's life. It has been suggested by Goodliff (2016) and others that the early years of an individual's life is often formed by the literature and films that an individual engages with in the early years (formative years). Although there has been much criticism of these early studies more recent work has planted doubt in my mind of their value and that the studies by de Souza (2016) and others may enlighten an aspect of the socialisation process that may have been neglected.

Other Considerations

I initially considered transcribing the audio-taped interviews (Kvale 1996). However, I decided that I would prefer to repeatedly listen to the tape-recordings and not transcribe them. When you transcribe you immediately change the medium in which you are working. I did not want to do this I felt it was important to actively listen to the conversations and become embroiled in the participants' use of language, their sense of meaning and their sense of humour or reticence. Although transcription can add the 'um', 'er' or 'oh' and the various pauses that occur in the interview, I do not feel that it gains the true essence of the speech. The diction, the richness of expression through tone, rhythm, and passion.

Two other important factors influencing my choice of not transcribing. Firstly, was my dyslexia which I felt may make literal translation difficult. However, this was second to the most important reason overall – I was using several different mediums. In the case of the journey lines participants could write or draw their responses. P3 chose to draw completely, P4 produced a diagram and the other participants spoke and wrote at the same time. I was able to clearly see how they divided their thought patterns. P8 bullet pointed her comments, P5 drew lines and spirals between the sections, P12 drew lines between the vertical components and P6 drew lines between age sections on the horizontal. Another, interesting aspect was that some of the participants also started at the 'now' and worked backwards in time towards their childhood. It was as if they were mentally travelling back in time and space. It is for these reasons I believe it was correct for me to listen to the tapes, whilst viewing the cards and the journey lines at the same time. It re-engaged a pictorial reflection in my own consciousness.

I had considered whether I wanted to video-tape the interviews to enable me to gain access to body-language. I decided that this may actually inhibit participants volunteering. It may also have inhibited their interaction during the research process. It was therefore decided that I would take field notes. I was able to record those participants who appeared relaxed or tense, and variability in their demeanour within the interview process from cards – journey lines – interviews. I felt that this worked well and it was not intrusive. As part of providing information and gaining participant consent, I had informed them I would take notes provided they had no objection.

Chapter 4 - Data Analysis

Introduction

In this chapter I shall explain the process of analysis that I was engaged in. It is complex, involving an iterative process moving between and within data sets. The first section will deal with the demographics of the participants and I shall be analysing and interpreting these within the demographic section. I chose to do this because of the relevance of the responses may have been lost within the more focused data interpretation. The second will describe the methods used at each stage of analysis of the cards, journey lines and interviews. It will also describe how the process was analysed on an individual basis before being integrated into the responses of other participants. Finally, there will be the development of the themes and sub-themes that emerged before entering into the discussion and interpretation section.

Demographics: the process of analysis began with analysing the demographics of the participants. This was divided into age, gender, ethnicity, religious orientation, academic level and their course of study. Each sector identified points of interest which was then taken into the more detailed analytical process. Firstly age was considered, followed by gender.

Age: this broke down as the mean = 33.75 years old, meridian = 26 years and the range is 20-68 years, the most commonly recurring ages are 23 and 26 (Figure 6) The age range was interesting when placed in context with the academic level they were currently studying. Most were 'mature students' even when considering the BSc courses. This may have reflected the answers that were elicited. The more mature participants had been exposed to a different educational system, both within

the UK and Internationally. Systems where religion and religious education played a greater role.

Figure 6.

Ages of Participants
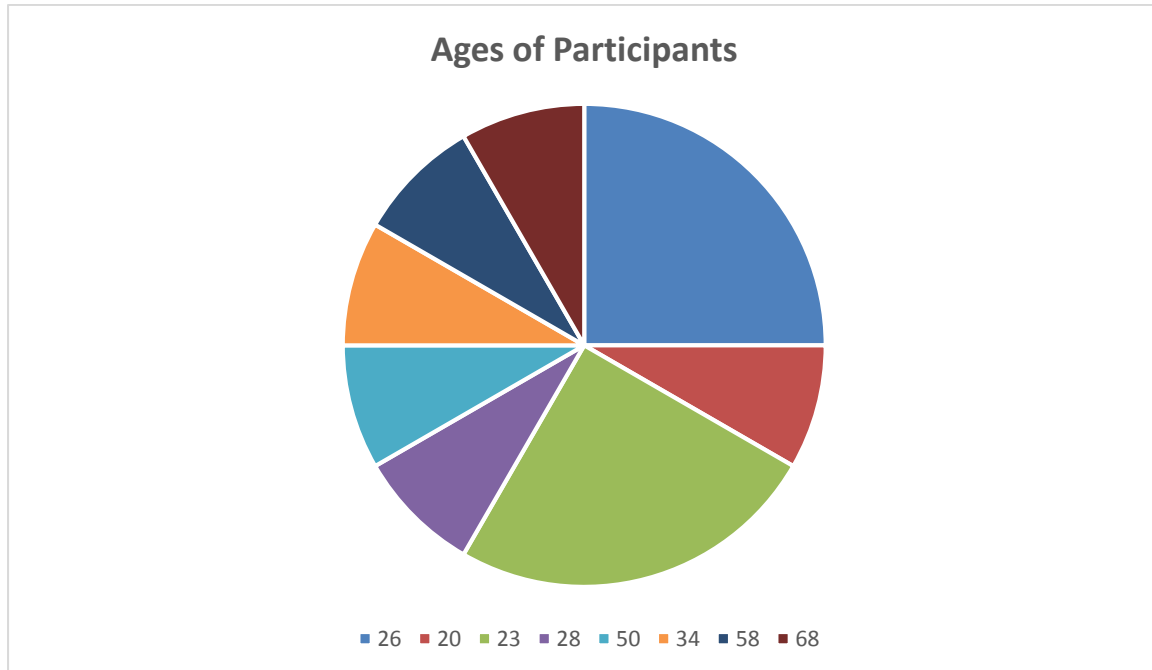
Gender

There were 9 females, and 3 males. There were participants who identified as transgender. I was disappointed in the low number of male participants. Two additional males had initially responded to the moderator, however as a result of impeding clinical placements they withdrew. Anecdotal evidence as to why response rate may have been low amongst males was provided by a fellow doctoral student. He had suggested that he wouldn't respond to such a topic because in his term' he didn't consider himself to have a moral compass'. When pressed, he responded with the comments that he 'enjoyed his life as it was, and didn't consider he was doing anything amoral' (Gino, and Gilinsky, 2012; Gino 2015). He also expressed that he wasn't religious, and that would also put him off responding. This again is interesting,

was there something about religion/morality that may be gender specific or was it something that was of no relevance?

Ethnicity: there was a good spread of ethnicities, which I believe reflected the International identification of the institution of higher education (Figure 7).

Figure 7
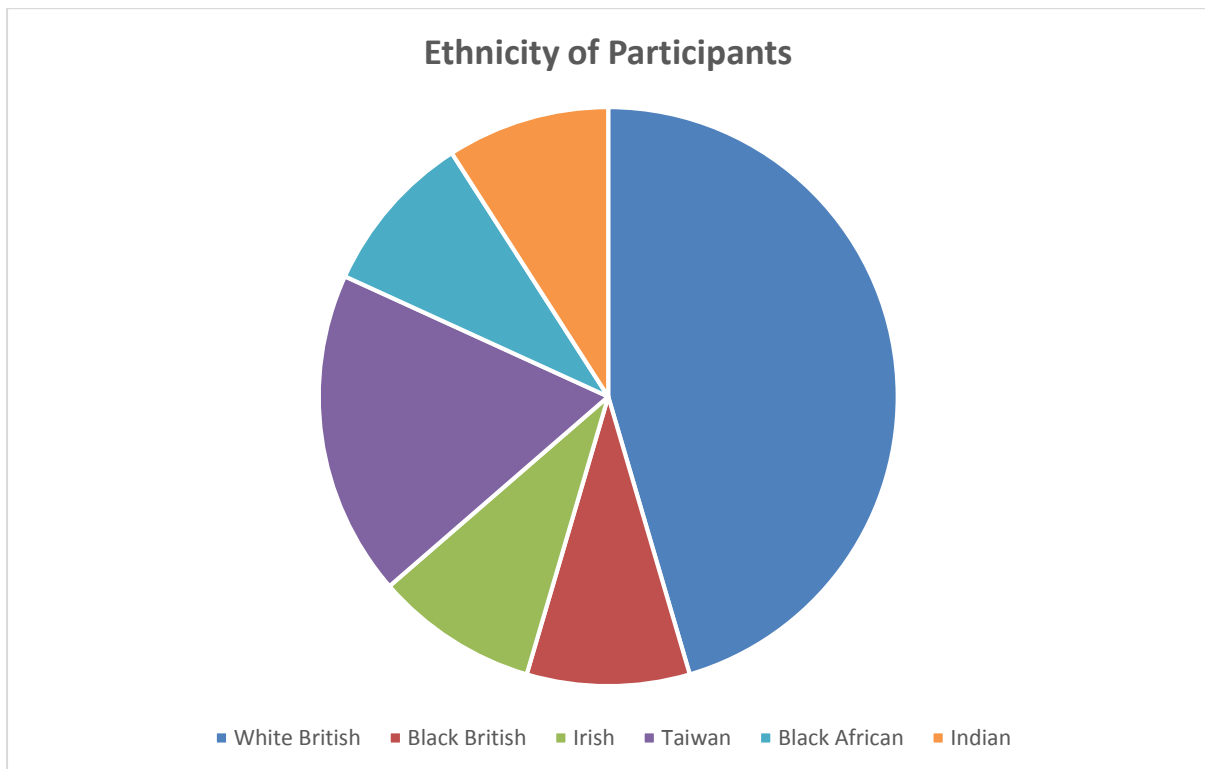
White/British 6, Indian 1, White Irish 1. Black/African 1, Taiwan 2 and Black/British 1. When reflecting on the three tools, it would appear that ethnicity was probably not as important as religious background. This was most evident during the attitude section of the interview. The question regarding the understanding of the term 'servant' had been very negative response by P3, (Black/British). Initially I had felt along with her other responses regarding 'freedom' that there was a link to 'colonialism', and her view of slavery as being inter-changeable with servant. Her views regarding freedom as a right for all people again pointed in this direction. However, when taken with P5 (Black/African) and P6 (Indian) I felt that this may not be so. Both of these had

experienced historically colonial rule, yet saw their faith (Christianity) as being a way of serving God. P3, a Muslim recognised her faith as being submissive to God, but did not feel that her work in anyway was serving God as a servant, unlike the Christian. P2 and P10 (White/British) Christians agreed with P5 and P6.

Religious Orientation (Figure 8)

Religions of Participants

■ Christian   ■ Buddhist   ■ No religion   ■ Islam
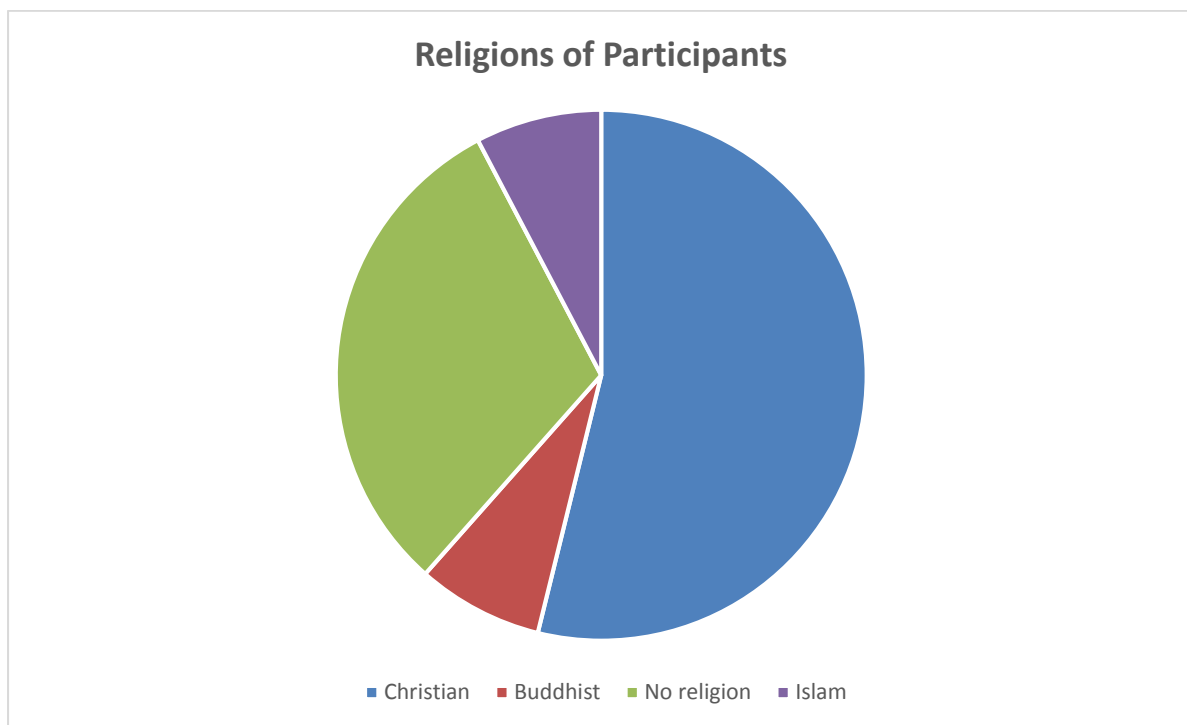
There were 6 participants who identified as Christian, 1 Muslim, 1 Buddhist and 4 who identified of having no-religious affiliation.

Where participants' identification of being religious/non-religious became important factors in their responses, these are discussed later under the different themes that emerged.

Academic level (Figure 9)

There were 7 participants from BSc courses, 3 from MSc and 1 PhD.

Number per Academic Level

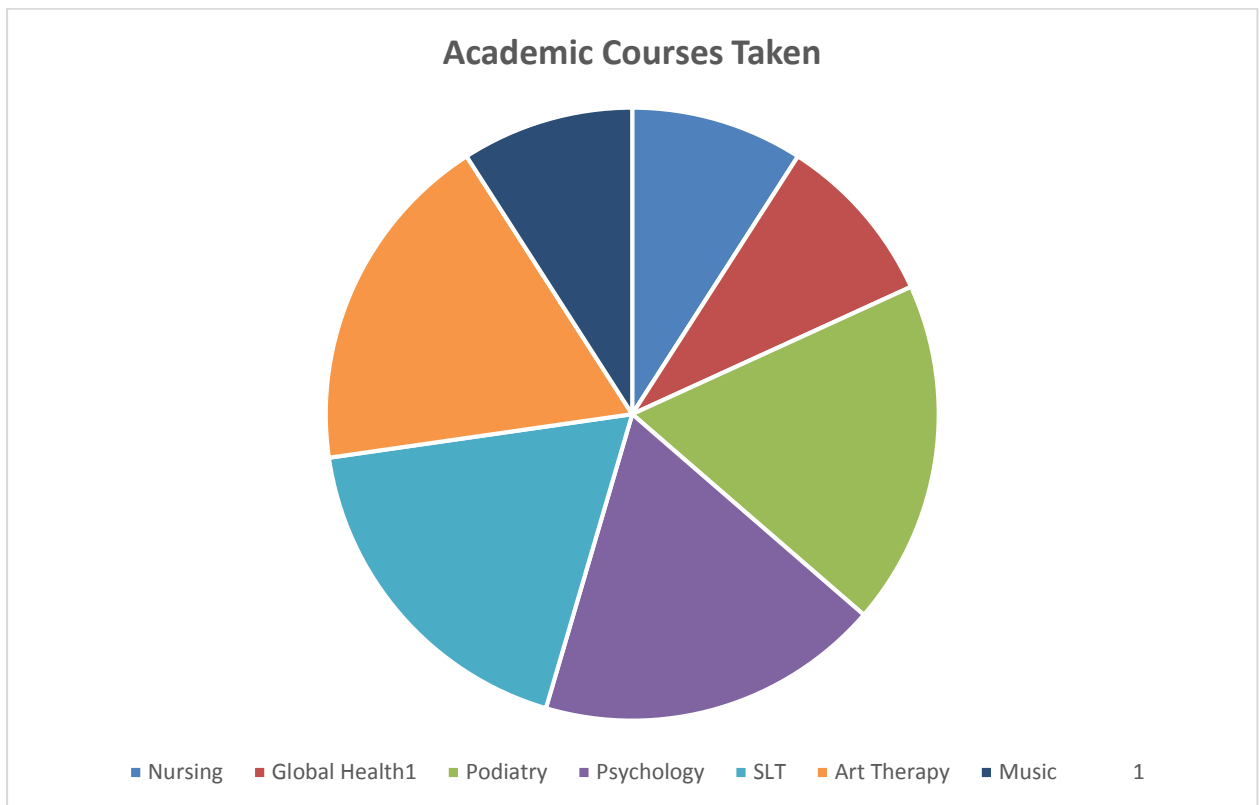| Academic Level	Count
BSc	7
MSc	4
PhD	1
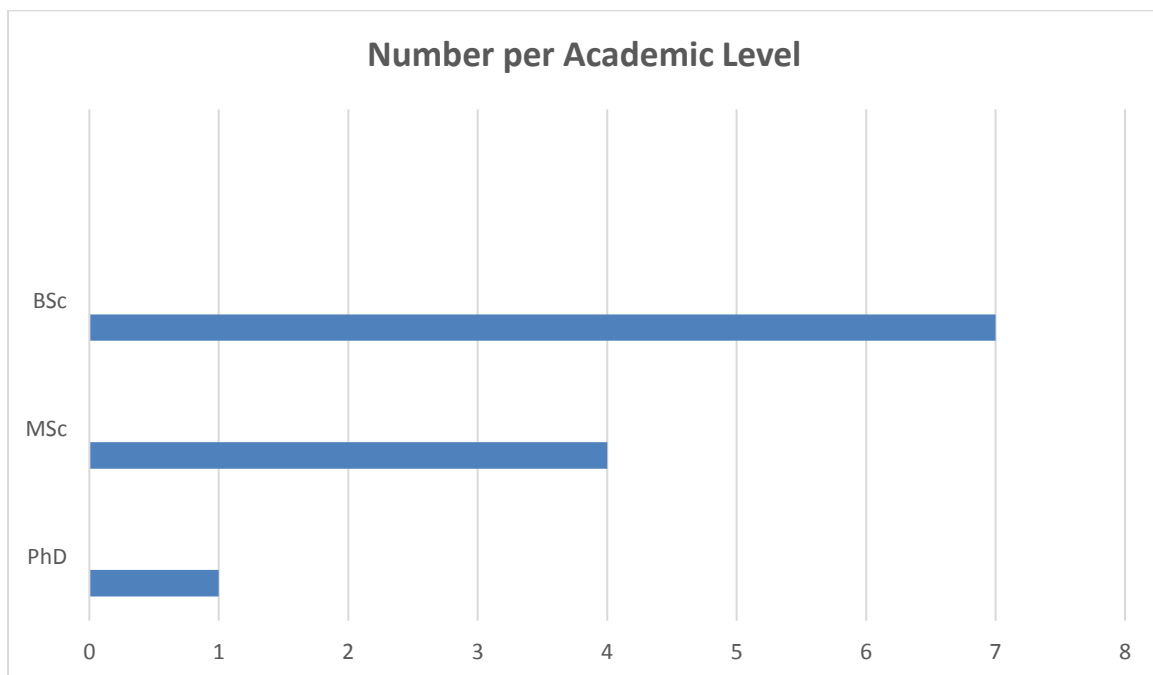
The main recruitment period had been between the end of the summer vacation when post-graduates were easily accessible and the start of semester 1. The start of a new semester, especially for returning students often provides a 'space' for research participation before assignments and placement activities take precedent.

Academic Courses (Figure 10)

I do not believe from the responses that the type of course or level of course influenced participants' moral compass. It was noted however, that those who were from the art/music therapies had experienced counselling as part of their course and this had helped them to resolve any underlying issues in their personal/professional life.

Figure 10

Academic Courses Taken

■ Nursing   ■ Global Health1   ■ Podiatry   ■ Psychology   ■ SLT   ■ Art Therapy   ■ Music   1

Data Analysis of the 3 data collection methods

Introduction

Below are diagrammatical representations of how the data will be analysed for each participant. The cards will be reviewed initially before adding the journey lines. These will then be integrated with the interview. At the same time the cards will be analysed across participants as will be the journey lines and interviews. The data will also be cross referenced with each participant. Figure 11 below shows the relationship between the three collection methods.
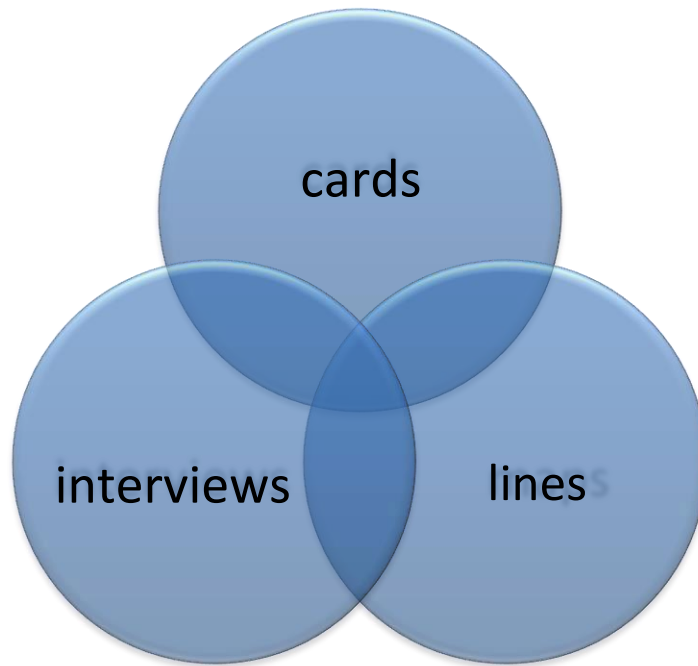
Figure 11

The key words and concepts from each will then be identified using the

Table 5 below

Table 5

Cards	Journey Lines	Interviews

Following this an on-going iterative process will be used, as illustrated in

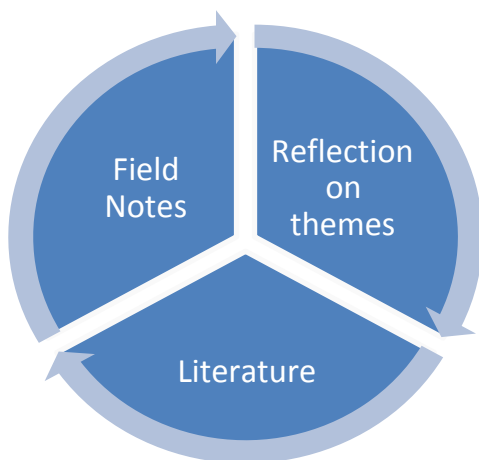Figure 12 which will enable me to create theory generation.

Figure 12: Iterative process

The richness of the themes will be supplemented with quotes from participants (anonymously) and from personal reflections.

Data analysis of the picture cards

I started the process by recording each participant's card selection, and the order in which they chose the card. This was important because it showed me the importance that they placed on a particular card at the time of selection. It must be noted here, that out of the three tools this was probably the most fluid process. It was a choice made on the day, and hence may change on other occasions. I felt that the recorded moral compass development and its challenges, and the interviews would have been more stable data. Nevertheless, the cards acted as ice-breakers and was a tool that enabled me to refer back to as points of reference when dealing with the other tools. I felt that the selection revealed and confirmed a number of issues that was to be built upon later in both tools. This I felt justified their use and formed the basis of triangulation of data to enhance rigour.

Stage 1 - Card Selection of the individual participants

Participant 1 – Friendship, New Beginnings, Trust

Participant 2 – Answered Prayer, Nature, Spiritual Growth

Participant 3 – Freedom, Trust, Forgiveness

Participant 4 – Balance, Healing, Meditation

Participant 5 – Truth and Integrity, Divine Guidance, Freedom

Participant 6 – Forgiveness, Spiritual Growth, Blessings

Participant 7 – Signs, Forgiveness, Spiritual growth

Participant 8 – Freedom, Truth and Integrity, Ideas and Inspiration

Participant 9 – Soul mate, Music, Trust

Participant 10 – Divine Guidance, Answered Prayer, Support

Participant 11 – Dreams, Harmony, Divine Timing

Participant 12 – Listening, Truth and Integrity, Trust

Stage 2 - These were then sorted on the basis of the number of times a card was selected

There was a total of 23 different cards selected from which I was able to determine that certain cards had been selected more than others as had they all selected different cards the total number would be 3x12=36. (see Appendix 7). This was already starting to show a pattern, which would be built upon later through the journey lines and interviews. The elements of trust, spiritual growth, freedom, forgiveness, answered prayer, truth and integrity and divine guidance had clearly resonated with the participants. All participants had been asked to select three cards that meant something to them about their moral compass. The fact that there were certain cards selected more than others suggested to me that these cards or the words they embraced were personal, and of significance to each individual but that there was also an element of commonality occurring between participants. Thus, although I felt that the cards were probably the most fluid of the tools, they were able to demonstrate a degree of commonality across ages, gender, ethnicity and religious orientation.

Stage 3 Order of Choice

Here I took the cards with the greatest number of responses and sought to determine the order that they were selected in (See Table 6 below). This was

important because I needed to know what the overall underlining thoughts were of the participants as a whole.

Table 6: Selection order for cards

Selected	1st	2nd	3rd	Total
Freedom	2	0	1	3
Forgiveness	1	1	1	3
Answered prayer	1	1	0	2
Divine Guidance	1	1	0	2
Spiritual Growth	0	1	2	3
Trust	0	1	3	4
Truth & Integrity	1	2	0	3

Trust was clearly an important topic for the participants with its selection four times, yet when I looked at the position of its selection it was not a first choice. In fact it was selected second once and third three times. Whereas the subject of freedom, although selected three times was selected as first choice twice. Truth and Integrity, again was interesting because although selected three times overall, it was only selected once as first and twice as second. It was clearly important but not as important as freedom. Forgiveness was another interesting selection, with it being of an equal choice across the selection process. All of the below selections and ordering was referred to in some form or another within either the journey lines and/or the interviews. The card selection was essential a good foundation on which to begin the integration of data into themes and sub-themes (Ryan and Bernard 2003).

Data Analysis – Journey Lines

I refer the reader to Appendix 8 as the data generated from the journey lines was immense and can be read for each participant within the appendix. I will give a brief overview of these here.

One of the interesting features that arose was the role of sibling rivalry, and how one sibling can influence another. Sibling rivalry is not new, it can be traced back to the earliest biblical scriptures. What is interesting here is the element of trust. In the case of P1, P2 and P3 there was an attempt to run away, as a way of exerting influence over the other, a way of influencing the younger more vulnerable sibling, but also a way of determining autonomy from the parent. The trust can be seen in statements by P8 who reported that she would do whatever a family member told her to do, believing that they would do her no harm. This was a reflection offered by several of the participants under the heading of trust. They trust in those they believe will do them no harm. Most of these episodes were during childhood and early adolescence which would compare with stages 4 and 5 on the Piaget and Kohlberg scales. A possible area of concern that I was raised, was the trust that the younger sibling had placed in the older sibling, and that this was then broken. This may be significant when developing trust in people, since several of the participants had expressed that trust once broken can never be regained.

The role of social media was interesting because of its influence on each participant. All but P9 had actively engaged to some degree in social media. However, all had now reduced their engagement or ceased it altogether citing that 'life was not real', or 'you try to get likes', 'I realised the harm it can do'. In essence the participants in this study was rejecting the use of social media rather than increasing its use.

Exposure to death as a young age (P1, P10) was also an important factor. This was similar in experience to the loss of a parent through divorce (P7, P12) or separation into boarding school (P5, P6). Where there was death there was a questioning about life, and death issues regarding their own mortality, what will become of them, were they good enough to reach heaven. This supports the work of Maxfield et al 2007 and Major et al concerning individuals' ideas of death, the after-life and their future. In the case of divorce, trust was lost, and a feeling of bereavement was felt which also made P7 think about death. These incidents along with being sent to boarding school occurred in the pre-teenage years, a time when as individuals they were beginning to develop their own identify (Piaget 1936, Kohlberg 1984).

The rejection of religion by P4, P8, P11 and P12 occurred within the teenage years. This supported my own work in the POC and also the work (Rapper 2001, Lee et al. 2004) where the influence of science and rejection of parental values become much more important.

The early 20's appeared to be a difficult time for P3 and P4 in particular. Both had been involved in fights and later learnt to regret it. Both had had police involvement and realised that they were being given a second chance to turn their lives around. In summary, adolescence and early adulthood appears to be when the moral compass is most vulnerable. It is here that trust, divorce, reassessment of religious values appears to take place.

Data Analysis – interviews

The interview format was divided roughly into 4 categories, religious or spiritual beliefs, moral compass, right/wrong and attitudes. Under each heading were a series

of sub-headings which related to the main heading. Below is a summary of the notes taken under each heading:

Religious or Spiritual Beliefs - Under this heading Christian, Islam, Buddhism, Daoism and no beliefs were identified. Words used included scary, ghosts, afterlife, cycle of life, saved, death, values, family, church, youth groups, Holy Spirit, forgiveness, love, community, values, consequences.

Moral Compass - 'Inner something', innate, can increase or decrease, needs nurturing, forgiveness, care, compassion, helping, social media, books, films, peers, significant other,

Right and Wrong- Smoking, sex before marriage, murder, stealing, various levels, excessive drinking, fights, thuggery, bad words, violence, hurting others, 'do to others what you expect they do to you', guilt, put right, influence, peers

Attitudes - *Trust*, reliance, dependency, confidential, hard to gain but easy to break, like glass can't be repaired; *Servant*, slavery, unpaid, submissive, servanthood, do for God, serve the Lord, no choice; *Discipline and punishment*, physical, menial tasks, discussion, telling off, done with love, guides behaviour, consequences, must fit the crime/action, sorry, different to abuse.

These were then tabulated into further categories, that is, they were deconstructed before they were reconstructed into themes. Following each tabulation key words were extracted. These would later be inter-related with the other two tools to assist the interpretative process. (See Tables 7,- 11 below)

Religious/Spiritual beliefs: Table 7

Religion	Spiritual/Philosophy	Non-believer
Christian, Islam, saved, discipline, teaching, shaped me, role model, footprint, help others, social action, love neighbour, love, care, compassion, personhood, self-esteem, grounded, stories, bible, community, healing, Holy Spirit, born again, forgiveness, blessings, rewards	Buddhism, Daoism, scary, Gods, afterlife, cycle of life, this world guides the next, do good in this world for better life (richer, healthier, successful), if bad then ghost, or disability, poor, connectivity, luck and fortune, individual, festivals	Good person, rejected religion, teenage years, rejected discipline and ritual, rules, science, need balance in life, mediation, individual choice, humanism

Religious– saved, Holy Spirit, forgiveness, love, grounded (self-esteem, footprint),
Blessings (spiritual)
Spiritual/philosophy – individual, cycle of life, determination (success/failure),
rewards (material)
Non-believers – science, rejection religion/rules, individual

Moral Compass: Table 8

Define	Where did you get it?	What does it do?
Inner something, Holy Spirit, your spirit, soul, conscience, balance, harmony, a guide, navigates, deep inside, compassion, forgiveness, spiritual	Born, developed, and increase or decrease – close to God, family, school, religion, bible, books, stories, culture, community, significant other	Guides right/wrong, how to treat others, love, compassion, care, forgiveness, need to put things right, guides behaviour, makes you feel guilt or shamed, can make you feel good

Define - deep within, soul, Spirit, conscience, balance, harmony, forgiveness, love
Where did you get it? - Born, develops, religion, family, God, books, culture,
community
What does it do? - Guide, guilt, good, forgiveness, love

Media: Table 9

Books	Films	Social Media
Harry Potter, Disney, Love, adventure, Sci-fi, parents, school, quiet time, grandparents, happy endings, role models, siblings, special time, moral message, bible stories	Biblical epics, justice, nature, sci-fi, Harry Potter, Disney, moral stories, good wins over bad, light over dark	Unreal portrayal, likes and dislikes, lies, negativity, reject it as matured, lowers self-esteem, influences others, can be influenced, power, share, communicate, bad things, depression, popular

Books – Harry Potter, family time, sci-fi, happy endings, biblical stories, morals, role models
Films – Harry Potter, good over evil, Biblical, moral stories, love, happy endings, Disney
Social Media – unreal, depression, low self-esteem, reject with maturity

Attitudes – Table 10

Trust	Discipline	Servant
Dependency, reliance, hard to gain, easy to lose, like glass once broken can't be repaired	Physical, telling off, consequences, shaped me, police, law, different extent to wrongness, must fit the crime, explanation or discuss, rules can be bent, forgiveness and to be sorry for deed, punishment	Slave, unpaid, no choice, serve God, serve the Lord, submissive, servanthood, go beyond requirements, respect lowly and dirty jobs, not NHS, servant King

Trust – hard to gain, easily broken, glass, reliance
Discipline – punishment, must be done with love, different to abuse, different levels of wrongness
Servant – unpaid, no choice, Jesus, go beyond, appreciate dirty/lowly tasks

Behaviour: Table 11

Non-believers	Religious/spiritual	Feelings
Various levels of wrongness, can be justified – stealing, lying, fights	Smoking, excessive drinking, thuggery, lying, sex before marriage, cheating, murder (but can be justified, stealing,	Guilt, shame, sorrow, regret, fear, hurt, need to put it right, get away with it, lucky

Calibration – various levels, justified, excessive
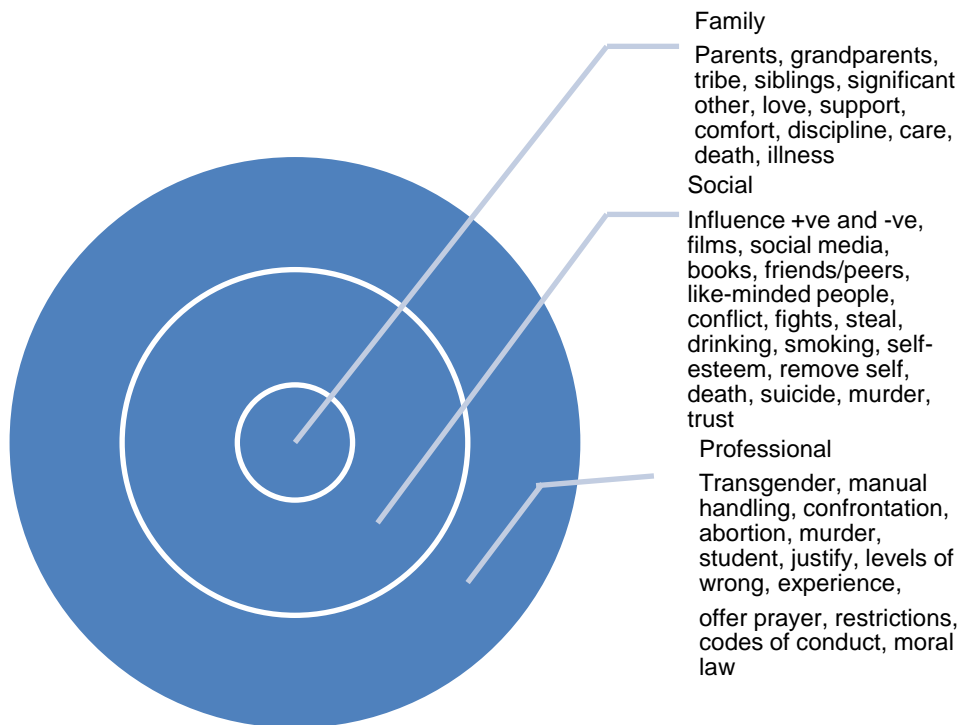*Feelings* – shame, guilt, sorrow, get away with it, put it right

Once the tabulation had been completed and the text that I considered important extracted (based on the number of times the word or phrase was used), I was able to move onto the next stage of analysis.

This stage involved collecting data from all three tools and the development of the 5 key themes. Each main theme was made up of a number of sub-themes. Table 12 and Figure 13 below will give an overview and pictorial explanation. The Spiral, inter-relationship I felt was emerging, linking all the themes together

Table 12: Words, phrases from each of the categories linking the 3 tools together:

Family	Social	Professional
Parents, grandparents, tribe, siblings, significant other, love, support, comfort, discipline, care, death, illness, spiritual growth, signs	Influence +ve and -ve, films, social media, books, friends/peers, like-minded people, conflict, fights, steal, drinking, smoking, self-esteem, remove self, death, suicide, murder, trust, spiritual growth, culture	Transgender, manual handling, confrontation, abortion, murder, student, justify, levels of wrong, experience, offer prayer, restrictions, codes of conduct, moral law

Figure 13: The inter-relationship of the three components, family, social and professional.

Family
Parents, grandparents, tribe, siblings, significant other, love, support, comfort, discipline, care, death, illness

Social
Influence +ve and -ve, films, social media, books, friends/peers, like-minded people, conflict, fights, steal, drinking, smoking, self-esteem, remove self, death, suicide, murder, trust

Professional
Transgender, manual handling, confrontation, abortion, murder, student, justify, levels of wrong, experience,

offer prayer, restrictions, codes of conduct, moral law

This figure shows how the 3 components of the journey lines come together, moving from the family to the social and then the professional lives of the students. It symbolises the integrative process and inter-relationship between the three in a foundational dimension.

Detailed Data Analysis of the combined tools

In the tables below are the 5 main themes and the sub-themes within each theme. The sub-themes were attained through the integration of the 3 tools across the participants as individuals and also the composite of each tool across the cohort. Figure 14 represents the key words within each composite

integrative process, when placed under the headings of the journey lines. It is from here the 5 themes and sub-themes emerged.

Moral Compass

↓

Themes

↓

Sub-themes

- Eschatology (end times), afterlife, death, consequences, born again, saved, new beginnings

- Guide, Holy Spirit, conscience, prayer, Angels, signs

- Socialisation, family, friends, work colleagues, significant other, culture

- Agape, (all-encompassing love), love, trust, servanthood, forgiveness

- Obedience, conflict, rebellion, discipline, law/rules, sin, guilt, blessings, freedom, choice

Combined Data Analysis

Introduction

The analysis was complex. It required a great deal of patience and movement back and forth between data sets. It required me to be intra and inter-relational, that is to say linking tools within each participant but also between participants. It was a continuous iterative process and included reflection. It required repeated listening to the audio-tapes, in conjunction with my field reflective notes. Again, these were based on each participant but also between participants and summation of participants. Reflexivity was crucial as information was being generated, it was being processed at a conscious and unconscious level allowing me to weave in and out of the interview topics to recall the card selection and key points on the journey lines. It was a process that had been very successful in the proof of concept and I felt comfortable working with it. I chose not to use technological aides or computer programmes, feeling that it would interrupt the free-flowing thoughts and spirals that are my thought processes.

As I noted in my research methods, I chose not to transcribe the interviews and I felt this worked well. It allowed me to be free-thinking in my thought processes. Transcribing the data would take something embodied with nuances and place it into a 'hard text medium' which would destroy much of the meaning, the sensitivity, the passion and the reticence that can be 'felt' but difficult to translate into words.

Figure 15: Diagrammatic representation of stages of data integration
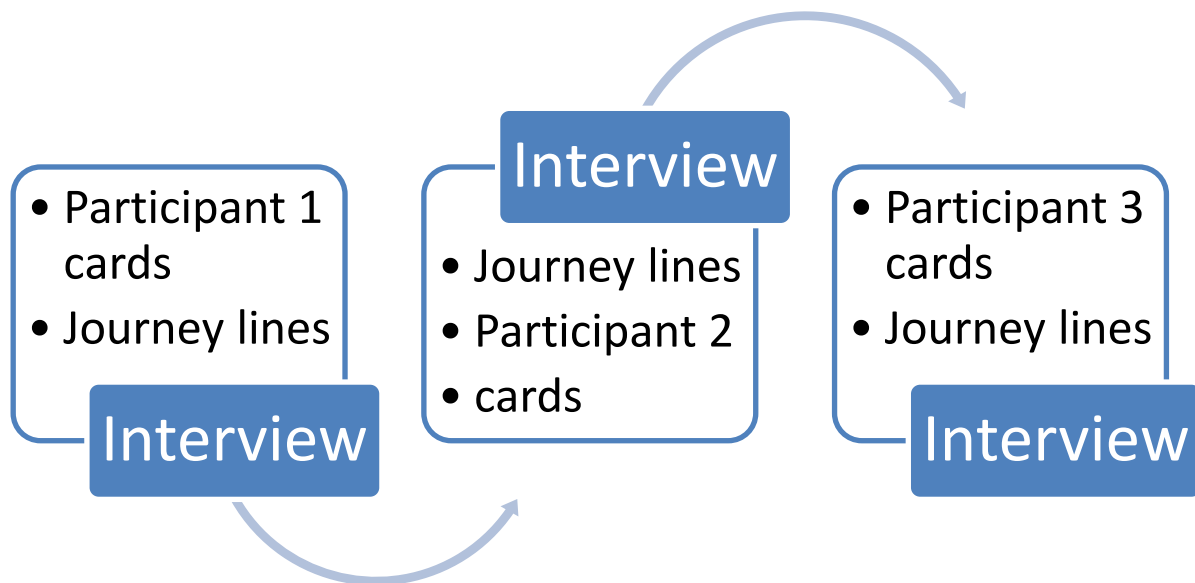
I began the analysis of data by looking across the three tools of participant 1. The notion of friendship was coming through immediately as something very important to this person. Not only had they picked friendship in the card selection along with trust and new beginnings but they identified on the journey line key points where friendships were made or lost. This inter-related with their other card selection, concerning trust within those friendships and the need for new beginnings following the death of friends at two key points in their life (under 5) and teens (11-15). The deaths had made him think about life/death issues and where he would go when he would die. This participant also revealed the difficulty in identifying their ethnicity having been moved around as a child of a missionary. The alternative cultural experience I felt had shaped the participants worldview. Their notion of attitudes to women and unwanted children in particular was very revealing. Witnessing beatings of women and infanticide had created in the participant a deep feeling for life and

how precious it is. Although this had shaped the participants experience towards caring and empathy, I was struck by their apparent discomfort if asked to treat transgender clients. They did not articulate that this was related to their Christian faith, although their faith was a large part of their daily living experience. Faith, or religion in particular born-again Christians was to have a major impact on this research, a fact that was to be revealed as the study progressed. In particular the expression of their faith.

Participant 2, here there was a clear connection between the participants' faith, as a born-again Christian and the wider aspect of the environment by choosing nature as a card and spiritual growth. The first card selected had been answered prayer which linked very clearly with their spiritual growth. It was interesting however, how this had developed through the love of outdoors, of nature and the gifts that God had provided. Again, this participant raised the issue of transgender clients and added concerns over the issue of abortion and euthanasia. The participant's need to engage with the clients at a spiritual level was strong, as it was with participant 1. Both experienced a need to make spiritual connections which they acknowledged would have infringed professional codes of conduct. Participant 2 identified colleagues not wanting to do dirty jobs – something which was later supported by participant 5.

I was already beginning to make tentative connections and highlight possible concerns that participants were having to address. Issues that they as people to be fully whole, would indirectly be putting themselves under duress. Another feature that began to emerge was the fighting with siblings. At this point I was unsure whether it was significant, but as the study progressed, I realised that it was in fact an important factor, as was the influence that they had on siblings and siblings had on them.

Participant 3 for me bridged the gap between 2 and 4. They had identified within the card's freedom, trust and forgiveness. Trust had been revealed by participant 2, but it was the comments made during the interview with participant 3 that I felt was the bridge. They had experienced great difficulty deciding on the last card, forgiveness. They were able to express that friendship and balance were to be important for them as was healing. The balance and healing surfaced by participant 4. What was of greatest interest here was that both of these participants not only had experience of fighting siblings (as did 1 and 2) but they had also been in fights outside of their usual circle of friends. As their interviews progressed it became clear that they had a need to forgive themselves for past misdemeanours which was to bring balance and subsequent healing into their lives. Participant 3 had expressed strongly a sense of freedom as being important to their life. The only Muslim in the study, and a refugee, their worldview was complex and integrated across cultures. The need to have the freedom to express her own values and culture was important, but this was not to be at the expense of others. A mature student who had engaged herself on healthcare degree expressed how has she has matured physically, she was also maturing spiritually. At this point in time she was not fully ready to take on the burka, but felt that it was an important step in her faith maturing. It was to be seen for who she is, and not through the eyes of beauty. She felt that as her faith matured, she was more socially aware and accountable and had become engaged with social action projects such as food banks and the homeless. She wanted to leave her footprint on the world.

As mentioned above, participant 4 had chosen balance, healing and meditation. Although he had not filled very much in on the journey lines, he was very happy to speak of his journey through life and the conflicts he had with his moral compass.

For participant 4, religion had been rejected in his teens. He had questioned who was God and found no answers, in fact science seemed to prove otherwise. Participant 4 was the first of three 'non-believers', yet there an element of spirituality being expressed through the need to be balanced, healing and meditation. Although, this was his first degree, he was also a mature student (26), and had found that as he matured physically and psychologically, he had also developed spiritually. He had expressed the experience of consequences and the hurt he knew that he had caused through participating in affair with a married woman. It was probably this event that changed his actions as he expressed from one of self-gratification and immediate pleasure to one of reflection on the damage caused to others. His experience of fighting outside of the family, also had stark consequences to his conscience both as the instigator and as the one who sought to avoid conflict. This has led him to not wishing to intervene into situations until he was sure of both sides of the conflict. He was able to reveal the difficulty ha had about raising issues within a care home setting when things were done wrong, which prompted him to leave his employment. The fear to act had been mentioned by participant 2 when on clinical placement. At the time I wondered whether it was an isolated event but has the interviews progressed it proved to be an issue amongst the participants.

Participants leaving employment as the sessions progressed was I felt an important comment to note. Participant 3 had also had a conflict when working in a marketing agency, where she felt the organisation was all about 'selling sex', this had been against her Muslim values and subsequently left. In session 6, the participant left working in education where she had been propositioned by an eminent married professor. Despite the advantages that a relationship could offer, she felt that it was

against her Christian upbringing and was able extract herself from the situation by leaving the employment.

Participant 5, selected the cards truth and integrity, divine guidance and freedom. The truth and integrity were the foundations on which she built her life. Her parents had placed her within boarding school and it was her maternal grandmother that took prominence of her upbringing. It was her grandmother that visited, it was the grandmother that attended key events within the school curricula but also important faith-based events such as confirmation. She felt distance from her parents, which broke her trust when they, particularly her mother, arranged a marriage for her. Although she entered into the marriage willingly, it became very clear to her soon after that her mother had lied about the match. It was her family example of 'staying within a marriage at all costs' and her Christian faith that facilitated her staying in a relationship that neither were comfortable with. The breakdown in trust has subsequently lasted her lifetime and to the point whereby she feels no moral obligation to care for her parents as they approach old age. This participant was the first of the art therapy students and it seemed unimportant at the time that she had been in 2 years of 1-1 counselling as part of her course. She felt that this had helped her heal and that the experience had prepared her for her own work as therapist. Later participants, from the art and music therapy courses substantiated this view. A participant that was strong in her faith, Indian in culture, she had faced a number of challenges in life, but it was her faith through prayer and listening to God through the Holy Spirit that was her foothold, that kept her secure. It was also this faith that allowed her to stand against issues that didn't fit with her Christian values, and that it provided an inner core of resilience. She was able to articulate how she takes time to make decisions and that it was important that she had the freedom to do this. She

expressed that it was her faith that gave her this freedom. Many of the expressions concerning faith and guidance had been expressed by Participants 1 and 2. They also relied on guidance from the Holy Spirit and prayed before considering important decisions. It was a time of reflection. What was interesting, and what was beginning to emerging was that even when participants felt that the inner spirit was saying one thing and they thought another, that they went with the inner spirit. Their belief was very much, that God knows what he is doing and it was a matter of trust and that it was the long-journey end that was important rather than the immediate. If you recall, it was the immediate satisfaction that participant 4 had felt had brought his downfall and made him question his actions and consequences. Participant 5 had attended a mixed boarding school where a healthy attitude to the opposite gender was encouraged and all non-Muslims or Hindu's were taught 'moral science'. This consisted of helping in local charities, older people, reading and learning scripture. It was during her time at boarding school that she found God and the importance of prayer. It also built an inner strength, a well-developed self-esteem, which allowed her to 'be a trend setter, rather than a follower'.

Participant 6, like participant 5 experienced boarding school and therefore had the experience of a 'significant other', a Christian, but one who had experienced Anglicanism, Catholicism and Pentecostalism. She was able to draw something from each of these denominations. Someone, mature and secure in her faith. She had like participant 5, had developed a deep inner strength. It is hard to determine whether this was part of the boarding school experience or through her faith, I urge towards the latter. She had been moved to boarding school when her parents divorced and her father remarried. It was her father and stepmother who had the most influence in her life, not seeing her mother until into adulthood. Because of her eclectic

background in religious experience I felt that she was able to articulate some key points. She noted that although the Anglican and Catholic schools had rules their approach to them was very different. The former, would discuss things with students who had 'bent the rules', as opposed to the Catholic school where they were given menial tasks such as filling a bucket of water with a teaspoon or digging a hole the depth of their body. Participants 5 and 6 and later 10 had experienced having to carry out duties within the school. Whereas P5 and P6 had been at boarding school 10 had attended a state day school. All three were required to do household duties, such as washing up the teaching staff coffee and lunch things. At first glance this would appear, 'cheap labour', but all three acknowledged that it has taught them a servitude attitude. In fact, participant 6 had expressed it as 'dignity of labour', participant 5 felt that it had instilled discipline while 10 recalled that it has given her a servant leadership approach to life.

Participant 7, was the first of two Taiwanese participants. She identified as being a Buddhist although it was not something that she made known to her friends. When I asked why, she said that she was uncomfortable about telling them about her faith and also, that as part of her faith, she was a vegetarian. This was causing her an inner conflict as she sometimes ate meat when in their company. Her card selection was interesting with signs, forgiveness, and spiritual growth. Just as participant 1 had experienced 2 deaths as a child/teenager, she also had experienced in her teenage years the death of her cousin, by suicide. His had made her think of life and death issues, as it had done with participant1. This also tied into an earlier experience concerning her father. Her father had to work away for long periods, and she became afraid of him not returning. He had been the parent who had taken her and her sibling to and from school, something her mother now had to do., it made

her think of life/death issues. Her sister has autistic tendencies and this has made her more understanding of people with issues. As a Buddhist, there is a belief in a cycle of life, whereby the behaviour in this life will affect the next life. The importance of signs in guiding behaviour and choices were acting in a similar way to those who experienced the Holy Spirit, or in the case of the non-believers 'an inner conscience'. What came through very strongly in both the Taiwanese sessions was the parental emphasis on working hard. Neither were have boyfriends, who would act as distractions. This participant placed a lot of emphasis on forgiveness, and that this would develop spiritual growth. It was also very important for the next life. During the conversation, she revealed as an example of good/bad behaviour that when the waitress out for a meal gave too much change. Whilst she felt morally obliged to return the discrepancy her friend thought it was a sign of good luck and that she should keep the money. After some discussion, and her friend realising that she would feel guilty, participant 7 returned the money. This raised an interesting dilemma. Participant 4 had raised an issue regarding stealing, or not returning items if overpaid, if the item belonged to a big company rather than small individuals. Participants 7's friend had been non-religious, just as participant 4 had been. The question was beginning to arise in my mind as whether, the notion of having some kind of faith or religious teaching had guided those with religion differently to those who had none. I recalled participants 3, 5, 6 and 7 reporting that they had had 'money dealings' where their moral compass had been challenged. 3 and 5 had been working with money /credit cards directly in a shop (3) or a bank. Participant 6 had been in her own franchise but her team was being drawn away by promises of extra money.

As the sessions progressed, I was still gaining new information. Yet, there were patterns beginning to emerge in my mind. Themes were developing, at first they were scattered, but as time moved on they were coming together. It was becoming evident to me that the cards, journey lines and interviews were all supporting each other, not only within each participant but also between participants. It was interesting to note, that this participant reported that some Buddhists saw disabled people as someone who had been bad in a previous life.

Participant 8, the second Taiwanese identified as being non-religious. However, she then went on to discuss her parent's Daoism and her grandmothers Buddhist beliefs, both of which had influenced her thinking and worldview. Speaking about her parents taking her to the temple, where there were 'scary Gods'. The Gods never looked happy, only fierce. On special festivals the temple staff would dress up as some of the Gods and would parade the streets which again was very scary. To do wrong would make the God's unhappy, and if you did wrong you may come back as a ghost, something trapped between this world and the next – a very bad place to be. Thus, it would be apparent that the Gods were helping to control behaviour, a feature that was later picked up by participant 11 who had experienced similar behaviour 'therapy' within a strict catholic order. Participant 8, like her counterpart, looked towards signs of good luck and also bad. A ghost of a woman in a red dress would be particularly bad, and frightening. Although she had declared herself, non-religious it was becoming very clear that the exposure to religious doctrine, festivals and Gods had had a major impact on shaping behaviour. Like participant 4, she was able to determine that when 'luck' dropped into her life, such as being overpaid, or finding money that it probably wouldn't be returned or taken to lost property. However, this was clarified by stating that it would depend on the amount, under £10 she would

keep as being lucky, but over, she would probably say something. This attitude was a underlining principle with participant 11 who revealed that she had worked 'cash in hand' and didn't reveal earnings for tax purposes. Participants, 1, 2, 3, 5, 6, 7, 8 all mentioned in some form or other an after-life. In the case of participant 8, she although declaring to be non-religion, was still heavily influenced in 'the next life' She revealed that people in this life who are rich, successful and healthy will have been good in their previous life. A thought pattern that was supported by 7. It was important to 'do good deeds' to work hard' and this will facilitate a good after-life. Failure to live a good life in this world could be detrimental in the next. When I compared this to the Christians, their life on earth was also important to them. For them they were working for God, they had been saved and a after-life was secured. However, knowing that they would be saved did not distract from needing to reflect Jesus on earth. The born-again Christian approach was different to the merit theology of doing 'good deeds' to claim 'brownie points' in the next life, but one of reflecting the love and goodness of Jesus through the knowledge of their forgiveness. As someone forgiven, they to, had to forgive others. For them the Holy Spirit was their guide, support and assistance in their choices, their activities and their communities. Although this participant had declared herself, non-religious she differed from 4 and 11 in that her early religious encounters had remained an influential part of her life. Whereas participants 4 and 11 had rejected religious doctrine towards a more spiritual, meditative approach which ironically felt almost Buddhist in approach, again without the ritual. This participant also emphasised the need to study hard, a feature picked up from participants 3, 6, 7 and 10. Parental influence, mainly from the father provided pressure, and in some cases financial resources to enable their daughters to study.

Participant 9, this participant talked very much about love. Love from within his family from an early life where as one of seven it was his elder sisters that took the lead in his care. The feeling of being loved encouraged him to want to help around the house and garden. They grew much of their own produce and there became a deep connection with nature and the love of outdoors. Having very little helped him to appreciate what he had, often second-hand clothes and toys. As a paper boy it was expected that he would also give some of the money to the 'family pot' to help with provisions. This helped develop a sense of giving and appreciate what you have. Attending a state school, he had a fundamental religious education where through the school and later the air- training corps he was able to learn about trust, building communities, helping others. As a young printing apprentice, he had worked within a Quaker organisation where the value of the person rather than the material was emphasised. It was through this organisation that he volunteered to go abroad to help build a camp in Sweden. His upbringing was essentially Christian in its values but it was not until he met his wife-to-be did he make a formal connection with the church. This is interesting, that although he would state that he was 'Christian' it was not until he was 'born again' and part of organised religion did he feel able to call himself a 'true Christian'. He describes his wife has his soulmate, given to him by God. It was through his wife that he became a born again Christian and participates in regular church attendance. It was during his teens and early adulthood that he became interested in rock climbing and it taught him to value life and safety of others. It required trust, it also gave a sense of community. This experience linked very much with participant 1, the sense of having very little and appreciating what you do have, the need to share and the sense of community pulling together. The trust element has been a theme throughout the sessions to a greater or lesser

degree, but here the trust was not so much about confidences, but about placing life in the hands of others. The feel of engaging with nature and the outdoors has been seen in participants 1 and 2 where there was a preference to be outdoors, to play and in the case of 1 and 9 to live outdoors in tents or pre-constructed buildings. This engagement with nature, the outdoors and indirectly a care for the environment appears to be important. During his early adulthood (20's) he lost his best friend to suicide.

Participant 10, this was a very emotional encounter. The participant revealed a number of important issues in how her relationship with God developed. The selected cards, divine guidance, answered prayer and support I was able to link with other participants. Answered prayer linked well with participant 2, and divine guidance with 5, 6, 7 and 11. It was the support card that I found interesting. For this participant her support came from God rather than from close relationships of parents or friends. Participant 8 and 9 had spoken of family love and comfort especially at difficult times, but participant 11 gained her support from a spiritual connection. There was I felt an element of trust in something 'other' rather than those around her, maybe a sense of being let down. However, this participant after revealing a number of very personal issues had somehow, been able to gather a strength of character yet I felt there remained an element of vulnerability. She did not articulate any signs of forgiveness but there was a calmness in her narrative which was very different to what was articulated by participant 11. Her childhood had been disrupted by family illness, her mother's mental health issues had caused 'a separation' similar to the departing of participant 7's father. However, in the case of participant 11, the grandmother, often a key person in relationships (participant 5) had also died. There was a great sense of loss, a type of bereavement. This

participant had experienced a great deal of loss, similar to participant 1 she also had lost a friend early in life, and her friend's mother subsequently committed suicide, later in early adulthood she experienced the suicide of a boyfriend, just as participant 7 had experienced the loss of her cousin through suicide and participant 9 a close friend. Suicide within a Catholic context would be something that would not be readily articulated, but here there were born again Christians and a Buddhist openly talking about this and its impact on their lives. Her spirituality or connection with a 'higher other', had been felt long before she became a committed Christian within an organised religion, just as participant 10 had revealed. All participants, were asked about discipline, whether they had been disciplined as a child, and how they felt about it. All, except participants 10 and 11 felt that the punishments were justified. Participant 10, revealed how she was punished with a leather belt, which even now brings back painful memories. Yet, she was able to articulate that there is a need for discipline, but not this harsh method where fear of the consequences were instilled into her. Her manner was again one of calmness, and acceptance of what had happened. This was in contrast to participant 11, who only reiterated the 'meanness of the nuns', but at no point was any punishment details revealed.

Participant 11, this participant described their self as non-religious having rejected all religious doctrine at the age of 13. The testimony was quite forceful, it felt, although not articulated that there had been emotional if not physical duress endured. Describing herself as attending a Roman Catholic institution, where in her words she was baptised into a religion which she never wanted, confirmed into a religion she never wanted and was even given the last rites on two occasions by the priests again which she had not wanted. The tone in her voice was vitriolic when she recalled the 'meanness of the nuns' at school. Although she did not equate any harm

to herself she said that she had seen nastiness as the nuns employed cruel tactics to guide behaviour. This is in sharp contrast to participants 5 and 6, both had experienced Catholicism, both had also been in boarding school – yet they had valued their experiences and felt that they had shaped them into the religious people they are today. Participant 5 now attends a Pentecostal church, while 6. Having tried Anglicanism and Pentecostalism has returned to the Catholic roots which give a strong grounding in values. Participant 11, also revealed that she felt 'she was a good person' and that 'she did good things', Catholicism is a merit theology which is based on works, it appeared through the session that although she had rejected her Catholic faith there were elements that had been retained. Although, she had rejected formal religion and wasn't sure about God she did have a connection with Angels to help guide her. This was interesting, within the Muslim faith, great emphasis is placed on Angels and even with Judaism and Christianity Angels have played a key part in bringing messages to God's people so again I felt that there was an underlining 'spiritual aspect' although I felt resistance to this notion. The cards selected, were interesting, in that they did not support necessarily her 'lack of religion' but could support an underlying 'spiritual aspect'. She chose dreams, harmony and divine timing. It is the divine timing that raises a number of questions in my mind, it is almost revealing an inner conflict taking place between knowing what she wants, and rejecting that very thing. The participant had also revealed that she pushed away from some of the doctrine of the Catholic faith by using contraception, had relationships outside of marriage and had used the morning after pill. This again, would show a rejection of the doctrinal aspect of her Catholic faith, yet she also expressed a need to gain self-acceptance. She revealed that in her previous work she had avoided paying tax, and worked 'cash-in-hand', and acknowledged that this

was probably against the law but it was a case of having to, to survive. It was a series of bad relationships and 'living on the edge' that brought back into formal education, and 'to start life afresh'.

It is interesting that up to age 11-15, this participant had been helping around the house, and keeping animals. It was within the teenage years, when formal religion was rejected that issues with her mother also arose. In participants 5 and 6, they also had difficult 'mother/daughter' issues but these appeared to be through the separation of boarding school and parental divorce. Here with participant 11 there appears to be something much deeper, and connected to the mothers deep religious faith, appearances within the church and community and the forcing of 'confirmation', it was the arranged marriage with 6, orchestrated through the mother that broke the trust with participant 6. It is in the teenage years that participant 10 had issues at school with relationships, and participants 1, 2, 3, 4, 8 had fights with siblings. All participants when asked about their moral compass felt that it was something that they had been born with. Participant 2 felt that it was different to the conscience, and felt that it was something to be nurtured and that if it wasn't nurtured correctly then it could go wrong.

Participant 12, had selected Listening, Truth and Integrity and Trust. What was interesting here was the way she was able to integrate the listening aspect into the other two selections. Participants 5 and 8 had also selected truth and integrity and participants 1, 3and 9 selected trust, but they had not merged together the cards in the same way. This participant had been exposed to religion through her mother but had like participants 8 and 11 rejected it during the teenage years, commenting that as her knowledge of science grew, she realised the bible had been a lot of nice stories. Yet, despite this, she had experienced an 'inner something' regarding in her

view 'to eat meat was morally wrong' and became a vegetarian at the age of five..

Both her parents were serving officers in the RAF, her father in the police and her mother a nurse. The aspect of service was strong as demonstrated by her commitment to voluntary organisations, and it is here that the notion of listening, truth and integrity and trust became important. The concept of listening to 'your inner-self' became important here, but the concept of listening had already played a big part in her life through the voluntary organisations. These organisations had helped her develop leadership skills, that were dependent upon truth and integrity, and these in turn relied upon trust. All of these she felt would be important in healthcare. Another interesting observation regarding listening was her awareness of NVC, the use of gestures, posture, eye contact and their importance of identifying a person's emotional state. Regarding the voluntary work that she has been involved with, she felt that it instilled values into a person, as well as being of benefit to others, doing the collective good. I felt in this participant's case that she was engaging in voluntary work for her own benefit and for the benefit of others. An attitude largely instilled by the act to serve witnessed from her parents. As she noted, they were serving Queen, Country and God.

Once again, the element of divorce arose in the teenage years, and she was confronted with a step-father who had deep depression which brought him to the point of attempting suicide, this again links to participant 1, 7, 9 and 10 who had known suicide victims. From the experience of her step-father she had become interested in mindfulness. Her step-father had become a Buddhist, as part of his treatment and she had taken on many of the values, but she was clear that it was the secular not the religious interpretation of these that captured her interest.

P7, had felt like a bereavement when father left (like participant 12), felt angry and let down. It had taken a number of years to begin building bridges with her father, realised that anger will only destroy you, and you must forgive and move not. To forgive does not mean to forget, but it is a process of acceptance. It was also a time when she felt that her trust in her father had been broken when he chose to leave. Trust was clearly a big issue for this participant, once it is broken, like participants 1 and 6 it is hard to regain, making you suspicious and reserved towards them. This is in all aspects of relationships, and she identified the importance of trust between HCP and patients. If they lack trust in those who care for them then it is a real problem for both parties. When trust is broken, and I have done something wrong, I know that I have to try and put it right. I need to show humility, apologise and learn from my mistake. It is about taking personal responsibility.

After her father left, and her step-fathers mental health issues, it was her mother that took on the role of disciplinarian and like participant 11 she became afraid of her mother. Although the punishment was mainly verbal, she felt this could still affect you emotionally, and the threat of physical punishment was always in the background. It was interesting to note that she was able to identify self-discipline as an internal governance and external discipline through rules and regulations. She also commented that while both are important to shape a person, the positives can help the negatives can breed resentment and hostility. This would be in line with participant 11, who clearly was still holding onto elements of her childhood regarding punishment and control of her will. Thus, despite giving up on religion there appeared to be an acknowledgement of 'something' that guides an individual in their decision making. This process she said could be influenced by others, regarding illicit practices of fellow students she felt that to remain 'blind' to their drug taking was

preferable to whistleblowing. The students' behaviour, she felt her moral compass was being challenged and decided that she would ignore the situation rather than challenge. Yet if patients had been involved, she would intervene through a sense of responsibility. In personal relationships she had encountered a difference between her sense of right/wrong compared to her boyfriend. Again, as with participant 8 it centred on the issue of receiving too much change following a monetary transaction. Her moral compass had determined the money should be given back, similar to participant 7, whilst her boyfriend identified with participants 4 and 8 who felt that it was OK to keep the money.

All participants discussed the use of social media, but what was interesting was that they were now rejecting it. They revealed the initial 'need' to see what other people were doing, to make comments and the need to get 'likes'. However, as they matured, they became much more conscious of its negative affects to the point that participants 3, 4 5 and 12 had deleted their accounts, 9 and 10 never had accounts and the others 1, 2, 5, 6, 7, and 8 have reduced their use. Those that still used it had closed groups and used it to maintain family ties whilst away from home.

All participants were asked about their understanding of the term 'servant'. The answers were interesting. Participants 3, reported the notion of a slave, participants 4, 8,11 and 12 raised the issue of lack of freedom, no choice, payment and not being respected. I explored the answers further by saying that the National Health Service, the police service, the fire service, so by logic those working for a service are in fact servants/ all disagreed. Participant 10 mentioned Jesus as being a servant who came to serve not to be served. Those from a Christian background looked surprised at this with participant 2 stating, I never really thought of myself that way. The notion of slave, may in the case of participant 3 be linked to her ethnicity, black

African/British and therefore the notion of servant may have cultural differences in its meaning. However, participant 6, whose ethnicity of Black African did not see servants in this way, but a way of going beyond what is required. Participant 5, reported that she had had servants when growing up and again in the early stages of her marriage and that she did not feel authoritarian over them. This participant had studied moral science whilst in boarding school and had participated in 'menial tasks' of cleaning up for teaching staff, as did participant 10. For these participants, servant did not mean slave, it meant to provide a service in the best way possible. Participant 3, who had showed some resistance to the terminology had also explained that prior to becoming a refugee and fleeing their home country they had had servants themselves. At this point it was the understanding or the interpretation of the term servant I felt was being problematical to the participants. Whether in today's world the term as different connotations to what it originally set out to mean. There seemed to be a resistance to being called a servant, and that they had chosen their professional choices freely. The ability of freedom to choose had been mentioned by participants 3, 4, and 11 with participants 3, 5, 8 choosing the freedom card. Again participant 3, being a refugee had I felt a very different worldview to those who had come from politically stable countries. It was the ability to have autonomous choice and control over their own decisions and actions that was important. However, with that comes responsibility and consequences. Participant 4 felt that they only appreciated the consequences once a decision had gone wrong.
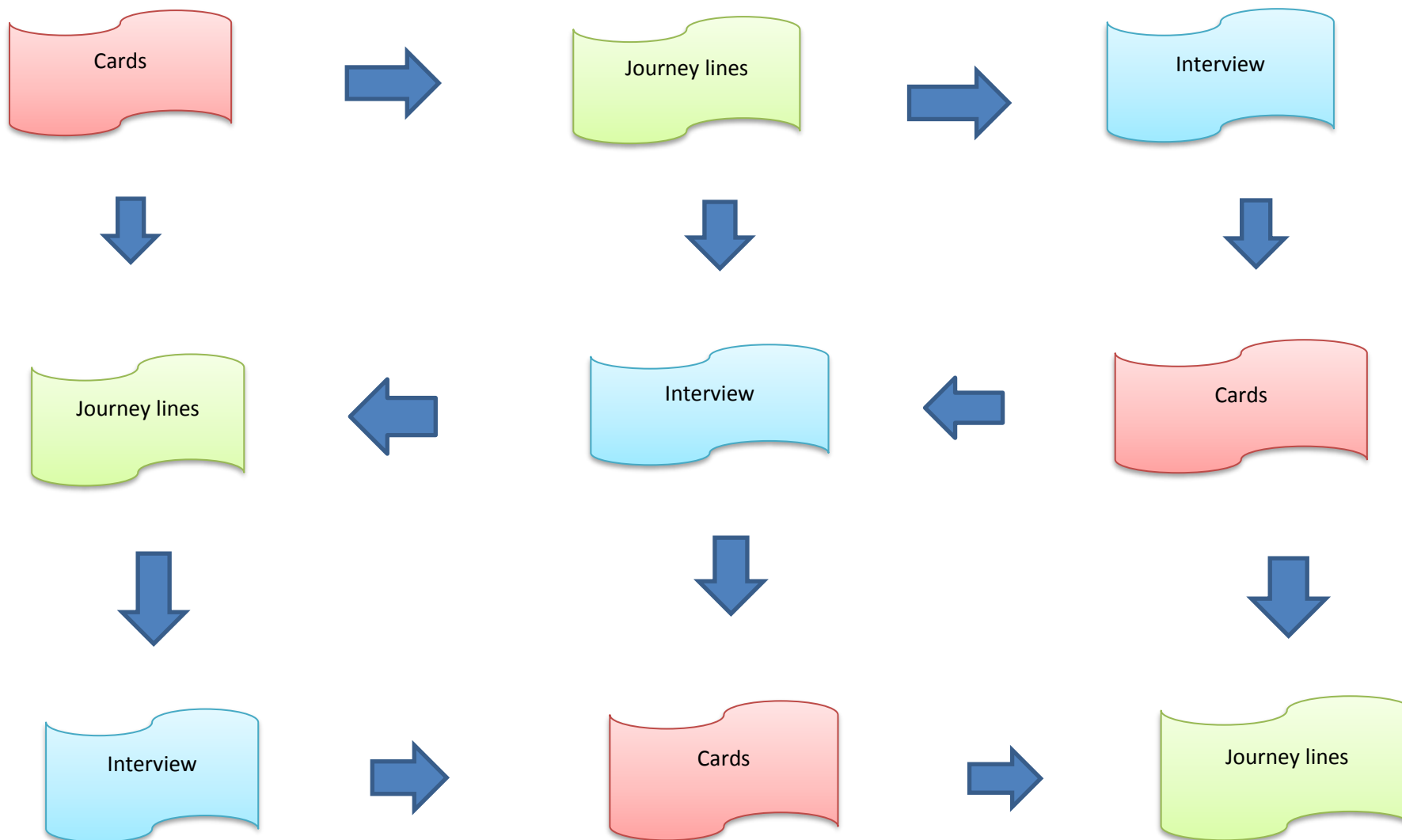
Overall reflections on data analysis

As I was conducting the sessions, I felt an emotional detachment. I was aware that some of the revelations were quite traumatic for the participants and that the

revelations had deep inherent meanings for them. All of the participants thanked me

for the experience, they had enjoyed it and they felt that they had got a lot out of it.

They had learnt about themselves, and they also revealed that they talked about

things that they had not spoken or thought about for a very long-time. For me it was

at the point of completing my spiral analysis, moving between individual participant

texts, to the others, constantly moving in and out that I became very aware of a deep

emotional feeling welling up inside of me. I questioned whether this was the

vulnerable observer that Behar (1996) had identified. Some of the stories were

reminders of my own issues in life, and how I had dealt with them. I was becoming

emotionally challenged and wondered that if this was happening to me, was a similar

process affecting the participants? It was at this point I felt that in future studies there

would need to be a follow-up mechanism to ensure that participants had not

experienced any post-session emotional issues

Diagram 1: A summary of the Data Analysis Process which then led to the interpretative process in the next chapter.

Cards → Journey lines → Interview

↓ ↓ ↓

Journey lines ← Interview ← Cards

↓ ↓ ↓

Interview → Cards → Journey lines

Chapter 5: Discussion of the interpretive findings

Introduction

In this chapter I shall interpret the overall findings. The process took two parallel forms of data interpretation to aid trustworthiness. The initial phase had been the interpretation of a participants cards, supplemented with the journey lines and finally the interview. In parallel to this each tool was also analysed across the participants. Both sets of data was then drawn together to form the 5 main themes and sub-themes which will now be interpreted.

Five main themes arose (Figure 16 below) from the individual and sequential integration of the tools and each contained subthemes. In summary these were:

- ➤ **Guide** (Holy Spirit, conscience, prayer, Angels, signs)
- ➤ **Socialisation** (family, friends, work colleagues, significant other, culture)
- ➤ **Agape** (love, trust, servanthood, forgiveness)
- ➤ **Obedience** (conflict, rebellion, discipline, law/rules, sin, guilt, blessings, freedom, choice)
- ➤ **Eschatological** (afterlife, death, consequences, born again, saved, new beginnings)

Figure 16- Five main themes
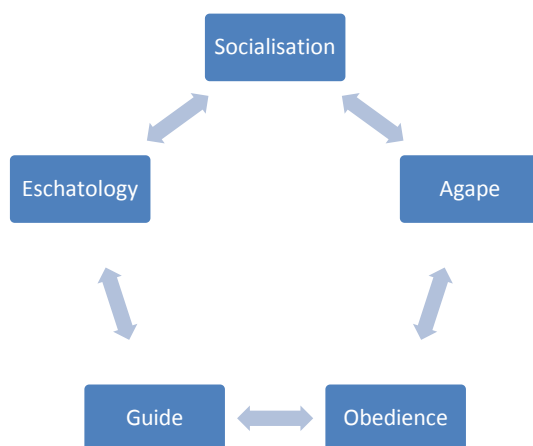
Each theme will now be discussed in turn with its corresponding sub-themes. These are all inter-related and cannot be interpreted alone. Exegesis in biblical studies constantly move back and forth between texts, looking at language commonality, grammar and repetitions. Here, I have used this technique across the tools to help me substantiate emerging themes.

This required me to return to the original literature but also to explore new literature as the themes developed. As the reader progresses through the themes there will be some repetition as the themes inter-relate and are inter-dependent through inter-connectivity.

Hermeneutics, seeks to understand (Thiselton 2009). Here I used spiral hermeneutics enabling me to understand the text as separate parts within the global meaning of the text which is anticipated. As the individual parts gets closer to the determination of the meaning it may affect the original anticipated outcome. Which will then change the meaning of the separate parts as the process continues (Kvale 1996, Thiselton 2009). Here, the three tools will be cross-referenced intra-participant and inter-participants. Augustine was considered one of the best hermeneut of his era (Jasper 2004). He brought a multi-faceted background (see Appendix 15) as did the apostle Paul (see Appendix 16). It is their multi-faceted backgrounds that I believe enriched their interpretation (Jasper 2004). I believe that my multi-faceted background will do the same (see Appendix 17).

Theme of Socialisation (Sub themes -Family, friends, work colleagues, culture)
Introduction
Augustine, wanted harmony in society. He wrote his 'Two Cities', to identify those who lived in a Christian world and those who live in the Pagan world. For Augustine

he would have drawn upon the Apostle Paul letters to 1 Timothy, 1 Corinthians and Galatians 5, which outlines how people within the 'Realm of God' should live their lives. These include care for the poor, the widows, the aliens, non-judgemental, encourage and love. Much of this is based on Old Testament Scripture law as found in Leviticus and Deuteronomy and would therefore be compliant with the Muslim participant also.

Participant's identified the moral compass to be something deep inside but influenced by the family. This supported the work of McDaniel et al (2010). One participant talked about everyone having a moral compass but not everyone having a spirit. That the moral compass would influence right and wrong but the spirit being from God can either develop and mature or can become detached. It needed nurturing and this would be through the influence of the family, friends and the church. This perspective is interesting as the participant who came from a non-religious family and discovered Christianity during youth camp. Thus, her understanding had been situated within the context of the family initially, but this was later shaped as she found God. This is very much in alignment with how Augustine was converted. Other Christian participant's articulated feeling of the moral compass being innate and God given.

P5

> *"my moral compass stem from my Christian roots, who do I look for recognition from, it's not from people, it is from God, it is what he thinks, he is the only constant therefore out of love I follow him, not through fear like Islam, where they do things through fear. My moral compass was shaped by my parents and family especially regarding fidelity within marriage".*

The Christian perspective was based more on a deep feeling of something within. As I reflected on the comments made by the two Taiwanese participants, one a practicing Buddhist and the other influenced by Buddhism/Daoism both had a more

'intellectual' process regarding where their moral compass originated from. There was a much more secular worldview rather than on based on faith.

P7

> *"I think you are born with it, its innate, I thought about this when little, reflected on self, the books chosen, the death issue and my father being away. It is deep within, and will develop through social influences, it is the interpretation that one places onto an event, the money tree is lucky, things will be given to you".*

P8

> *"My moral compass came from parents rather than from the God's. It's both nature and nurture. By going to the temple there were smiling Gods and horrible looking Gods that are bad, they made me cry. If you hurt someone then the ghost will come and get you to take revenge, the ghost is very scary, women who die in the red dress are very bad, they have a lot of power for revenge, many people marry in red and it is lucky but to die in red is very bad, very powerful revenge".*

The Family:

Those of religious background (Christian and Muslim) identified an inner moral compass from God but was shaped later through socialisation, namely the family. In the case of those from a Buddhist background the family was more crucial. Buddhism is not perceived as a religion but a philosophy and this may have influenced their interpretation.

The family was an important factor in the socialisation process. It was here that the non-religious had been exposed to religious education. In the case of P4, although his parents did not attend church, he was sent to Sunday school, P8 was influenced by Buddhism and Daoism through participation in temple rituals, festival days and. P12 had seen her mother gain great comfort from prayer and her father's attitude to 'service of Queen, country and God. It is P11 that is an anomaly here, she had a strict Roman Catholic upbringing and throughout the interview she sat with arms and legs crossed, there was a tension, a sense of deep anger. She explained how she

had been 'forced' into confirmation, and had been 'baptised and given the last rites

against her will'

P11

> *"my mother is very religious, we always had the nuns or priests around, and it's sickening. I gave up religion at 13.* P11 *expressed her anger at being baptised and confirmed, 'I was dragged there', and said that if they were not confirmed then the priest would come around and the family would be shamed. She was very angry about things being done to her against her will, this came over very strongly. You could feel the anger and the hatred in her voice".*

There was a clear battle of wills here between mother and daughter, and between

the participant and the church. This resulted in rejection of the latter and would

support the work of Thiessen (2016) who found people reject religion in their teenage

years. However, this participant was also interesting because of her interest in the

supernatural. And her interest in card for predictions, and guides. This appeared at

odds with her lack of religious belief.

The influence of the grandmother was Important in shaping the individuals

background and this confirmed the findings of the POC. Here P8 was influenced by

her grandmother's religious background although she was now non-religious and P6

was close to her maternal grandmother who supported her through boarding school.

The boarding school influence seemed important in that it gave a sense of family.

Both participants P5 and P6 had experienced boarding school P5 in Uganda and P6

in Indian. They had both been exposed to Anglican and Catholic faiths during their

school years and later exposed to Pentecostal and charismatic Christianity. The

school had been their family and the other pupils their brothers and sisters. The

mixed school in India I had felt was unusual but P6 felt that it helped shape a positive

attitude to the opposite sex. In India, non-Hindu pupils were educated in 'moral

science', this largely took the form of Christian teaching, using Christ and his life as

an example for living. This helped develop her way of thinking and relating to others. Her underlying Indian culture, remained when her mother selected a husband for her, something as will be discussed in Agape broke her trust.

Effect of Culture

The effect and influence of alternative cultures I felt was important. All those of a Christian perspective whether it be from UK Uganda (black African), or Indian all shared a common value system based on Christian values. These values were not unlike those of the Muslim participant, who described herself as Black/British but was originally a refugee from Somalia via Egypt. P1, a child of a Christian Missionary, raised in my mind a few concerns of 'morally acceptable behaviour'. Here he spoke of women crying in the night, to discover it was regular wife beatings. It had also been a culture where infanticide was practiced regularly if the child was unwanted. This had shaped his attitude to women in a caring way, one of mutual respect but raises the deeper issue of 'acceptable cultural norms', which can be transferred in cultures where there is tolerance, and all values are equal.

Similarly, P7 a Buddhist expressed how her sister had Asperger's and that in the Buddhist culture someone with disability would be seen as having done something bad in a previous life, or someone else had done something bad and influenced their destiny. This will be developed more in eschatology, but here it is important because it can shape how an individual will view the disabled within society. In the West there had been a similar view amongst some people including Christians that sin was transmitted via the parents to their children through their sinful behaviour, it was like a punishment. This was based up bible verses such as Ex 20:5-6. This has subsequently been superseded to one of love, as Christians acknowledge all are

sinners and need forgiveness. In the case of P7, her attitude towards her sister was one of love and protection, she used the experience to develop her own understanding of disability, but this may not be the case in all individuals.

An interesting anomaly was with P3, the Muslim respondent. During her teenage years she went to visit family in Egypt. The Somali culture from which she originated would mean that as a girl she should be covered up and do household tasks. Not wanting to conform, she dressed in male clothing (brothers) and drew a beard onto her face so that she could leave the house in disguise. This showed a clear wish for independence and rejection at that time of cultural and family norms. Now, at 26, and stating she wants to make her own footprint on the world, ah feels comfortable in her own skin but at present does not comply with the full Muslim dress of Hijab or Burka, although she did comment that she would feel ready soon. She discussed how within her culture she would now be of an age to be married and to have a family, yet she was currently studying her second degree and hope to work within Speech and Language therapy. Although she was increasing her religious commitment, she was not yet ready to be 'veiled' and this may be causing some inner conflict although not articulated.

Again P3, the Muslim, had a sense of family being important, and wanting to achieve (in early life) for them, and not to bring shame onto the family. This occurred over an incident of fighting. Islam has a strong 'shame culture' and this may influence a person's development and identity (Collins 2007; McDaniel 2010).

Effects of Divorce

Divorce was cited by P7, and 12, and associated with 'bereavement'. They expressed the sense of loss they felt when parents separated and divorced. P12, felt betrayed and resentful that her father left. Whilst P7, felt a great sense of loss, of the

good relationship she had with her father. This was increased when her mother was to replace her father in collecting her from school. Her mother forgot to collect her and she felt very alone a sense of isolation. This sense of loss, produced an experience that helped to shape her as a person as she was called upon to take responsibility of caring for her younger sister with Asperger's.

P5, had experienced a sense of loss by being sent from home to boarding school, where it was her maternal grandmother that attended the school's 'special days' rather than her parents, giving a sense of betrayal, bereavement and resentment. This 'anger' she felt has remained and now produces inner conflict when aging parents expect help from her. In a culture where it is expected the child will care for the aging parent, she felt

> *"why should I give you my life and career, when they didn't help me, they didn't attend my important times".*

P5, was of Indian culture, although a Christian. The decision was clearly a moral dilemma between a cultural expectation and her religious values. Christianity like the other Abrahamic faiths tell followers to look after their older people (Leviticus 19:32; 1 Timothy 5:1-2; and Isaiah 46:6). P5 had come from the upper echelons of Indian society, where a more liberal, free-thinking humanist secular approach was in existence. This change in societal values and norms, as in the West places less reliance on family and more on state to care for older people. Although there was tension between P5 and her family, she was able to maintain her 'difficult marriage' though her parent's faithfulness in marriage. It was their reluctant to divorce when things got difficult that had been transmitted to her Now in her own difficult marriage, she was able to call on her religious and family values to maintain her marriage vows which for her were 'forever and till death do us part'. The separation from her husband during her course had enabled her to come closer to God, to pray about the

situation and to find a way through. The bible doesn't say a person cannot divorce but it does say a great deal about how each partner should treat the other and that the community should be supportive and correct through love.

P6, felt she had 'lost' her mother when her parents divorced, and her step-mother had helped her father decide on boarding schools.

When someone dies those who that remain often experience profound sense of loss, they are bereaved and undergo a process of bereavement. Kubler-Ross (1969) wrote a seminal paper outlining the five stages of bereavement, denial, anger, bargaining, depression and acceptance. The current study, revealed that several of the participants not only understood their own death and after-life in terms of a theological understanding, but they had or were experiencing bereavement through parental divorce. It also became apparent that whilst the Christians found 'new-life', 'new beginnings' and cleansing 'from sins' through baptism and the death and resurrection of Jesus Christ, those participants who had experienced divorce of their parents were also starting a new-life, a new beginning. But in their case, there remained the effects of bereavement and no 'outlet' for their emotions.

Sibling Rivalry

P1, 2, 3, 4, all reported incidents of fighting with siblings. In the case of P1 and P3 there was also an episode of running away taking younger sibling with them. This latter episode had raised unexpected concern within their family. Afterwards, through discussion with their family they appreciated the family's sense of loss, worry and concern. In a similar incident P7 mentioned being left at school on one occasion where she stayed looking after her younger sister, this also made her feel alone, but also helped her to build a sense of responsibility towards her younger sibling.

Regarding the fighting incidents, Genesis 4 (Cain and Abel), Genesis 25 Esau and

Jacob) and Genesis 37 (Joseph and his brothers) would suggest it is a natural

process. In the case of P3, the police were involved and this made her realise the

consequences of her actions. P4 had also been involved with the police.

Bad behaviour and being influenced by others

> "*Every good man resists others in those points in which he resists himself*."

> Augustine of Hippo, City of God

P3 and P4 both mentioned the pressure during teenage years and early twenties to

'keep up with the Jones' where money and material things took on prime importance

and that these could 'press' the moral compass. Several participants (P2, 3, 4) all

mentioned a form of pressure from social media to gain 'likes' to build self-esteem

and to publish 'too much' about yourself. All had now either reduced their use of

social media or rejected it all together identifying the harm that it can do to them but

also to others. They identified that it was easy to take on board the negative

comments posted about them and in turn feel a need to reply with negative

comments. Thus, their decision to reject it was about self-preservation as much as

realising the hurt it can cause others. P3 who had experienced a fight with someone

at university (1st degree), over a posting on Facebook. She explained that she had

learnt a very big lesson and the consequences for her actions.

Generally, people felt that drinking and being drunk was unacceptable. The

Christians pointed out that it was not a requirement not to drink, but to do so with

caution. It was the bad behaviour of those who were drunk that they objected to, the

way people lose their inhibitions. Drugs were highlighted as an issue, and although

participants knew people who were taking drugs, they felt it was their choice and their responsibility.

P5

> *"I have a sense of who I am and I haven't been influenced by others, boys, drugs, alcohol, I am my own person".*

Only P4 had tried drugs, whilst P12 was aware of peers indulging in the act, preferred to 'turn a blind eye'. Other bad behaviour was gossiping, something the Christians (P1, P2, P5, P6) pointed out was bad on different levels for the individuals and society. Proverbs 16:28 and Ephesians 4:29 warns against gossiping, as being something that once said cannot be retrieved. P2, identified sex outside marriage but acknowledged it as a personal issue within relationships.

Those of faith (Christian and Muslim) felt their faith had 'grounded them'. It had provided a firm foundation (Matthew 7:24-27; 1 Corinthians 3:11), built self-esteem (Neff 2003a) and helped their identity as individuals who were prepared to 'step-out' of the comfort zone and say 'No' (Kim et al 2016). From an Augustine 'Two City' perspective, faith in God will provide this support.

P5
> *"I am clear who I am, I am defined by Christ, when asked who am I? I can reply I am a daughter of a king, set apart, I have often felt that I didn't fit in. I have friends but didn't have one particular group, preferring to be friends with everyone".*

P6

> *"when left the Catholic school, felt free, as if I had been let out of a cage. Anglican school could bend the rules, they talked to you about discipline, the Catholic school much stricter and was more physical discipline. Anglican Church shaped me as a person, and how I learnt about God. It was my foundation, coming to Christ. It helped me stand against others, my strength".*

P10
> *"I have been influenced by others, you see the immediate reward, the gratification of an action without considering the long-term consequences. I went against my father's wishes, led by a man's lies and later learnt to regret it".*

P1, P2, P5 and P6 articulated being influenced by others concerning gossip. Scripture tells Christians not to engage in gossip. P1, P2, P5, P6 all noted that they avoided getting involved with gossip. P1 and P2 were particularly concerned with other students gossiping about lecturers and clinical staff, saying they felt it was unprofessional. It could be concluded from this that gossip would indicate

Suicide

> *"That Christians Have No Authority for Committing Suicide in Any Circumstances Whatever."* Augustine of Hippo, The City of God

The theme of suicide and the death of a close friend was articulated by participants P1, P7, P9,10 and 12. The episodes had clearly shaped the participants thinking and development. For P1, the loss of two friends had made him question death, what it meant and for him, whether he was doing sufficient to be worthy of going to heaven. A similar process of reflection occurred with P7 whose cousin committed suicide at the age of 16.

P6

> *"at 16 my cousin committed suicide, my mother was a Buddhist and it became a trigger. At the beginning I didn't really believe, even now I see Buddhism as a philosophy rather than a religion. It is the way I structure my life, I don't tell my peers because they will pressure me to change".*

She had not really thought very much about religion but her cousin's suicide had acted as a trigger to thinking about her life and her actions. In both of these cases it brought up thoughts of death and what would happen to them. The concept of death and the after-life will be discussed in eschatology. What is pertinent here is her not wishing to tell her peers in case they changed her views (Gino et al 2013). This was contrary to the Christians or Muslim, who found it rooted them and would be similar

to the findings Gino et al. 2013, who found that the religious could be pulled away from their faith by others, college students.

P10, had experienced more than one suicide in her life. The first followed the death of a young friend (four-year-old) in a road traffic accident, when she was around 6-7 herself. This was shortly followed by her friend's mother committing suicide. This was clearly an emotional touchpoint in her life and still resonated with her today. P9, had a friend, when they were both in their early twenties who had committed suicide. Again, it came as a shock and made him think more about life and what to do with it. Suicide became a secular crime in 6AD and remained so until the Suicide Act (1961), as a criminal act it held a great deal of stigma. Today, it is an accepted part of life, and the participants had been able to talk freely about their friends or relatives' action to take their own life. For Christians, (including Augustine), of a Catholic tradition, suicide would have been seen as murder and as such would promote rejection by those within the faith, but here across Christianity and Buddhism it was now seen as an acceptable of being part of everyday life.

P12, had experienced her step-father attempting suicide when she was in her teens through deep depression. As a non-religious respondent, she too responded in a positive manner and acknowledged it had shaped her way of thinking and that she has grown more empathic towards those with mental health issues.

Exposure to death in early life had clearly made P1 and P10 think deeply about life and its meaning, its value.

Dignity of Labour

As I processed the interviews it was becoming more and more apparent that those with a religious belief found doing menial tasks much more acceptable. P5 discussed

'dignity of labour', later in the interview she remarked how within general Indian culture it was not seen as suitable to acknowledge performing low grade tasks, including cleaning your own household toilet'. P6 discussed disciplinary tasks and P10 also mentioned 'washing up for teachers', as something that instilled a sense of duty. P2 mentioned not minding doing dirty tasks on placement, whereas many of her non-religious (Christian) counterparts would not engage in these tasks if they could be avoided, leaving the task for her. As she spoke, I had a feeling there was a sense of resentment towards her counterparts being lazy. The overall attitude I felt was one of doing it for God and will be discussed under agape and servitude.

It was during the teenage years that the non-religious began to question and reject religion. This followed the pattern that emerged in POC and was often centred on their increased interest in science, as discussed by P12.

It was during the teenage years and early adulthood that the participants were being challenged morally. P3 had obtained a job using her graphic design degree but left when she found that the company was 'selling sex' through their use of women in underwear. P1, 2, 3, 5, 6, and 9 all stated that they were their own person and that their religious commitment helped them to develop a sense of who they were, and it helped to develop a sense of self-esteem. P1 spoke of how his parents restricted the films they watched dependent on the number of 'bad word' that was used and whether three was sex or violence.

P1

> *"parents would allow them to watch films with more than 3 bad word in them, or films with excessive sex or violence, so this has shaped my thinking. I went to the cinema with friends and the content was inappropriate so I left".*

This has now enabled him to filter films through this lens and has on occasions walked out of cinemas and social gatherings where he felt it inappropriate. Thus

supporting the work of Eaton 2007). P5, left her employment in a school when the married head teacher approached her for a relationship

P5
"In my professional life there has been times when I was influenced by those around me, but my religion helped me through. In a teaching job I had the head teacher, who was married wanted me to date him, so I left the school".

P3
"My religion, is important for me, I am not ready yet to fully commit to it yet (clothing) but I hope so soon. It has helped me to stand up for the values I believe in. When working for an advertising company, 'sex sells', I didn't think it was right so I left ....Faith, helps individuals to gain an inner confidence, to remove themselves from situations that they don't consider right".

P3, P5, and P6 (Christians and Muslim) had also been confronted with moral situations regarding money in an employment setting. It was their religious teachings that had helped give them the support they needed. The moral underpinning that religion had provided appeared to support their choices.

Levels of 'wrongness'

The non-religious participants also revealed a difference to their religious counterparts regarding acceptable misdemeanours concerning money matters. P4 had explained that stealing was wrong, and that he would not steal from a friend, or small business, yet, if he unintentionally left Tesco or Amazon with unpaid goods he wouldn't worry.

In a similar vein, P7, P8 and P12 had experienced being out with friends when the bill at the end of the meal was incorrect in their favour. In the case of P8 she felt the undercharge was lucky as part of her Buddhist/Daoism background, whereas her friend, a practicing Buddhist (P7) saw it as wrong and required it to be corrected, which she did. P7 expressed that her friend 'backing down' was more the result of their friendship rather than her seeing it as wrong. This was contra to P12, whose

boyfriend was overcharged. He again felt it was lucky and, in his favour, she although non-religious suggested that it was wrong, however, despite pointing out its 'wrongness' her boyfriend left without correcting the error and she also left with the matter unresolved. When reflecting on these interviews, I came to the conclusion that there was a calibration occurring over levels of 'wrongness', as measured by who the organisation was and also the amount. P8 had clarified her position that if it had been a very large amount, she may not have wanted to take it.

Mindfulness has become increasingly population within the West and within healthcare, in particular for mental health. Although promoted as 'secular', its underlying principles are within the realm of Buddhism. Participants 4, 7, 8, 11 and 12 had all accessed mindfulness and its approach to living.

Buddhism is one of the largest and fastest growing religions in the West (MacDonald 2017). In the United Kingdom there is estimated to be 250,000 Buddhists (Stead 2017). This needs to be looked at against the decline in the traditional Christian religion (UK Census 2011). It has been posited that the popularity has been because of its flexibility, no personal God, multiple truths, peace orientated, individualistic and essentially humanist approach that fits well within an increasingly secular world (MacDonald 2017). It must also be remembered that everything that one believes will be seen through our own eyes and culture (Goldsmith 2013).

In Buddhism and mindfulness, the focus is on self-effort, in an attempt to reach nirvana or a state of mental bliss. The premise is that everything has a cause and effect, an action and reaction. The consequences will be reviewed under eschatology, but for now it is sufficed to note that humans make their own destiny through the choices they make. On the surface it is freewill, but as will be discussed under eschatology it is not so clear cut. The Buddhist and in mindfulness, the idea is

to live in the present, and follow the 4 Noble Truths, which are made up of the eight-fold path. For the Buddhist, the Karma is fluid and flexible, there is no God or creator being and no-one other than yourself to determine your outcome. Life is temporary, transient and continually turning. Three out of the four non-religious (P4, P11, P12) expressed interest in mindfulness and/or meditation and the fourth (8) had come from a Buddhist/Daoism' background and P7 was a practicing Buddhist. This raises the question in my mind as whether, the individualism and self-focus that is emphasised, is acting contra to a cohesive society.

P1 had experienced alternative cultures and P5, P6, P9 and P10, had experienced several different Christian denominations. Rather than finding the experience difficult or contractionary they felt they had been able to develop as people. Each denomination had provided a different dimension to their development, to grow as people and spiritually.

P5
> *"attended variety of churches has helped me develop as a person. I don't think I have to go to church to believe, but it is an anchor, it is important that a child has faith. Youngsters have a problem following rules today".*

Those who were non-religious had expressed only one form of faith/denomination and in the case of P11 this was strongly resisted. What appeared to be evident was that the underlining doctrine that guide each religion was less important than the social application.

Summary

A person's culture, and their ethnicity are all part of a person's identity. How a person is socialised is I would suggest important within a society. Augustine, wanted harmony in society, citing Pauline theology from Galatians of how Christians should live their lives. These are not only foundational principles in Christianity but also to a greater or lesser degree in Judaism and Islam.

When drawing on the evidence and placing it into the concept of the two cities, I would suggest at this point in the analysis that there are experiential differences that need to be taken into account when shaping a person's identity. Those of a faith felt grounded, felt in control of their own destiny. Faith guided their choices and not out of fear or being restricted but through the development of self-esteem, they had developed the power to refuse to be drawn away from their underlining beliefs, but I would suggest this only happened later in life when their faith has been consolidated. During the teenage/early adulthood the pressure to be released from what some felt was restraints made choices for the negative become more attractive. This would support Moore and Gino (2013) students who were more easily led by the immoral or less moral behaviour of their peers.

Theme of Agape (sub themes - Love, trust, servanthood, forgiveness)

> *"what does love look like? It has hands to help others. It has the feet to hasten to the poor and needy. It has eyes to see misery and want. It has ears to hear the sighs and sorrows of men. That is what love looks like".*
> *St Augustine.*

A question directly on the subject of love was not included in this research. I felt that the work in the POC had covered this and confirmed the work of Watson (1979; 2008) caritas and caring science, and the work of Rykkje, Erickson and Ranhom (2013). However, it became evident in this research that the components love of as determined theologically were revealed. These did not emerge in the POC, but I consider to be important to the moral compass.

The Bible says God is love. Love is not merely an attribute of God's character, love is his very nature. God is not just "loving," he is love at his core. God alone loves completely and perfectly. One of the most famous verses is John 3:16

> *"God so loved the world he gave his only begotten son, that those who believeth in him shall not perish but have eternal life"*

The first commandment in Deuteronomy 6:4-5

> *"Love the Lord your God will all your heart and with all your soul and with all your mind and all your strength",*

and the second commandment found in Luke 10:27 and Mark12:30 is

> *"love your neighbour as yourself"*

To love and to forgive requires an element of transcendence Brakenhielm (1993). For Augustine and the Christian faith, man is created in the image of God based on Genesis 1:27. The Abrahamic faiths (Islam and Judaism) also ascribe to. For Augustine, love, and forgiveness are viewed through the concept of grace, and both cannot be achieved without God. Believers are to forgive because Christ forgave us, and Christians are told to forgive in order for them to be forgiven (Colossians 3:13; Mark 11:25; Matthew 6:9-15).

Agape, is an all-encompassing love, it is divine love. Agape love is the love that brings together the idea of trust, forgiveness and servitude where people are encouraged to love their neighbour as themselves as seen in the parable of the Good Samaritan (Luke 10:30-37).

Love in Action

> *'Whoever does not love does not know God, because God is love'*. (1 John 4:8)

In POC I found that participants found it easier to love others than to love themselves. In this study, only P5 mentioned loving herself but through it she was able to love others.

P5

"Loving myself, helps me to love others, I can love some more than others, when I love me, I can give more love to others, it I didn't love or care for me then I would find it hard to love or care for others".

P9

"my wife is my soulmate, I loved her at first sight, she was given to me by God, my moral compass relates to my attitudes to her, she helps shape how I feel, how I portray myself".

For Christians and Muslims, Love in Action is important. It is how we treat other people where love is revealed. Those filled with God's love, must love others as God loved us. This may be demonstrated through works, although initially rejected by Reformers as merit-theology of Catholicism (Needham 2016) and something common in Buddhism philosophy (MacDonald 2017), it is now recognised that faith with works is important.

P3

"After living home, you realise who you are, what you believe and what you think. I am more active in my role and I take responsibility for my actions, how I am in the world, my footprint. I want to make a difference in society, there is homelessness and poverty in the world but I can't do anything about that, but I can do something locally. Islam is a religion where the more charity you give, the more blessings you receive. We believe in the bible and Torah, Jesus fed the 5000, there was enough for everyone, you should give quietly and not show off be HUMBLE".

In summary, love is something that can be demonstrated through actions and how we treat one another.

Trust

Trust is an essential feature of life in the twenty-first century and is a relational concept (Hallowell 2008). Because trust was a constant that encompassed both religious and the non-religious, I felt warranted a deeper exploration. It was something that I felt may have implications for our ability to care, and area where there is a paucity of research to date.

P3

"Freedom is the foundation of trust, trust in yourself, in your beliefs, when you have a moral compass this will increase your trust and beliefs".

P6

"Trust and honesty are important, when working in the bank it would have been easy to keep the money when people made a mistake but I always gave it back, I constantly refer back to my roots".

P8

"Trust, if it is someone close, parents, boyfriend it's a belief in a person, I will trust them whatever they say, and their behaviour, they wouldn't want to do me harm".

It is widely recognised as a key factor in a functioning society and is important on an individual and societal level (van Hoorn 2014, Feng et al 2016). The two opening quotes below support the notion of relationships and it is how you can determine someone's character (van Hoorn 2014).

P4

"Trust, fundamental in relationships, part of the moral compass, to be in tune with me".

P9

"Trust, you trust people by their character, it doesn't take long to know the people who you can trust and those who you can't".

The quantitative survey study by Feng et al (2016) noted that the concept of trust will vary between the West and China. They observed that beyond concrete personal relationships (family or closely accepted individuals) that Chinese individuals have a pervasive distrust of strangers and hence hinders co-operation between people. This study supported the work of van Hoorn (2014) when considering trust-radius and trust-levels. Trust is greatly dependent on personal connections. Confucianism culture prevalent in China places a great emphasis on education with a tendency for those of higher education being considered more trustworthy than those of lower education. Those from rural areas were considered to be of less educationally able and therefore less trustworthy, which then brings in the element of shame and

exclusion. Good education will enhance earning potential and social status. These are values that I suggest are in alignment with current secular thought in the West.

Trust in God

For the Christian and Muslim participants there is a trust in God. A relationship between the believer and a higher omnipotent, omnipresent and omniscience being which the individual will trust submit themselves to.

Proverbs 3:5

"Trust in the LORD with all your heart and do not lean on your own understanding"

P1, spoke of God knowing best, and when things go wrong it has been because they didn't follow what God had said in scripture, something that P2, P5, P6, P9 and P10 agreed with. Those participants who declared themselves as non-religious, and the response of P7 the Buddhist, explained that their decisions were based on their own intellect. Buddhism, has no God and is a philosophy, dependency on something supernatural was not within her worldview. This would confirm the work of Feng at al. (2016) where emphasis on education was crucial in developing trust and relationships.

Breaking Trust

A number of participants including P1, expressed how trusting someone is difficult. How trust had been broken in the past, where things that had been said in private became public knowledge. A similar comment was made by

P11

"Trust is being able to tell someone something and keep it a secret, I haven't found people I can really trust, people are always out to score

points, it is a very competitive world. Once someone knows something about you, they will use it against you".

Breakage of trust within the family was clearly important. Whilst P5 and P6 had been at boarding school both of these also had trust issues with their parents. P6 had been placed into a boarding school environment by her father and step-mother, something that she articulated had been hard at the time as it also meant being estranged from her maternal mother. She felt a sense of loss, and has still not fully re-engaged with her maternal mother. Similarly, P5, had been in boarding school, away from her parents. It was clear during the interview that there remained a number of issues. Her grandmother had been the one who attended school functions which parents would normally attend causing her to feel isolated. This was made worse when her mother selected her husband. P6 felt that trust that had been fragile between them was finally broken when there were severe discrepancies between what he mother had told her about the man she was to marry and the actual person. The trust was broken to a point where even now, there is reluctance for her to care for her aging parents, as would be expected within her culture.

P3

"Trust, more important than love in some ways. Family will trust you, give you responsibility and therefore you are responsible for your actions. It's a mature action/responsibility responsible for self and others".

P5

"Trust unshakeable faith, it is something important, it is like glass once it is broken it is very hard to regain it. Once it's gone it's gone".

P10

"Trust is being able to give your whole self to someone, knowing that they have your best interests at heart, that they won't hurt you and that you can rely on them".

Gradient of Trust

P7

"Trust, the volume differs depending on the situation and can vary in that situation. Promises are for breaking, you promise at that moment, a strong

consensus to promise to each other, it's an expression and won't affect the future. Trust is about personal imagination, I like you therefore I trust you, it's an expression of love to you".

This response of 'varying volume' is in line with the study by Skirbekk et al (2011) who found in their qualitative study using interviews and observation of the doctor-patient relationship found a 'gradient of trust'. This 'gradient' in trust was also evident in the studies by van Hoorn (2014) and Feng et al (2016) both of which found trust varied depending on those in close relationships in particular the family compared to outsiders. Thus, if this trust is broken it may have unforeseen consequences in future trust relationships.

Effects of Divorce

Biblically trust and faith are often used interchangeably. Although two participants talked about beliefs and an unshakeable faith, I did not get the opinion that they were highlighting any biblical context. The emphasis from all respondents was relational. P6, P7 and P12 had experienced parental divorce and this I believe influenced their responses, their trust had been broken.

P12
"Trust was difficult when father left, once trust is broken it is hard to regain, I wonder whether I should have trusted them in the first place. When my father left, I was cynical, it it's hard to forget, but you can learn to forgive, to reach a point where it no longer hurts, if you hold onto anger it will destroy you and they maintain the power over you".

Parental trust is one of the foundations in child development (Dohmen, Falk, Huffman and Sunae 2012). The child will learn to trust the parent for its basic needs of warmth, food, security and love (Maslow 1970). If there is a breakdown in parental trust through divorce or as P7 described it as' a type of bereavement', it is not unnatural for a process of bereavement to take place. The five stages of

bereavement are denial and isolation, anger, bargaining, depression and acceptance (Collins 2007). These became evident during the interviews.

In England and Wales, the latest divorce statistics show a record low where marriages last on average 12.2 years (Office of National Statistics (ONS) 2018). It has been slowly declining since it peaked in the 1990's. P5 (Ugandan), P6 (Indian), P7 (Taiwanese) and P12 (British) all experienced divorce. There are no figures for these countries but the rate in the UK is on a par with other European countries, and are lower than countries in Asia and some Muslim countries where pre-marital sex is taboo and sharia law is implemented (United Nations Statistical Division). Divorce was low in strongly Catholic countries such as Eire and Malta. The effects of divorce on children will depend on the age that divorce takes place and can include feelings of anger, abandonment, fear, blame guilt, and loss. All of which will affect how they develop relationships including in adulthood. (Collins 2007). These thoughts were articulated within this research.

Confidentiality as trust.

This last participant was very concerned about confidentiality. She had asked me several times questions revolving around this very point. Who was to have access to her interview? How was I going to ensure her comments were anonymous? And how was I going to store the data and later destroy it? She was someone who had previously studied a degree course in medical sciences and felt that confidentiality between healthcare professional and patient was of the utmost importance. It was for her the basis of a trusting relationship supporting the findings of (Rumcharan and Cutcliffe 2001, Erlen 2008, Willing 2013), where lack of trust in confidentiality, anonymity and privacy if broken could do emotional harm.

P12

> *"Trust is about confidentiality, to help maintain dignity. When working with people especially the disadvantaged it was important to gain their trust, it's a two-way process, co-operation, to trust each other. Related it to health care, had previously completed a medical sciences degree".*

Poor confidentiality is often termed gossip in biblical terms and should be avoided because of the harm that results (Proverbs 11:13, 16:28, 20:19, 26:28, 18:8). For Augustine, those living in a city of God should be separate from those who gossip. They should be prepared to correct through love and to share each other's burdens (Galatians 6:1-10). Theologically those in the 'City of God' can discuss and correct problems but not to them spread them to others in a malicious manner.

HCP Relationships and Trust

Developing a relationship with patients I suggests takes time, and it is crucial that as healthcare professionals we listen. P12, had highlighted listening as being important in her card selection. In the study by Laitinen et al. (2011), it was noted that patients valued time spent with them, something that is often withdrawn when workloads are heavy. The work of Hollowell 2008 suggested that for trust to develop there needs to be mutual respect between patient and HCP. This was supported by Cojocaru et al (2013) which also included being non-judgemental and sensitive to cultural issues, concluding that trust is fundamental to moral healthcare practice. Studies by Hrisos and Thomson (2013) and Cojocaru et al (2013), looked at trust between patients and healthcare professionals. Both studies identified the need for there to be trust between the parties and that trust takes time to develop, and is the cornerstone to successful healthcare delivery.

In summary, trust is about relationships and being prepared to give something of yourself, physically, emotionally and spirituality. It produces a vulnerability that if

taken advance of breaks the trust between parties which once damaged is hard to retrieve.

Forgiveness.

As Brakenhielm (1993) observed to define forgiveness id difficult. Like love there is an element of transcendent. It is ambiguous with no one single concept. Yet after trust, forgiveness was clearly important. In the secular world psychotherapy and the therapeutic has replaced the supernatural and the spiritual, and where people turn to their therapist rather than their pastor (Adams, 1970; Powlison 2010). The secular perspective sees forgiveness as an intellectual, voluntary act on how to deal with something painful and therefore release negative feelings of bitterness and revenge (Collins 2007). Theologically, forgiveness is taken from Hebrew and Christian scriptures, where interpersonal forgiveness and divine forgiveness are intertwined and are set against reference to sin and evil (Ephesians 4:31-32). It is an experience rooted in Christ's love of a forgiving and merciful God (Ephesians 1:7), through grace. It is generally acknowledged psychologically and theologically, to 'forgive' will produce healing, and not to forgive will be detrimental to health.

The whole concept of forgiveness is complex and will be reviewed again in eschatology.

P3

"Forgiveness, important because we can lose trust in ourselves and others, freedom, to have a purpose, a conscience to be able to forgive/forget, it can help improve you, to see the mistake and to move forward".

P6

"Forgiveness is the centre of our being, if we forgive as God forgave us then we will be blessed, we are wronged everyday but we must forgive every day"………………………………..

"As a child I was taught to love everyone, to love your neighbour, your neighbour is everyone even if you don't like them, I would have to love them. I would try hard to avoid them, to build a brick wall around them, they are over the wall. It doesn't feel right it is over the power of forgiveness, if it is going to come back to hurt me it is better to avoid it".

The participants from a Christian background discussed forgiveness in relation to God forgiving them. As will be seen in the eschatological section this is part of being born again and having a new beginning. For Christians forgiveness produced a sense of healing for themselves but it can also produce healing in the other, the offender.

The question of 'putting things' right was important across the participants, religious and non-religious, but it appeared to be more connected in the case of the religious to their 'after-life', as opposed to the non-religious that it was associated with feeling guilty and being ashamed. I felt this was an interesting difference in perspective. It could be argued that whilst the religious sought approval from a 'higher being', the non-religious 'sought approval' from those they had hurt as a means of making themselves feel better.

In Buddhism, there is emphasis on karma and the state of nirvana, where there is a state of nothingness, there is no longer suffering. All negative feelings are lost, and they can't hurt the individual any more. This will produce a form of healing (MacDonald 2017), and something that is promoted in mindfulness. Karma will be reviewed again in eschatology.

In summary, forgiveness is a voluntary action which will produce healing on a emotional, cognitive and spiritual level. For Christians, they are to forgive others because God forgave them.

Servant

This question raised a number of issues. The question had been placed under attitudes and sought to gain an understanding of how healthcare professionals saw their role towards others. For me, there was an element of providing a service, to act in a Christ-like manner, to lead by example, not to ask others to do what I would not do and to be humble. In essence I was viewing the question through Christ as the servant King, who came to serve and not be served. I was taken aback to some extent by the answers I received. The non-religious were very firm in tone and body language (Pease 1988) that they should not be considered servants in any form. Even when I asked what they felt about someone who provided a service, would that not be considered a servant? They were very clear, they were not servants. I therefore sought a definition from a secular and a biblical perspective:

Secular definition

> *'a person who performs duties for others, especially a person employed in a house, on domestic duties or a personal attendant.'* English Oxford Dictionary (2019).

Biblical definition

> *'the word is correlative to master. Servant differs from slave. As the servant subjection to the master is voluntary, the slave is not. Every slave is a servant every servant is not a slave.* KJV Dictionary (2019).

It can be seen here that the term 'servant' is very different to the term interpreted by the participants below. In fact, I would suggest that the term servant today has a difference nuance for those performing a service to others than it did originally or even last century where to be in service was considered a good position. In today's highly scientific, technological and professional status the term is now seen as derogatory. This may be at odds with those who are receiving the service, which is

the patients. This juxtaposition may be central to the CCDR debate. Some of the comments can now be explored below.

P12
> *"A servant is not someone who works in the health service, servants have no choice, professionals have a choice, HCP provide a service".*

P9
> *"Servant, any job that is giving a service, If I can't help a person to my best ability then I am not being true to myself".*

P8
> *"Servant is to take responsibility to take care of someone but for money, to be paid for the service, I will do what someone asks provided I get paid".*

P11.
> *"Servant, I suppose it is doing something for someone, it's about doing things for others, being paid, you have no choice".*

This was amplified by their association with the term 'slave'. A point picked up by P3, the black/British participant. At the time I felt that this may have been connected to her ethnicity and historical understandings of 'slave' and 'colonisation', as defined as

> *'the practice by which a powerful country directly controls less powerful countries and uses their resources to increase their own power and wealth'* Collins English dictionary 2019.

but there was something much deeper than this. When I pointed out that Islam was a submissive religion, she agreed but with the rider that Muslims are submissive to God and not to man.

P3
> *"servant, a slave connotation, Islam is a religion of submission to God, we are all servants of God, but in the sense of being a servant as a worker, it's a slave, gloried slave, servant has no option. When in service police etc can change things, a servant can't, it's like prostitution, and it's a service, with no choice but to sell the service".*

In contrast to this, and what made me think there was something deeper going on was the Indian (P5) and the Black/African (P6). Both would have been subjected to colonial rule and would have understood the term 'slave' as I would have expected P3 to have done, yet as Christians they did not see it as such a problem. In fact, both

talked about 'dignity of labour', 'working for God' and 'doing menial tasks as part of discipline'. Unlike P11, they felt that the discipline had helped shape their moral development.

P5

"Servant is an attitude, to stay humble, school gave me good training where we had to do the washing up, to be a servant. It is about dignity of labour. I had servants in India, but you need to know that it is ok to clean up after yourself, to clean your own loos, some Indians see this as shameful, it is not valued in Indian communities, it's done in secret, people don't talk about it, and it's a stigma a sign of social pride".

P6

"Servant giving more, over and above what is required, to serve another person I care for, to make sure they are comfortable, a sacrifice, from a church background a church family the ultimate motto is service above self".

Other Christian participants (2), and (P10) took a similar stance

P2

"See self as servant to God not NHS. Classmates wouldn't like to be considered servants because of the lack of free-will. We serve the Lord".

P10

"Jesus was the servant king, he came to serve and not to be served, servant leadership is an example, you should go beyond the minimal set down in policy or law, and you should give something of yourself".

This last participant had, like P5 and P6 experienced having to do teachers chores such as washing up at school as part of personal development. Whilst she, like the other two had felt that it was part of a learning process P11, (non-religious) from a Catholic background had been expected to wash the dirty underwear of her junior classmates. This was something she had felt unacceptable, yet P2 had noted that for her doing the 'dirty jobs' on the ward as a nurse was doing it for God and that it would enhance her overall spirituality. The contrast was interesting and I would posit that it was the lens through which each participant viewed the world that made the interpretation of the action so different. It would also be the stigma that may be attached to certain tasks that influenced the participant's responses.

In summary, the term 'servant' was very much associated with 'slave' and someone who had no choice. Participants saw themselves as professionals offering a service, but were not 'serving' their patients in a theological sense. This may be connected to perceived power relationships between HCP and their patients.

Summary of Agape

Agape, is a complex theme which encapsulated a number of sub-themes that were equally complex. In essence there appeared to be a gradient effect regarding trust and that once broken would be hard to mend. This I suggest is particularly important regarding childhood. If trust is broken and forgiveness not complete, this may result in damaged relationships later in life. The term 'servant' also had varying connotations between participants which may contribute to the development of relationships.

Theme of Guide (sub themes- Holy Spirit, conscience, prayer, Angels, signs)

When participants were asked about their moral compass some associated it with being innate, (P7) referred to being part of the intellect, and P12 something inside that navigates right/wrong but she did not know where it came from. It was the Christian participates that articulated that God was involved and that there was some link to the Holy Spirit. For Christians, the Trinity of God, Son and Holy Spirit is crucial to their faith as Jeremiah 1:5 tells us that God knows us before we are born and this would explain the 'inner' innate feeling that participants reported. Psalm 139: 15-16 and Luke 1:44 would also indicate this as John the Baptist leaps in his mother's womb when he recognised the unborn Christ.

Moral Compass

P5

"My moral compass stem from my Christian roots, who do I look for recognition from, it's not from people, it is from God, it is what he thinks, he is the only constant therefore out of love I follow him, not through fear like Islam, where they do things through fear".

P10

"my moral compass is something deep within me, an inner guide, it guides you in what you should and shouldn't do, it helps you to give love, compassion, care how you treat others, to treat them well and to do them no harm. I think I got it at birth, or even before, it is God given, it is pre-ordained, it is your spirit, your soul, its deep inside you, it's not visible, but it is part of you, it helps protects us from getting hurt or harming others".

P11

"Moral compass? I don't really know what it is, I suppose it tells you what is right and wrong, but I use the cards for that they guide me, tell me what to do. I draw a card each day and I focus on it, it may be body care, focus or study or it could be to think about my dreams, they will tell me what to do".

P12

"the moral compass gives you a sense of right and wrong, it's like a picture of a compass, it may be pointing somewhere you don't want it to, there may be disparity. N+ true north but it can be different for everyone".

What Guides us.

For Christians the presence of the Holy Spirit was an important guide in their lives.

For those who identified as born again, this was given at the time of their conversion

or at confirmation of the faith based on John 14:26 and 1 Corinthians 2:10. At

Pentecost according Acts 1:8, John 16:13, Romans 8:26 placed the Holy Spirit onto

people, and they believed.

P6

"The Holy Spirit guides me, if I do right then I will receive blessings in abundance, the blessings help me to forgive".

P6

"Attending a Pentecostal church guided my spirituality. I now attend a Catholic Church. The Holy Spirit will help me with my decision making. The Holy Spirit will guide you through, it has greater power than us, it does what the good book tells us to do, secular doesn't believe in this greater power they believe in the big bang theory not religion".

P10

"I am a born again Christian and I believe that the Holy Spirit lives within me, and is my guide. The Holy Spirit is my support, he guides my choices,

I lost contact at one point in my life and I felt like a ship without a rudder, Jesus is my rock, my foundation, he will support me through the good and bad choices I make".

God provides the choice, the freedom to choose whether obey and trust or not, he is the guide, the choice is ours and therefore the consequences are ours.

For the Christian there are gifts of the spirit which are given externally and fruits of the spirit which come from within. Isa 11:2-3 lists the Gifts of the Spirit as wisdom, understanding, knowledge, counsel, fortitude, piety, fear the Lord (also 1 Corinthians 12:8-11). Whereas Paul in Romans 12:4-5, lists prophecy, practical service, teaching, encouragement and exhortation, alms giving, position of authority, act of mercy. The fruits of the spirit are what is reflected in individual behaviour and can be found listed in Galatians 5:22 as love (charity), joy, peace, long suffering, kindness, goodness, faithfulness, gentleness, and self-control. A 'teachable spirit' (Ball 2002), where the person hands control of their lives to God allows these fruits to be nurtured as the person becomes closer to God, and as such becomes more like the person of Christ and therefore God himself. Godly love is when the individual is given wholly over to Jesus Christ, and love is the fruit of being with God. Love itself is not a spiritual gift, as read in 1 Corinthians 13, spiritual gifts without love are of no value.

The Holy Spirit in Islam is not the same as in Christianity. It is not about redemption and does not provide a role in guiding. The Archangel Jibra'il is responsible for relaying God's message and some cases the word Holy Spirit and Jibra'il are used interchangeability (Cazley 2017). P3, the Muslim did not refer to a spirit or guide within the session but she did talk about her faith as a foundation of her principles and the need to perform charitable acts based on the Hadith. These should be done

in private so long as an individual is helping other human beings, and promoting their wellbeing, (Surah 9:60 Quran 2012,) alms for the poor and needy.

> *"There is a man who give charity and he conceal that it so much that his left hand does not know what his right hand spends"*

They believe God Almighty will enjoy helping such individuals, and provide for their wellbeing. For the Muslim, submission to the word of God, via the Prophet Mohamed is key to their faith (Cazley 2017).

Christians often speak of scripture being God breathed (Erickson 2013), inspired by the Holy Spirit (Erickson 2013). Daoist's, speak of Chi energy, also known as 'breath of heaven' 'mystical breath' 'breathing nature' and 'quality of spirit' (Free Dictionary 2019). For the Daoist it is important to harmonise with nature. They believe in Yin and Yang and the need to balance. P4 discussed this and feeling out of balance when doing something wrong. They see themselves as an individual of nature rather than an individual of society. Whilst this may reflect the current interest in new era philosophy it remains individualistic and separatist rather than cohesive and community focused (Visage 2016).

In opposition those participants who identified as non-religious articulated alternative ways of being guided. P11 used cards whereas the two Taiwanese participants were clearly influenced by their culture. Both spoke of an after-life (discussed in eschatology) and how they are reliant on signs. Here P7, the Buddhist mentioned the 'money tree', which is considered lucky. P8, expressed the presence of 'spirits' and 'ghosts' which are active in people's lives. Chinese culture heavily influences Taiwan, and the way of life is centred on philosophy of life rather than religion,

P11

> *"I do have a spirituality, I believe in the cards, a bit like the ones you are using, they guide me. I use different supernatural methods. The nuns tell*

me it's against the bible and you mustn't do these things they are bad but who are they to say what I can and can't believe".

P12

"the Moral compass navigates your right and wrong, I am a vegetarian, I don't eat meat, for me it's wrong, I don't know where it came from or why, I just know that for me it's wrong, it's a personal decision from the age of 5. It's the ability to make a choice. Some people don't have free-will and therefore it is a restricted choice".

The Daoist believe in would participate in ghost days, and they and the Buddhist would believe in the hungry ghost, as part of Chines culture. It is important to and appease the hungry ghost, a sign of addiction, greed and want, by providing food offerings which will help move them forward into a better after-life.

Prayer

P2

"It's a day to day walk'. I pray each morning but I should pray more, the bible tells us to pray continuously. I approach things differently, I am happy to do the dirty jobs, I am working for God, not the NHS, other nurses are lazy, they hang back, but I am working for God"…………….. "spiritual growth, it's what's my life is all about, I am training to be a nurse to grow spiritually and this will then help me in my nursing. To know God is important, Christ helps me get through my shifts, when there is a difficult situation, I pray for help to get me through it".

P5, spoke of divine guidance and to pray before making a decision, and that it was important to have the freedom to make a decision. She explained how during periods of difficulty in her life she will fast and increase her prayer life. By removing herself from worldly things she is able to drawn nearer to God.

"I need freedom of choice if I am to make an important decision, if someone wants to know now, then it's the wrong decision. I need to feel comfortable. God is a constant, in the absence of parents, family whoever, God has influence over my decisions".

P10

"I believe that God answers our prayers, although not always in the way we want, but his plan and his timing is different to ours, he sees the big picture, we only see a part. I chose divine guidance because I have come to realise more and more how much I depend on prayer and asking God for guidance……I am learning to trust God more than myself, I make mistakes, he doesn't".

Islam requires the individual to prayer 5 times per day (Surah 2:110). P3, has indicated that she was not fully ready to commit, or to take the veil but she was working hard on her prayer life, regular fasting and self-improvement which is outlined in the Quran and Hadith. She like the Christians believed in blessings as you grow closer to God.

In Daoism people believe they can become deities or live forever by following and practicing certain rituals including prayer. Daoist's pray to themselves, a form of meditation because there is no God, they focus on the mind, inner mediation and outward observation. Immortality can be obtained through 1) prayer, religious rituals, moral conduct, and observation of the commandments, 2) physical aspects such as diet, breathing, medication, chemical and exercise. P8 had been influenced by Buddhist and Daoism teachings, and although she declared herself as being non-religious, she had attended the festivals, and participated in rituals. Although not believing in the God's for herself she recognised the importance of these aspects to her family and would participate in them when at home. There is great respect for the elders, parents and grandparents and deceased ancestors who are venerated and celebrated (One World Nations 2019).

Summary of Guide theme

Those of faith, and living in the 'City of God' use prayer and fasting as a means of drawing closer to God. The Holy Spirit, for Christians is an important factor in guiding their behaviour. The non-religious participants, 'City of Man', were much more autonomous in their decision making. The use of cards, meditation and belief in 'other supra-natural forces' to 'balance' themselves was also an interesting concept as East-Meets-West through assimilation of cultures.

Theme of Obedience (sub-themes: Conflict, rebellion, discipline, law/rules, sin, guilt. blessings. freedom, choice)

Introduction

In this section I will examine some of the sub-themes that were raised in the sessions. The need to be obedient can be traced back to Genesis 3 in the Garden of Eden, when the serpent tempted Eve to disobey God. God had told Adam and Eve that if they were to eat form the tree of knowledge they would die. The serpent however refuted this. What the serpent neglected to tell the couple was that it would be a spiritual death that they would experience in the initial aftermath of disobedience. This can be seen through the feeling of shame that they experienced at knowing they were naked (Gen 3:7, 10). A feeling that they had not experienced prior to the disobedience known as 'the fall' (Gen 2:25). In this section I want to reflect on some of the comments that participants put forth concerning their concepts of disobedience. P2 and P10 reported feelings of shame and guilt. For some the two words are interchangeable but for others there is a difference. This will be explored. Most of the participants emphasised the importance of choice and the freedom to choose as being important in their lives. Choice can be seen as God's way of giving humanity 'free-will', what humanity does with it and the consequences of their choices has been a subject of great debate amongst theologians and will be discussed in part here and again in the eschatological section.

Scripture tells us to be obedient to God (Deuteronomy 11:1, 2 Corinthians 10:5). If we are obedient then blessings will flow (Philippians 4:19), if we are disobedient then problems will beset us (Deuteronomy 30:19). For Christians, Christ himself is the ultimate example of obedience (Romans 9), and a model on whom behaviour should

be calibrated against. To be disobedient against God, can be interpreted as a sin (Erickson 2013). How we understand sin will affect our understanding of 'wrongness' and our understanding of humanity and its relationship to society.

There are several terms used to describe sin, one of which is 'ignorance', a term also used within Buddhism (Ellinger 1998), others include 'error', 'inattention', 'missing the mark', 'transgression', 'lack of integrity', 'rebellion', 'evil', 'badness' and 'trouble' (Erickson 2013). My impression is that these vary in strength of meaning, and therefore possible consequences. Some of the words are related to morality more than others, and thus, how the participant understood the questioning theme 'what do you consider wrong?' may have been interpreted in several different ways.

Choice and Freedom

God gave humanity free-will. Free-will is associated with choices, concepts of responsibility, guilt, sin and other judgements. Augustine believed that God gave man free-will but also the responsibility for their actions. He also believed that whilst we are all sinners, we need God's grace to help us resist bad choices. Those who chose to embrace Jesus Christ will be able to confess their sins and be healed (Col 3:13).

P2
> "Free-will, a choice to live as we want to, I believe God will guide us. In the Garden of Eden, they died physically and spiritually, the secular world has missed the point, the life-span we were intended to have was shortened as man successively sinned".

P8
> "Free-will, it is important to have choices, every choice has consequences, between 6-10 you are influenced by your friends and will receive punishment unless I phone my parents to tell them I will be late, but when at university I was free".

P11
> "Free-will it's a choice, so you chose your own destiny. That's why I am so angry about being baptised I didn't want it, I didn't want confirmation I was

forced to have it and I didn't want the last rites, but mother insisted when I was unconscious, how dare they".

P9
"Free-will is something that everyone has, people have a free-will to say and do what they want and to conduct their lives and it is their free-will whether they sin or not. As I entered adulthood it dawned on me that I could chose the path I take, the moral compass helps you to choose and teaches you the right and wrong way, it helps you to portray yourself to others and they to you, you can see the kind of person they are".

In summary, free-will and choice is important and is seen as part of humanity and our autonomous being. It was recognised that with free-will came responsibility for the choices made. When free-will is challenged then conflict can arise, which may be detrimental to relationship formation.

Obedience and Inner Conflict

Scripture tells us that we should obey authority and pray for our leaders (Romans 13:1-7). These include politicians and managers in the work-place (Hebrews 13:17-19). For the Christians, it was important that they obeyed God as much, if not more than the authorities. They took the view that ultimately, they were working for God, and his judgement is right.

P5
"I appreciate free-will in Christianity, I want to do things, it is not something I have to do, not like Islam where there is no free-will, and they follow the rules through fear. I know the rules I have to follow; the bible lays them out very clearly".

Thus, where there was potentially a conflict of interest, where professionally they may be asked to work with or perform a task that they considered to be in conflict or opposition to their beliefs, moral distress may become an issue (Corley 2002, Skirbeck and Nortvedt 2014, Kydd and Flemming 2015, Hunsaker et al 2015 and Whitehead et al 2015). P1 and P2 both raised issues regarding the treatment of transgender patients as one such area. Carabez et al (2016) reported that

healthcare has been silent on nursing and transgender issues. They identified that there was confusion, misconceptions and insecurities when dealing with transgender patients and that more education on such issues need to be addressed. Recent media coverage has fuelled this issue where self-identification of patients has permitted males identifying as woman to be admitted to female wards (Kentish 2017; Hurfurt 2019; Tominey 2019). Carabez (2016) concluded that the lack of knowledge reduced compassion and therefore provide inadequate care. Theologically, the subject is complex and varies within denominations and individual churches for this reason I will not explore the subject here. P2 also mentioned her reticence of having to participate in terminations or 'end-of-life decisions'. P1 felt it hard not being allowed to pray with or for patients (Constable 2009, Petre 2016).

The original literature review had identified moral distress as a factor that contributed to 'burn-out' and poor care (Whitehead et al 2015, Dyrbye et al 2017), often resulting in staff leaving the profession (NHS Health Education, England). Augustine, Paul and Jesus all advocated the need to follow the law of society (Romans 13). In healthcare professions are to follow the rules of their professional bodies and the Health Care Professions Council (HCPC) and Nursing and Midwifery Council (NMC) and National Institute Health and Care Excellence (NICE). There has been traditionally an 'opt out' clause in view of religious objection (Equality and Human Rights Commission 2014). As medical technology has advanced and moral decisions become more complex Baroness O'Loan put forward the Conscientious Objection (Medical Activities Bill) in March 2018, to make provision for HCP to 'opt out' of some medical procedures. This would not legislate against some of the issues raised by the studies of such as time, ageism, in the original literature review.

P6

"When doing something wrong I feel an inner conflict, people resign from their jobs when they are being asked to do something, they know is wrong internally. I would feel remorse if I did something wrong".

This would support the work of Whitehead et al (2015) and one of the contributing factors in that produces moral distress.

When considering the influence of religion, a person's values I move to

P10

"My religion helps determine my behaviour, we have the commandments to act as a guide to living. If I do something wrong, against God's wishes then I feel bad. I try to treat others how I want to be treated and I won't ask others to do what I wouldn't do".

This was a sentiment voiced by P1, P2, P5, and P6. For the Christian there was a defining line set out in the bible as to what they should or should not do. P3, the Muslim echoed similar sentiments when referring to the Quran. Freedom and choice were very important to this individual as will be discussed later.

In summary, there may be potential issue regarding the development of moral distress occurring within participants of faith where their beliefs are challenged or restricted.

Justification of actions

I found the following answers intriguing. There was almost a justification of 'wrongness' both on a personal morality scale and a societal morality scale. What was interesting here was that it was within the non-religious and the Buddhist that there appeared to be a calibration of 'wrong doing'. There was an understanding not to intentionally hurt someone, yet there was also a justification of the event. This was especially so when there was an apparent intention behind the act.

P4

"Concerning stealing, it is wrong to steal from somebody, to hurt them or kill them for no reason, but you search for a reason, I struggle with stealing from small businesses but if I accidentally took something from Tesco or Amazon I would have less of a problem, they are fucking people anyway".

P7

"When you do something wrong, it can be based on intention, it can be difficult because you could do something wrong but with a good intention, but then realise that it was wrong. My boundary is not to hurt anyone physically or psychologically, if I know it will hurt someone then it mustn't be done. Some illegal things I can understand the intention, and they may be acceptable, a need to justify the intention and accept the reason such as stealing food if you are hungry".

P9

"I am sure that I have done wrong, when I think I have done or said something then I will always try and put it right, and that it was not done with intent. I wouldn't intentionally try and hurt someone".

P11

"Wrong is on a sliding scale, and it can vary according to the situation, some people its ok to steal from, if they have plenty and they don't share or they are mean employers. I don't think I do bad things, the nuns said I did and that I should be sorry, but it is a question of badness, what they think is wrong is not what I think is wrong., like contraception, I take it, I have taken the morning after pill and believe in abortion. I would go to hell for that if I believed them, it's just their opinion".

P4, a non-religious participant discussed the importance of being in balance, and when he did something wrong, he felt out of balance. This would prompt him to try and re-balance himself and this would be seeking to put right what he had done wrong. It was this participant who admitted to having an affair with a married woman, whose marriage broke down as a result of the affair. He spoke of guilt and being ashamed that he couldn't put things right. He also spoke of the 'immediate gratification' that is felt when you try to attain something 'out of bounds'. Here I suggest that there may be a number of issues at work. Although admitting to being non-religious he had a Christian upbringing to some extent. He would have learnt the basic commandments which include not committing adultery. Here the element of free-will, of choice, and the ability to go against 'religious teaching', the 'invisible other' appeared attractive, yet has he discovered the 'rules' were there for his benefit

as much as the other person. It was he that felt pain, regret, remorse, guilt and shame. Although some years ago, this was clearly still with him as he stated 'he had learnt his lesson, and now understood the consequences'. This can be compared with P2, where a sin is a sin, whether it be a lie or murder. She then clarified this by saying that biblically women were stoned for adultery, now in Western secular society it is an acceptable course of action to take. Again, there appeared to be a calibration of 'wrong doing' as with P4, and with the practicing Buddhist. This time it was based on what secular society saw as being 'right/wrong'. P4 chose to're-balance' himself through mediation. Mindfulness, would promote trying to reach a state of 'nothingness' where the problem no longer produces suffering. A secular perspective which for the Christian would be answered through forgiveness and prayer.

P4

> *"I am feeling guilty when done wrong, hard to forgive yourself, not balanced. When I do right, I feel happy, grounded, it takes a few good deeds to cancel out one bad action. I've done things in the past and have difficulty forgiving myself and others, you need some rationale".*

This attitude would be very much in line with Buddhism and Early Church merit theology where good deeds will help 'buy' a better afterlife (Needham 2016). One of the questions had been regarding 'right in the eyes of the law' and 'morally right'. I suggest that this calibration of 'wrongness' may be the result of language interpretation in association with the positive outcomes. This would support the work of Sonnentag and Barnett, who identified rebellious teenagers and young adults was more prevalent when they identified with morally rebellious peers.

In summary, participants valued the ability to choose. With choice comes responsibility. When choice is limited or against inner values then inner conflict results.

Discipline

All participants had experienced some form of discipline as children, in the early

years this was a smack, and later removal of privileges. P6 had corporal punishment,

and had do meaningless task like fill a bucket using a teaspoon, or dig a hole the

size of her own body, and there was the use of the canes. P8 was told to squat until

she was sorry while P10 had physical disciple with a leather belt. The most common

form of punishment was a smack, often by the mother these included P1, 2, 3, and 4,

9, 11 and 12. P11 discussed the meanness of the nuns but didn't specify the type of

punishment employed.

P9
> *"My mother smacked my bottom as a child, but my father never hit me."*

P8
> *"Discipline is to say sorry, to have good manners. Physical punishments such as squatting until I remember what I have done wrong, if your parents don't correct you then it doesn't matter. Is there a problem with this?"*

P10
> *"I was hit with a leather belt as a child, it was very painful and I felt very frightened when I saw him take his belt off, I can't even remember what \l had done to justify it, even now as I remember I feel tearful".*

P12
> *"Punishment was by my mother, I was afraid of her, usually a smack, I feel uncomfortable when I think of physical discipline".*

The mother has as the key disciplinarian was a surprise, yet it was common across

the religious and non-religious with only P10 being disciplined by the father.

P1, expressed that there was a difference between discipline through love and

discipline without love, the later often being employed through personal gratification.

He gave the examples of the wife beatings in the tribes at night. All the participants

except P11 identified a positive component to disciple in shaping behaviour and

moral compass. Some of this such as expressed by P10 was through fear of reprisals.

> *"I think it does guide you in determining right and wrong, I remember being frightened at school of having the cane or the ruler or even standing on my chair, it makes you think twice about doing something wrong".*

Afifi et al (2017), suggest that smacking children may lead to long-term mental health issues in adulthood as would other more recognised forms of abuse such as emotional or physical abuse. They asked adults retrospectively to recall their experiences of being smacked. The results were not conclusive and are in opposition to what participants reported in this study. Not only did participants feel that discipline helped shape their moral compass, but also that 'young people today don't have any discipline' (P4), and 'the young of today can't obey rules' (P6)

P12
> *"There are two types of discipline, self-discipline an internal governance and how you adhere to it and can be part of your code of conduct and then there is external discipline rules that have to be followed such as codes of practice. Both will shape a person".*

Instruction of how the body needs to be disciplined and under self-control can be found in 1 Corinthians 9-11, whilst and Hebrews 12:11, tells the Christian that discipline may not be pleasant at the time but will bring peace and righteousness. The use of physical discipline has been the centre of great debate in the UK (2012), and may be at odds with other cultures where physical discipline is viewed as normal within their culture (Abu-Raiya 2015). The discrepancy in values may produce confusion as to what is or is not acceptable. Changing cultural traditions are difficult taking time and education.

In summary, although unpleasant at the time, participants felt that punishment helped shape their idea of right/wrong.

Consequences of disobedience - Guilt/Shame

Guilt and shame are first seen biblically in Genesis 3. Here I have divided it into what happens when a participant witnesses something they disagree with and then personal guilt/shame. In the former, I suggest there may be an inner conflict resulting in feelings of guilt through lack of action. The latter, personal guilt/shame is the result of the participants own misdemeanours.

For many the words Guilt and Shame are interchangeable but for psychologists and therapists they may be different, and both are be different from the theological perspective. Dictionary.com. defines Guilt as a feeling of responsibility or remorse for some offence, crime, wrong, whether real or imagined. Shame is the painful feeling arising from the consciousness of something dishonourable, improper, ridiculous, done by oneself or another. Theologically guilt involves an awareness of having done something wrong against God (Collins 2007, Erickson 2013). Anxiety Care Research suggests that guilt is in place from the ages of 3-6 while shame occurs much earlier, from 15 months to 3.

Anxiety Care UK (2019) cite research that shame or the mechanisms for feeling it is inborn in us as neural or biological affect. Empathetic connections are made later in life, but non-verbal communication is important in childhood, and children can understand words long before they can speak them their selves. As they progress into adulthood, emotionally they may at a point where they are not able to engage with the rest of the world. This I suggest would make interaction with others, especially where caring and empathy are required may be difficult, something posited by McDaniel et al (2010). Whilst Wagner et al (2011) posit an inbuilt genetic link, theologically this would have been set by God, and therefore guilt signifies alienation from God as a result from sin (Dein 2013).

The quantitative paper by McDaniel et al (2010) sought to develop a multi-construct model of morality. Whilst not investigating the moral compass per se they did however review guilt and shame in the context of empathy. The findings of this current study would support their findings regarding the influence of the family and 'higher spiritual other'. The paper is quantitative and offers insight into the cognitive perspective of moral development which this study has not focused upon. They recognised that further research is required and I believe the qualitative research in this this study has supplemented their work.

There are two types of guilt, objective and subjective (Collins 2007). The former is further sub-divided into legal guilt or the violation of society's laws. Theological guilt, set against the standards of God's law. Many psychologists and psychiatrists do not recognise this form of guilt. Personal guilt is when an individual violates his own personal standards of moral order, and social guilt as being an unwritten law of society's expectations which are violated. These can be different from person to person especially within a postmodern society where there are multiple values (Johnston 2001, Keller 2011). Subjective guilt is the uncomfortable feeling of regret, remorse, self-condemnation or shame (Collins (2007).   McClinton (2012) made a distinction between guilt and shame suggesting

> *"guilt is the moral compass and corrective function in the psyche that leads us to notice when we have harmed others with our behaviour. Shame, however, is the emotion of self-recrimination that is more likely to weigh us down than spur us into action" p20*

P5, identified their moral compass thus:

> *"the good moral compass will help people, care for people, will smile, care about the world, will look after their family. A bad moral compass will kill, rape, steal and lie and feel no guilt".*

It is the feeling of no guilt that I felt was important. Feeling guilty when participants thought they had done something wrong is important if we are to understand an

individual's developing moral compass. Guilt is linked with wrong doing, an activity

which leaves the person feeling uncomfortable (Erickson 2013) and hopefully

powerfully enough to make up, or seek forgiveness (Collins 2007). Shame is about

embarrassment, humiliation feeling of low value and powerless. This can be

individual or collective and can vary between cultures (Collins 2007; McClintock

2012; Dein 2013; Silfver-Kuhalampi et al 2015; Grey et al 2018). Exploration of

culture, guilt and shame is outside the remit of this study. Poor self-esteem has been

identified with poor care (Neff 2003a).

P2 felt that

> *"Knowing the wrong I've done placed Christ on the cross, so that when I do something bad, he is suffering for me. I pray that he will forgive me, my future, my past, he is just and he is willing to forgive me".*

P10
> *"I think that you should hurt yourself before you hurt others, you should think of the consequence that my result of your actions. When I do something wrong, I feel guilty, ashamed, I have let myself down, my family, my husband, my profession and God".*

These Christian perspectives were at odds with the two non-religious participants

where there was calibration of 'wrongness' based upon a difference of interpretation.

P8
> *"If I have done something wrong, I feel guilty I will need to treat the person better it is very hard to forgive bad things, I don't know if I could forgive them, it would depend on what it was".*

P11
> *"If I did something wrong, I suppose I should feel guilty or ashamed but it would depend on what it is. If I thought the action was wrong myself, then that is different to whether someone else thought it was wrong. Like the nuns, they thought wearing make-up was wrong, so I got punished, but I was right. I was always told that he priest would come if I did something wrong, and that I should be ashamed and feel guilty, like having sex with my boyfriend, but its ok and I am not ashamed of being unmarried and no kids, but the old women back home think it is wrong and something to be ashamed of".*

Here I would suggest there is a throwback to her Catholic upbringing. In biblical

times it was considered shameful to be unmarried or to be 'barren' (Galatians 4:27).

In a more secular society where humanistic values and postmodernism allows for multiple values (Johnston 2001 and Keller 2011) are at the fore P11 should have felt much more comfortable about her unmarried and childless status. Her body language of crossed arms and legs, slightly turned away from me would suggest perhaps, that her religious background was more influential than first appeared. Dein (2013), observed that religion and psychology use guilt in different ways. He suggested that religion used guilt as a spiritual vehicle for social control whereas psychology is interested in guilt as a subjective phenomenon, religion focuses on guilt as moral culpability based on objective behaviours. In essence psychology describes and religion prescribes.

Seeing something wrong.

When participants saw something wrong, they were hesitant to report it or to intervene directly. P2 reported not being confident on placement, commenting that

> *"it may affect my placement mark, the university tells us to whistle blow but the placement makes an uncomfortable atmosphere, manual handling is rough but suggestions of slide sheets are not welcomed".*
> P11
> *"If I see something wrong, I wouldn't confront them, I would go and tell the teacher or my boss at work".*

This participant(11) also suggested that she would hesitate to become completely involved if on placement because it was her degree and she didn't want other people's wrong doing to affect her. Both of these participants would support the work of Sonnentag (2018), where there is hesitancy to get involved and one of the elements that Francis (2010, 2013) highlighted.

P12, when discussing making a mistake or seeing something wrong, immediately referred to professional activities, and a need to be transparent, to put things right and to learn from the mistake, and would support the work of Beauchamp and

Childress (2009) on transparency. This was probably the result of her previous course in medical sciences. The course had been explicit on being transparent and therefore maintain care and trust in the patient/practitioner relationship. On a personal level she didn't offer or engage in admitting to doing anything wrong herself, but did mention when out with her boyfriend, they were given too much change. Her boyfriend kept it. Although she pointed out that she felt it should be offered back, she but didn't push it, it was his decision. This would support Gino and Margolis 2011; Gino and Galinsky 2012; Gino et al 2013; and Gino 2015, who found that people are more inclined to follow a bad moral decision as opposed to the offender opting for a good moral decision. It would also support Goodman (2016) on lying to ourselves as she 'shifted the responsibility'.

P4, and P7 all expressed a need to consider the whole situation, to listen to both sides of the argument and not to take sides. Where their personal safety was involved P6, P8 and P9 said that they would not get involved. Theologically listening to both sides of the argument would be classed as a peacemaker (Proverbs 12:20, Matthew 5:2; Romans 14: 19; Romans 12:18), and that Christians and should correct with love (2 Timothy 2:23-26).

The quantitative study by Sonnentag el al (2018) observed that an individual's moral identity served as an important mechanism to motivate them to put their moral concerns into action. Their study was in opposition to previous studies that suggested individuals often fail to act as a result of situational pressures. The study supported a previous study by Saucier and Webster (2010), which suggested that individuals with higher vigilantism would attempt to advocate on behalf of their beliefs for the perception of the greater good. This would support the earlier findings of this study where those of Christian faith resisted temptation from peers.

In summary, there appears to be a calibration of behaviour as to what is considered right/wrong behaviour in a given situation. Those of faith reported that their faith had helped ground them in decision king. When participants 'did wrong' there was a need to seek forgiveness and there was usually a feeling of guilt or shame attached. This if unresolved could affect relationships and cause emotional harm.

Overall summary of obedience theme

All participants had been disciplined initially with physical punishment and later through the withdrawal of privileges. There was acknowledgement that whilst unpleasant at the time they had benefited over time. The Muslim and Christian participants were able to call on their faith to help guide their choices, whereas the non-religious and the Buddhist had a sliding scale of 'wrongness'.

The feelings of guilt and shame was across the participants and this would be an area that I feel would warrant further research. Development of shame in particular would appear to have detrimental effects in moral development and self-esteem which could impact their ability to care and to empathise.

Theme of Eschatological (sub-themes; afterlife, death, consequences, born again, saved, new beginnings)

Introduction

In this section there are significant overlaps with the previous sections. As someone navigates their behaviour there is an element of what may happen to them in this world as addresses in socialisation and obedience but also concerns for what happens when this life ends. It has already been noted that older people and those

nearing the end of life frequently become more interested in religion and spirituality (Rykkje et al 2013). This may be as a result of their lives prior to this and they are now 'calculating' where they will 'go'.

The term eschatology means the study of 'end-times'. Theologically this refers to the end of a person's life, or the end of humanity and life on earth. It can be divided theologically into personal and corporate eschatology. That is, what happens to a person when they die, and what happens to society at the end of time. For the purposes of this research it is the personal eschatology that emerged.

Relating participant's interpretation to theological thoughts:

Christian participants spoke about 'being saved', new beginnings', and the comfort of knowing that they will be with God when they die. The Buddhist (P7) and the non-religious Taiwanese (P8), and the Muslim, all reported the need to 'do good' in this life to ensure a better life after-life. P8, although identifying as non-religious, her mother and her grandmother had beliefs concerning the after-life and the influence of others on this. Respect for her elders helped shaped her life to ensued they had a better after-life, rather than her own immortality. The Christians, believed by giving their lives to Jesus, they would achieve forgiveness of their sins – past, present and future. Although all sins would be forgiven, it remained important for them to confess these to God and attempt to make amends with whom they may have sinned.

Christian participants, all spoke of being cleansed from their sins. They had been 'born again', been given a 'fresh start' a chance to 'start again', in other words 'a new beginning' (P1, P2). This emerged from the cards selected and also from the interviews.

P1

"As a Christian, if I do wrong, God gives you a new beginning, you confess your sins, you have a new start, he sees you are right with him".

P2

"It's not just for this life, Jesus died for me, so I can be in heaven with him, it is a day to day walk, I am eternally saved and this helps my interaction with people".

P9

"I am a born-again Christian, baptised in a birthing pool, I pray regularly and God listens, he helps me and when the day comes when my life ends it doesn't frighten me".

Augustine and Reformed theology believe in being saved through grace (Needham 2016). That once an individual has acknowledged Christ they are 'saved', meaning that they will eventually reside in heaven rather than in hell (Needham 2016). Reformed theology believe that justification and sanctification occur at the same time and that good works remain important to provide community living and good society based on Pauline theology (Dunn 1998). A similar view to Islam, Buddhism and Daoism. Therefore, in the interpretation I will consider 'scripture' across the faiths to be in line with 'City of God' and 'City of Man'.

Thinking about one's own mortality often occurred through some form of personal trauma, as in the case of

P1

"My friend dying, affected me a lot it made me think about death a lot, to be prepared for it, he got meningitis and was stuck in a waterhole, it was very traumatic. It made me think of death and whether I am worthy of heaven".

Having a faith as P2 observed can be challenging, but it can also make the believer see those who are aggressive or disrespectful against her and her views easier to tolerate knowing that she must forgive

P2

"some people will respect me, I am not sure about others, they make jokes about me, they 'persecute me' to be hurtful. I know they won't go to heaven, I see them as normal, but I have increased compassion towards them.Some patients are aggressive, but I don't take it personally because of my faith, we are all sinners, and saved by grace".

Consequences became a major theme when considering an after-life. For those with a Christian faith, the consequences of not living a 'good-life' would be as Rev 20:12-15 where each individual would be judged according to his deeds. A similar belief is held also by Muslims (Cazley 2017). In the case of Buddhists, a poor 'next-life' is determined by actions in this life. For this reason, I feel it pertinent to review the theology of conditional mortality and those of Buddhism. The latter is important because of the as rise of Buddhism or a secular Buddhism that has increased in the West, based on individualism rather than community (Stead 2017).

It was noted in the original literature reviews that most research has been conducted on the care-receiver rather than the care-giver. Two studies contras to this was the Lithuanian study in the post communism era where nurses were Christian (Riklikiene et al 2016), and the Taiwanese study by (Chiang et al 2016) where the nurses were Buddhists. Both studies revealed that those who were religious were considered more caring than those who were not. In addition to this, the studies by Rykkje et al (2013, and Rykkje and Raholm 2014) had identified how older people and those moving towards the end of their lives had a renewed interest in religion and spiritual matters. I felt therefore that it was important to discuss the different perspectives between the Christian/Muslim religion and afterlife and those of Buddhism or non-religion.

For Augustine, believers in this life were living in the Spiritual Kingdom of God on earth. Believers would physically die in this life with the knowledge that they were saved for the afterlife spiritually as opposed to non-believers who would die physically and spiritually and were part of the earthly kingdom only. In contrast, Buddhism has no 'end-point' but a constant death and rebirth similar to Hinduism on which it is based (MacDonald 2017). There is a repeated reincarnation. The Daoist

perspective I suggest falls between the two where there is need for good works, prayer and ritual to help achieve immortality (Internet Encyclopaedia of Philosophy (2019).

Harmon (1992) noted the difficulty in defining conditional immortality. It will be defined as those men and women who have been created mortal but have responded to God's gracious gift of eternal life through the gospel (or Daoist scriptures). Orthodox Christianity embraced the notion, that those who refuse God's offer of salvation in Christ would be consciously punished forever. A view developed within the early church, supported by Augustine.

Today, with increasing secularisation, the tolerance of alternative religions, a more nuanced perspective has been taken by modern theologians (Harmon 1992). The thought of a compassionate, loving and forgiving God, willingly allowing unabating torture forever has become unpalatable (Crockett 1972). Thus, the concept of annihilationism or extinction has emerged. Here, God, will end the torture of unredeemed souls by finally extinguishing them, producing the final and ultimate death. For many this is based on Rev.20:12-15 where each individual will be judged according to his deeds. Both perspectives have been based on scripture, are ambiguous and open to interpretation.

Old Testament Perspective (OT)

In Genesis 3:22 there is a clear indication following Adam's original sin that the status of humanity may have changed from what may have been God's original intention.

> "*And the Lord God said, "The man has now become like one of us, knowing good and evil. He must not be allowed to reach out his hand and take also from the tree of life and eat, and live forever".*

This verse I suggest tells us clearly that as a result of Adam's original sin, man is mortal, and that he would not live forever. It was through man's wilful disobedience that the relationship with God was broken. It is clear from this action by the couple in Eden that God provided humanity with free-will, and therefore responsibility and accountability for their actions, a view endorsed by Augustine (Helm 1989).

Gen.6:3

> *'Then the Lord said, "My Spirit will not contend with man forever, for he is mortal, his days shall be numbered a hundred and twenty years"',*

referred to God's displeasure with humanities wickedness, leading him to want to destroy mankind, only to relent with Noah and his righteousness (Genesis 6:9). This latter verse is important because it refers to wickedness, righteousness and God's ability to give humanity another chance. God did not abandon man, recognising his nature to be sinful (Edwards and Stott 1929). It is clear however that man is mortal (body) but is not clear about the soul. The apparent innate wish for an immortal soul is thought to be from the influence of Platonism, something that influenced early church thinkers such as Augustine.

The OT utilizes about fifty Hebrew words and seventy-five figures of speech to describe the fate of the wicked. Wenham noted all sounded like destruction rather than never-ending torment (Wenham 1992). Some theologians draw on the evidence of God's judgement on Sodom and Gomorrah, where sinners are destroyed based on Isaiah.13:19-22 and Jerimiah.50:40 (Harmon 1992). Blanchard a key advocate of the soul being immortal cites Ecclesiastes 12:7, which states that while the dust returns to the earth where it came, the spirit returns to God (Blanchard 1993). He posits that to suggest the soul is not immortal would be a nonsense, observing the NT discussions concerning the body being mortal, but not the soul. He further argued that the use of the terminology immortality is virtually the same as

eternal life (Blanchard 1993). A theme supported by Wenham (1992). Yet this is in complete opposition of Crockett, who says that only God is immortal, and that we become immortal through God's gracious gift (Crockett 1972).

New Testament Perspective

The New Testament (NT), is much clearer about how the righteous attains eternal life and avoid the perils of hell (Crockett 1972). It is made clear, that through freedom of choice, anyone choosing not to believe in Jesus, their life will be condemned to hell (Crockett 1972). On the cross, Jesus felt the pain of separation from God, an emotional and physical pain. In hell there is complete separation from God (Harmon 1992), the son of God and the Kingdom of God (Harmon 1992)

Matthew's gospel is the most explicit regarding hell and final condemnation (Harmon 1992). Matthew 5:29-30 and Mark 9:45-48 depict a vivid image of hell and its consequences (Harmon 1992). A point picked up in Pauline literature through the language of 'perish', 'die', 'destroyed' and 'corrupted' (Harmon 1992).

Jesus, using parables, and metaphorical language such as separating the sheep and the goat, and the narrow road, makes the distinction between everlasting life and death (Edwards and Stott 1929). Thus, helping to provides an understanding of the fate of the non-believer (Harmon 1992) and something that revelation builds upon.

Revelation 20:12-15, portrays a vivid picture of the New Heaven and New Earth, where there will be no more pain and no more death. Liars, the immoral, unbelievers, and idolaters will suffer the second death (Crockett 1972).

Secularization (Helm 1989) and the message of salvation is eluded from today's generation and our anthropocentrism stops us from being known by God, we are too inwardly focused. The fear of offence, the accusation of racism has led to the lack of

preaching on the subject (Crockett 1972). Death comes to all of us. The scriptures, are a book of warnings (Helm 1989) against humanities autonomous ways, and the wrath that can occur if we do not embrace the spirit of Christ, or in the case of Islam the teachings of Mohamed and for Daoist's their scriptures. The scriptures are clear on, how individuals can avoid entering hell, but it is less clear about what actually happens there and for what duration. In a world of science and technology, there is no quantitative evidence on the options after death, it comes down to belief and faith. It is essentially between being God-centred or man-centred (Helm 1989).

As noted previously, the topic of hell is often not taught in churches today, being seen as unpleasant, and theologically perspectives differ. It was seen by many as a way of trying to control people's behaviour. In the light of secularisation, emphasis on autonomy and the development of therapies to 'confess' the role of the church and confession has been reduced (Collins 2007).

P11, the Irish ex-Catholic, had been very specific in determining in her words

> *"rules made by men, the pope is only a man, no such thing as hell'*

Yet, her determination to establish that she was a good person, and did good things is very much in line with Catholic merit-theology. A concept that is also present within Buddhist religious thought. In Buddhist philosophy, it is important to carry out good works in this life in order to gain a good position in the next life, prospects including poor health, poor material attainment, occupation, housing, family life, material possessions and financial security (MacDonald 2017). The Buddhist, is attempting to reach Nirvana a place of no feeling.

Participants spoke about 'being save', new beginnings', the comfort of knowing that they will be with God when they die. The Buddhist and the non-religious Taiwanese participant who had a background in Buddhism/Daoism both spoke about the need

to 'do good' in this life to ensure a better life next time. Whilst this was important for the Buddhist, the non-religious had clearly been influenced by her upbringing. Both her mother and her grandmother had beliefs and the notion of being 'trapped' into the next life which was to be determined by behaviour in this life was very influential in the way she lived out her life.

For the Christian, they believed that once saved, by giving their lives to Jesus Christ, they would achieve forgiveness of their sins –past, present and future. Although all sins would be forgiven, it remained important for them to confess these to God and attempt to make amends with whom they may have sinned. It became clear from the interviews that religious thought lay behind the ideas of what would happen when they die, and that this would be very much in relation to how they lived their lives in this life. P8 although, citing that she was non-religious, the background that she had experienced as a child had clearly shaped her thinking about good deeds. The images of Daoist Gods had been scary and frightened her into some of her thinking. In contrast to this is the Buddhist philosophy, which I suggest is a more secular, humanistic and individualistic approach. I shall explore the comments made by the Buddhist (P7) and (P8) who had been influenced by Buddhism/Daoism but now follows a secular life-style as non-religious. In Buddhist philosophy there is the Iron Law of Karma which will now be explored.

The Iron Law of Karma

This is the law of cause and effect. It is based on the natural laws of the cosmos so that all action will have an effect whether it be good or bad (Saddhatissa 1971). Karma means deed or action which is followed by a consequence of that action, this may be good, bad or morally neutral but it will bring a reaction (Petchsongkram 1975). For the

Buddhist because every action physical or mental will have a reaction, it is up to their individual effort to train themselves through mental discipline to reach a state of bliss, nirvana (MacDonald 2017).

Its premise is that 'salvation' will be through an individual's own effort (Mackenzie 2017). In Buddhism there is no salvation as the Christian knows it, but the aim is to achieve nirvana – the end of suffering (Saddhatissa 1971). To gain the state of 'nothingness', to reach 'enlightenment' or 'nirvana', one has to pass through many deaths and rebirths (Yandell and Netland 2004). It is said that Buddha himself passed through 550 reincarnations (Bentley-Taylor and Offner 1971). The focus is always on self-effort (Harvey 2017) and that what you do in this life will affect the next Sangharakshita 1987) your position in this life will be the result of your past life or lives (Petchsongkram 1975). It is much in-line with secular thinking.

It is a continuous cycle (Ellinger 1998) Within this cycle will be two weak points – craving and ignorance (Burnett 1996), the choice is to find the middle way (Saddhatissa 1971). To be in the human realm is considered good and it is at this stage it may be possible to break out of the cycle (Ellinger 1998). The choices that an individual makes, will because of the Law of Karma, not only affect them but others around them, family, and society, not only in this life but in the lives to come (Harvey 2000). A continuous cycle of birth, death, rebirth, re-death forever (Yandell and Netland 2004). This belief in karma can degenerate into fatalism, but Buddha emphasised that it was human action that was important, people make their own destiny, and that it encourages the person to live patiently with the situation, and to take personal responsibility to shape his life. (Harvey 2000)

Nirvana

The way to nirvana is subject to the law of cause and effect (Saddhatissa 1971) Buddha teaches that through practicing dharma which is absolute and impersonal the individual will be protected. All problems in daily life (suffering) result from ignorance, and ignorance is sin. The start of this journey to ease and eventually cease suffering is through the four noble truths (Ellinger 1998) Nirvana is not heaven but a state of nothingness, and there is no hell or damnation as Christians would know it. Mahayana Buddhism has the concept of 'Pure Land' which is similar to the kingdom of God and a form of salvation through trusting in the power of Amitaba rather than their own effort (Mackenzie 2017) and any concept of hell (Ellinger 1998) and the notion of hungry ghosts (Harvey 2000) are temporary, an illusion, transitional, unreal in an absolute sense, even nirvana is temporary (Ellinger 1998)

The Four Nobles Truths and the Eight-Fold Path

It is through the understanding of the four noble truths and in particular the fourth which lead to the eight-fold path (Bentley-Taylor and Offner 1975) The four noble truths consist of 1) the holy truth of suffering (dukkha) which is divided into three – ordinary suffering, suffering in pleasant situations, and a sense of frustration at the limitations of human existence. This holy truth requires the person to diagnose a disease. 2) Samudaya, to identify the cause of suffering – craving (tanha) for sensual experience, for being (eternal life) and non-being (oblivion). For the Buddhist, sin is ignorance and this is the cause of suffering. 3) Nirvana, to determine whether it is curable, the cessation of suffering and finally 4) Magga, the way leads to the end of suffering - the eight-fold path (MacDonald 2017) The eight-fold path, is in turn divided into three categories, wisdom (right views, right aspirations), morality (right speech, right

conduct, right livelihood) and mental training (right effort, right awareness, right concentration) (Bentley-Taylor and Offner 1975) They are not unlike the Christian walk in life, James 3:6, 4:1 (speech), Paul Galatians 5:16-17 (conduct) and early church where certain occupations were inappropriate (Needham 2016). It is for this reason that for Buddhists, the syncretism of their religion with others appears natural. There are no contradictions.

For the Buddhist there is no God, no creator being and therefore no one other than yourself to determine your outcome in life. Karma is fluid, flexible and influences the present and future lives (Harvey 2000). The web of karma turns the wheel of life, the wheel of rebirth, the nature of karma involves polarity, absolutes, there is no beginning or end, they have lost their meaning. Dharma is impersonal because to have personification would imply properties and opposition (Ellinger 1998), nothing is permanent there is no self, it is temporary at any moment in time (Burnett 1996), open to continual change. There is no one to help when things get tough and no way of knowing your eventual outcome. One could argue this leads to an attitude of 'so what', this life is temporary, it will pass and so will the next, which may be better, may be worse and may not even be within the human realm. Whilst this teaching may initially appear liberating and without boundaries, all-encompassing and easy to fit into daily life it is also one, it could be argued of eternal toil and unrest – a wandering spirit.

The concept of Free Will

It is suggested here that 'free will' and 'control' are different. Free will can be defined as the ability to make a choice without coercion and that these choices are not externally determined (Collins Dictionary 2017) This is different to control, where there is the power to influence or direct a person's behaviour (Collins Dictionary 2017) If

one considers the karma wheel and the endless cycle of birth-death-rebirth then although the individual can determine their own choices in the present life, they are still being influenced by their past lives, other past lives and in turn will affect future lives. No one 'can get off, there is 'no rest', This is in sharp contrast to the Christian life where in Matthew 11:28-29. Jesus encourages us to 'come to me, all you who are weary and burdened, and I will give you rest'. The Christian life which is one of hope in living in eternity with the Creator God. Buddha taught that human nature is a sinful nature. For Buddha sin was ignorance, and that people have a naturally immoral nature for greed, anger and not willing to learn. Human nature is full of lust, and that this sin lies within the individual causing them to go on sinning. Paul writing in Romans 7:14-25 is not unlike this perspective. For Christians, sin resulted from Adams disobedience in Eden (Genesis 3) where sin resulted in humanities fall (Mackenzie 2017). It was Adam's free will to disobey God that caused sin to enter the world, and it was Christ's free will to obey the Father, to offer himself as a sacrifice and to die for our sins. This selfless sacrifice of one without sin, brings for Christians the hope of eternal life. God meant humans to have both freedom and responsibility, to worship God was to be a voluntary act, through Adam's disobedience and wilful rebellion against God sin, suffering and death entered the human experience (Mackenzie 2017). For Buddhists, there is no hell, or eternal damnation as Christian's understand it, where individuals will return in another sphere of life (Ellinger 1998) Therefore, Buddhists believe that karma endures justice, while Christian's believe that God will ultimately punish all wrong doing (Mackenzie 2017) For the Buddhist free will – and predestination are not a pair of opposites but the same truth from opposing points of view, our lives re predestined by our past actions, but the force which created these conditions remains as free as ever to remould, modify from either end, if the universe

is karma made then so am I – a type of energy, I have to accept myself as I am before I can change it. (Humphreys 1998). In Buddhism the individual has to accept their measure in life, believing that because they made it through their own effort (in this life or previous lives), there can be no self-pity, or remorse, for those things that they don't like about themselves. Similarly, there is no punishment or reward just adjustment to life and acceptance, believing they are punished by their sins not for them. For the Buddhist if a man cannot face up to the consequences of his actions in this life, they will not die when the physical body dies but will be taken into subsequent future lives until you face up to your responsibility (Humphreys 1980) For the Christian, who has been sanctified through baptism, he knows that Jesus is the way, the truth and the life (John14:6) and through him will obtain new life (2 Corinthians 5:17), not by rebirth as in Buddhism but in the renewal of the spirit (Ephesians 4:23, Romans 12:2, 2 Corinthians 4:16). Jesus for Christians is the middle way Mackenzie (2017), and will intercede for us to the Father (Humphreys 1980). As Christians accept Christ as the middle way, between us and God, the karmic bond is broken and the good karma generated by Christ's goodness becomes ours. Buddhism does not recognise a personal soul, only one that will move from death to rebirth (Ellinger 1998). Morality for Christians and Buddhists is a fundamental part to their beliefs. For the Buddhist, a failure in morality will result in total failure (Bentley- Taylor and Offner 1975), and a moral life will not necessarily produce a good rebirth, and neither does an immoral life necessarily produce a bad rebirth (Harvey 2000). Thus, the choices the Buddhist makes in this life may not reflect the next. Buddha taught to escape the law of karma and its continual suffering was to control the flesh (Cioccolanti 2007), yet God gave 613 commandments to try and control the flesh to Moses, then 2000 years later, Jesus gave us the way John 14: 6, I am the way, the truth and the life. In Christ Christians

have free will to choose life. Christians acknowledge they are helped by the Holy Spirit within them, they can confess their sins knowing that Christ has paid the ultimate price for them and through him they can look forward to eternal life in heaven. Salvation, is through Christ, our Lord and Saviour, who when he died for our sins, he delivered us out of suffering and the weight of sin (Cioccolanti 2007) and Matthew 11:28. Christ paid the wage for our sin (Romans 6:23) and gave his body so that our sins could be transferred to him (1 Peter 2:24). This allows us to knock on the door of heaven (Matthew 7: 7-8), a voluntary act of free will and Christ will open it for us, and through prayer he intercedes for us and what we ask in his name will be given (John 14:13, Matthew 21:22).

Returning to the spirituality/religious literature (Rykkje, et al 2011, Rykkje, et al 2013 and Rykkje and Raholm 2014), it can be noted that older people had an increased or renewed interest in spirituality or religion. As a person nears the end of their life, it raises the question as whether 'the spirit/soul' is looking to return 'home'. Certainly, those of the Christian (P1, P2, P5, P6, P9) and Muslim (P3) faiths were expecting to go to 'heaven' or paradise'. Whilst the Catholic concept of purgatory was not mentioned by the Christians or Muslim participants there is within Islam an idea that all will go into a hell to work out their sins before moving on into paradise. Both religions also have an understanding of Christ's return and the resurrection of the physical body.

Death of the spirit as well as the body, being saved for the Christian came through the death and resurrection of Jesus Christ. Died for all sins once and for all, so that all who believe know they will inherit eternal life. P2 discussed the tribulation and the rapture – element of fear.

> *"It is about relying on someone for something. If you don't trust your team, need them to back you up sometimes. Faith in Christ, trusting Christ, what*

> *Christ did for me, to get to heaven. If someone breaks your trust, I try to forgive them, hard to forgive, it is part of life".*

P9
> *"I am a born-again Christian, baptised in a birthing pool, I pray regularly and God listens, he helps me and when the day comes when my life ends it doesn't frighten me".*

What was interesting here when I reviewed the interview and the cards there was a distinct difference between the two participants. The Buddhist reflected the notion of signs as a form of guidance, forgiveness and putting things right, an avoidance of hurting someone and the emphasis on spiritual growth. The non-religious, yet influenced by Buddhism/Daoism spoke more about freedom, truth and integrity and of ideas and inspiration. I would suggest that these are more in line with secular thought, yet it was P8 that emphasised the fear of 'ghosts' and a 'bad after-life' for her family who were believers. She did not articulate her own destiny, it was more about her than being afraid as a child, it was almost as if it was to do with your own belief. That is to say, if you believe in 'ghosts and after-life' like her family then it would make a difference, but when you realise that it is dressed figures on festival days and carved images then it is easier to justify and refute.

P7
> *"Empathy is important and to respect other people's views, I realise this with my sister and Aspersers. Some Buddhists belief that a disabled person has is a bad person and their life task is to overcome and not to compare to each other".*

P8
> *"Both influenced me, the 'ghost', people do bad things, when they die they won't go into the next cycle, they are a ghost, they are horrifying and encourage people not to do bad things"…………………….*
> *"Parents take me to the temple, the 'Gods' look fierce, horrible, I would need to behave, the Dow Gods look very scary, they punish bad people. On festival days they carry some of the Gods around the streets, and people dress in the clothes of the Gods, there are people who live in the temple and they will dress up as the Gods and are scary, I learn from a very young age. I don't have any real beliefs now, when I was younger, I did, now I have my own beliefs, my parent doesn't force me into religion, I have freedom of choice"……."I do feel that religion had an effect on me, if I was naughty I would be punished by the Gods, if I am good then good*

things will happen in my next life eg, very rich, health, happier, it is like fairy-tale"………
"I do pity others, feel sorrow for others who are ill in this world, I worry about parents/grandparents, I care about their health condition and the next life".

In summary the 5 themes were, obedience, agape, guide, socialisation and eschatology. These will now be reviewed in the next chapter.

Chapter 6: Overall Conclusion

Having interpreted each theme and sub-theme I then assimilated the summaries of each to reach an overall conclusion of the themes.

| Summary obedience | | Summary Agape | | Summary Guide | | Summary Socialisation | | Summary Eschatology |

Overall Conclusion
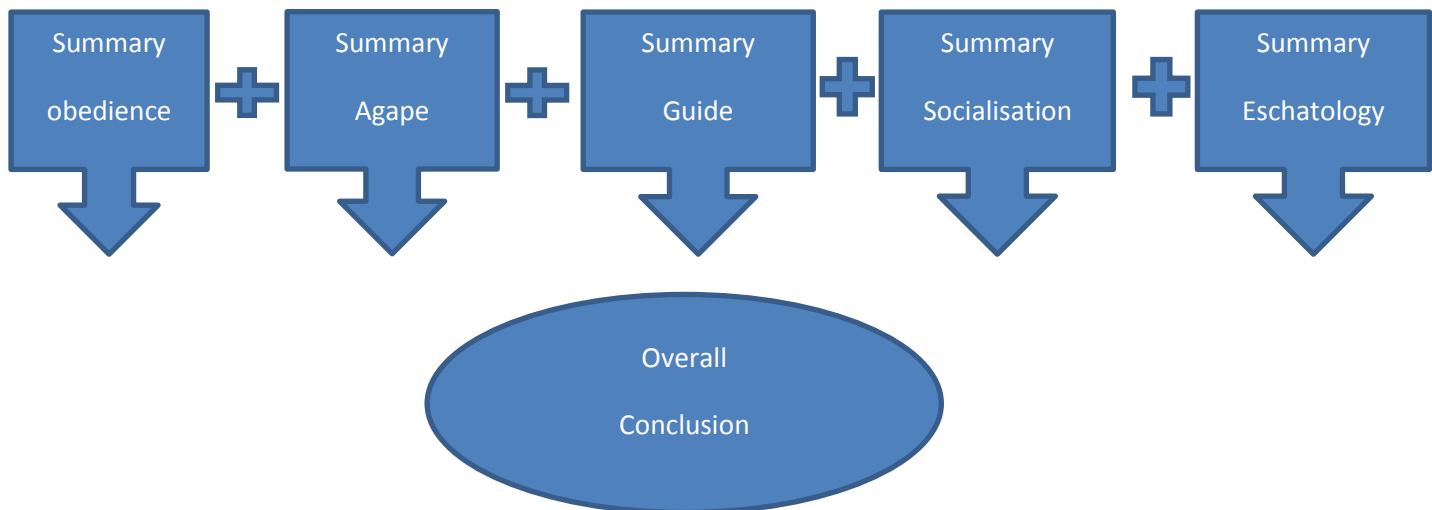
As I interpreted the different tools and their inter-relationship it began to emerge that how an individual behaved in this life would determine how they would 'move-on' into the next life. There was a distinction emerging between the Buddhist (P7), Buddhist/Daoist influenced (P8), the Christians (P1, P2, P5, P6, P9, P10), the Muslim (P3) and the non-believer (P4, P8, P11, P12). This I suggest supports Augustine's notion of the 'Two Cities', one governed by faith and the other by self. It became evident that scripture informed those of faith whether this was the bible (Christians), Quran (Muslims), or in the case of Buddhism or Daoism they have scriptural teaching but no specific book. These helped to guide and shape an individual's way of life. I also believe it is evident that the components of the moral compass can be calibrated depending on any given situation, but again these are often within the framework of scriptural teaching. The notion of an after-life appears crucial in helping those of faith to modify their behaviour and it opens up the question whether older people and those drawing near to death are calculating their life-

experiences ready for the next life. For those of non-faith or religious belief the notion

of a hell or endless reincarnation does not appear apparent. The effect of exposure

to death at an early age or the act of suicide also shaped an individual's

development. Since the advent of the NHS, death, has been highly medicalised,

usually and usually within the hospital rather than in the community. Returning care

into the community may affect how people perceive the death experience.

Key components of the moral compass that were illuminated were forgiveness and

trust, both would affect long term relationships. This was particularly highlighted

when there was divorce within the family.

When considering the 'Two Cities', there appears to be a distinct difference in those

of religion and those of non-religion. Those with a religion are living within the

secular world and adhering to secular values which may at times produce inner

conflict or moral distress. In this study it was the Christians that highlighted some of

the areas of potential conflict, whilst the other religions or non-religions were able to

calibrate their actions much more readily. The study compliments the work of

McDaniel et al (2010), and could be developed into a multi-dimensional construct

model of morality that may be used within education and clinical practice.

Limitations of Study

Probably the greatest limitation in retrospect is that the 'moral compass' is too large

to study as a whole. There has been varying studies about moral decision making,

but this study actually sought to identify what the moral compass meant and how it

developed. Taking a theological perspective enabled the different components to

emerge and these could be explored in future research, drawing them together as

part of a much larger study. Participants were roughly equal in Christian and non-

Christian when the non-religious is included. I would prefer in future studies to have a wider range of religious and non-religious and for the religious to incorporate more diversity. I believe this would increase creditability in a multi-cultural society. This is also true of the gender balance and the age range.

Impact on Practice and Future Studies

I believe that this study has important contributions to make to healthcare and society in general. As society increasing becomes culturally diverse and secularization increases in both healthcare and education how we develop our moral compass will be increasingly important.

The effects of divorce, broken trust and the inability to forgive would appear to affect the development of the moral compass and our ability to form and sustain relationships. The concept of a 'higher being' and an after-life also appeared to be important and may affect decision making. Where religious values and those of society conflict this may result in moral distress as the individual suffers guilt and shame arising from the inner conflict of having done something wrong. It is for this reason I believe that further studies need to be conducted into this area, and its impact on our ability to administer care, compassion dignity and respect.

Summary and Development of Conceptual framework

There was a clear distinction between those of a Christian faith and the non-religious. The Christians believed very much in being in a separate world. Using Augustine's concept of the two cities, the Christians although not articulating directly the notion of death, or an after-life their responses centred around the need to forgive having been forgiven themselves. This produced a 'new life', 'new birth' or

'new beginning'. They could start their life afresh, removing the 'old way of life or personage' and replacing it with a 'new life'. They recognised they were different in the world, set apart and as such their overall destiny would be different. This would be in-line with Augustine thinking of two parallel life-styles, believers and non-believers. For the Christian, the notion of Grace is important, it is through God's grace that the believer will be saved. Christians believe they gain an eternal rest, unlike the Buddhist who will be in a constant state of life and death, and the non-believer, who will die in hell or be extinguished altogether. This appears to shape people's behaviour and may be why it is important nearing the end of life. The page below shows a graphic representation of what I propose is a conceptual framework that illustrates the way moral compass seems to develop depending on which aspect of focus you use – Religious or Secular. The same conflicts arise for people, however I would suggest this knowledge could be used to influence healthcare professionals education to allow greater understanding of what influences their behaviours and how that may impact on the delivery of care.

FAITH — CITY OF GOD

LOVE   TRUST   FORGIVENESS   SERVATÜIDE   AFTERLIFE

CONFLICT OF VALES.

MORAL DISTRESS

MENTAL HEALTH ISSUES

BREAK-DOWN OF SOCIETY & COMMUNITY

ACHIEVEMENT   MATERIALISM   INDIVIDUALISM.   HUMANISM.   NO GOD
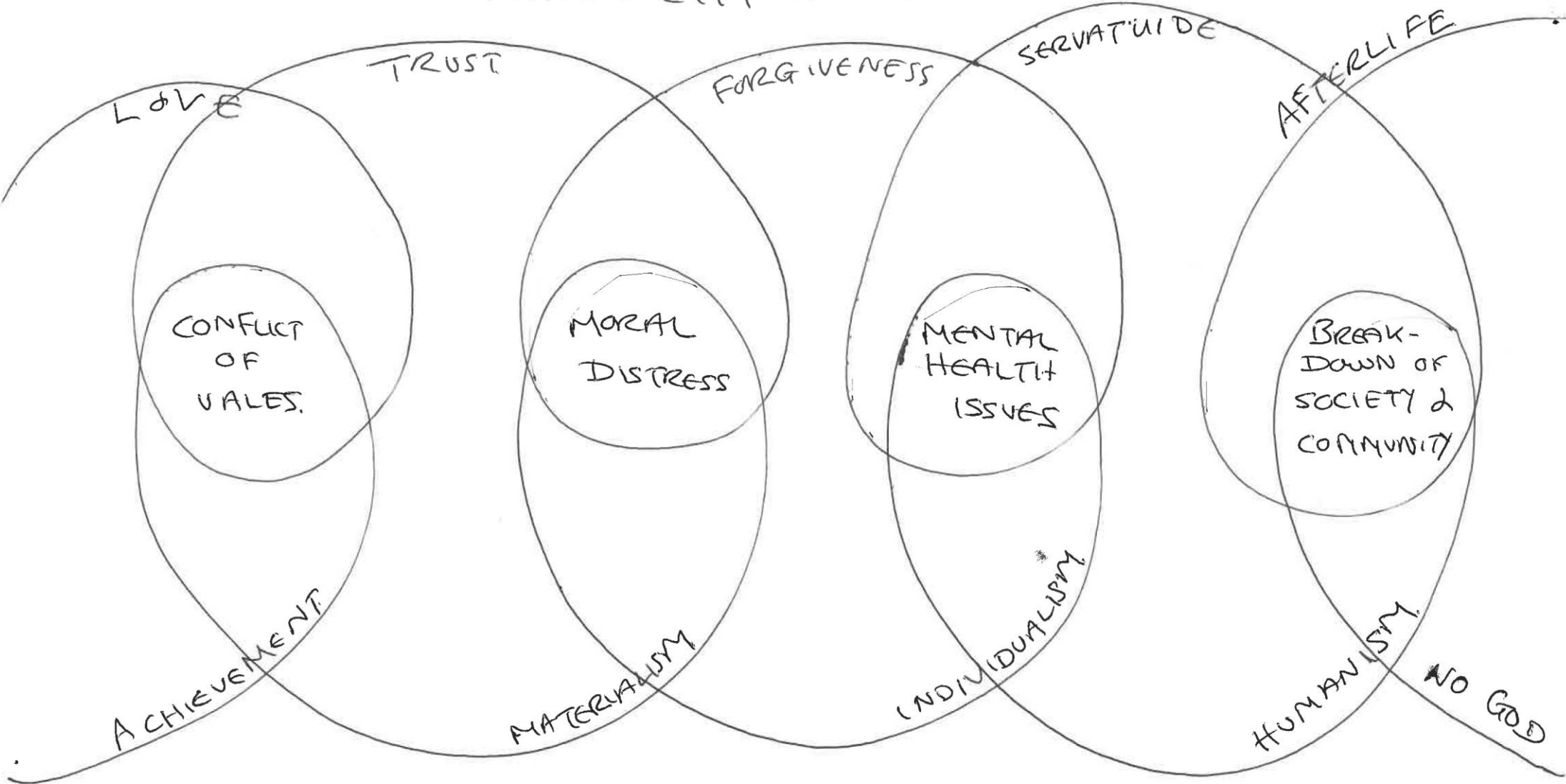
SECULAR — CITY OF MAN.

References

ABU-RAIYA, H., PARGAMENT, K., and EXLINE, J., 2015. Understanding and addressing religious and spiritual struggles in healthcare. *Health & Social Work.* [online] [viewed 20 December 2016]. Available from:

http://www.eds.a.ebscohost.com/eds/results?sid=0036789c-316e

ADAM, J, 1970. *Competent to Counsel*, Zondervan, USA, pp. 41-64.

AFIFI, T.,FORD, D., GERSHOFF, E., MERRICK, M., GROGAN-KAYLOR, A., PORTS, K., and BENNETT, P., 2017. Spanking and adult mental health impairment: The case for the designation of spanking as an adverse childhood experience. *Child Abuse & Neglect,* vol. 71. pp. 24-31, [online], [viewed 25th January, 2019]. Available from: https://www.sciencedirect.com/science/article/pii/S0145213418304095

ANXIETY CARE, [online] [viewed 16 January, 2019]. Available from:

http://www.anxietycare.org.uk/anxiety/guilt-and-shame/

ARKSEY, H., and KNIGHT, P., 1992. *Interviewing for social scientists*, London; Sage.

AUGUSTINE, '*THE CITY OF GODS', QUOTES*, [online], [viewed 29th December, 2018], Available from: https://www.goodreads.com/work/quotes/5814-de-civitate-dei

AUGUSTINE, on suicide, [online] [viewed 17 January, 2019]. Available from:

www.didymus.org/uploads/3/4/2/1/3421357/augustine_on_suicide.pdf

BARNES, A., and LAIRD, C., 2012. The effects of social media on children [online] accessed 16 January 2019], https://sites.ewu.edu/cmst496-stafford/2012/06/06/the-effects-of-social-media-on-children/

BAUMGARTHNER, S., and SUMTER, S., 2017. Dealing with media distractions: an observational study of computer-based multitasking among children and adults in the Netherlands. [online] [viewed 16 January 2019]. Available from: https://www.tandfonline.com/doi/pdf/10.1080/17482798.2017.1304971

BEAUCHAMP, T., and CHILDRESS, J., 2009, *Principles of Biomedical Ethics*, 6th ed. New York, Oxford University Press.

BELL, J., and WATERS, S., 2014. *Doing your research project: a guide for first –time researchers.* 6th ed. Maidenhead: McGraw – Hill Open University Press.

BENTLEY-TAYLOR, D., and OFFNER, C., 1975 'Buddhism', in ANDERSON, N., ed. *The World's Religions,* (London: Inter-Varsity Press).

BENTO, R. 2000. 'The little inn at the crossroads: A spiritual approach to the design of a leadership course'. *Journal of Management Education.* October, vol. 24, no, 5 pp. 650-661.

BERGER, P., and LUCKMANN, T., 1966. *The Social Construction of Reality, a treatise in the sociology of knowledge,* London, Penguin.

BERNARD, H., and RYAN, G., 2010. *Analysing qualitative data: Systematic approaches.* Los Angeles: Sage.

BERWICK REVIEW and PATIENT SAFETY, 2013. [online] [viewed 7th September, 2015]. Available from: https://www.gov.uk/government/publications/berwick-review-into-patient-safety

BIBLE.ORG. 2019. Three types of death, [online], [viewed 24th January, 2019]. Available from: https://bible.org/article/death-death

BIGGER, N., 2015. Why religion deserves a place in secular medicine. *BMJ.* [online]. [viewed 25 June 2017]. Available from: http://jme.bmj.com/

BLANCHARD, J., 1993. *Whatever Happened to Hell?* (Co. Durham, England, Evangelical Press), pp. 214-249.

BORG, M., KARLSSON, B., HESOOK, S., MCCORMACK, B., 2012. Opening up the many voices in knowledge construction. *Forum: Qualitative Social Research*. Vol 13, no. 1, Art. 1.

BORLAND, S., 2016. Shunned in their dying hours: shocking report exposes how terminally ill patients are left with no water, pain relief or comfort at some NHS hospitals. *Mail*. [online] [viewed 31st March, 2016]. Available from:

https://www.gov.uk/government/publications/berwick-review-into-patient-safety

BOWEN, G., 2009. Supporting a grounded theory with an audit trail: an illustration. *International Journal of Social Research Methodology*. Vol. 12, no. 4, pp. 305-316.

BRAKENHIELM, C., (1993). *Forgiveness*, Minneapolis Fortress Press

BRAUN, V., and CLARKE, V., 2013. *Successful Qualitative Research: a practical guide for beginners.* Los Angeles: Sage.

BRITANNICA *Pangea* [online]. [viewed 7 July 2017]. Available from:

https://www.britannica.com/place/Pangea

BRITISH GERIATRICS SOCIETY, 2012. In Silver Book [no date]. Quality of care for older people with urgent and emergency care needs, pp41-44. [online], [viewed 10th June, 2015]. Available from: https://www.bgs.org.uk/resources/silver-book

BROWN, S., KIRKPATRICK, M., Mangum, D., and AVERY, J., 2008. A review of narrative pedagogy strategies to transform traditional nursing education. Educational Innovations. *Journal of Nursing Education.* June, Vol., 47, no. 6, pp. 283-286.

BRYMAN, A., 2012. *Social Research Methods*, 4th ed. Oxford: Oxford University Press.

BRYMAN, A., 2016. *Social Research Methods,* 5th ed. Oxford: Oxford University Press.

BURNETT, D., 1996. *The Spirit of Buddhism*, (East Sussex, Monarch Publications, 1996)25, 39-41.

CAMBRIDGE DICTIONARY. [online]. [viewed 3 February 2016], Available from:

https://dictionary.cambridge.org/us/dictionary/english/moral-compass

CARABEZ, R., ELIASON, M., and MARTINSON, M., 2016. Nurses' Knowledge about transgender patient care a qualitative study. *Advances in Nursing Care*, vol. 39, no. 3, pp. 257-271.

CARE QUALITY COMMISSION 2015. (C.Q.C). [online], [viewed 20th February 2016]. Available from: https://www.qcs.co.uk/useful-guides/cqc-new-fundamental-standards-part-3the-standards/

CASAREZ, R and ENGEBRETSON, J., 2012. Ethical issues incorporating spiritual care into clinical practice. *Journal of Clinical Nursing.* 21, pp. 2099-2107.

CAVENDISH REVIEW, 2013. Registration of healthcare assistances, [online] [viewed 7th September, 2015], Available from:

https://www.gov.uk/government/publications/review-of-healthcare-assistants-and-support-workers-in-nhs-and-social-care

CAZLEY, L., *Interpreting Other Faiths*, [Seminar]. Highlands Theological College. October 2017.

CRITICAL APPRAISAL SKILLS PROGRAMME, (C.A.S.P). [online], [viewed 17th April 2016]. Available from: https://casp-uk.net/casp-tools-checklists/

CHARMAZ, K., 2006, *Constructing Grounded Theory*, in Creswell, J., *Research Design - qualitative, quantitative and mixed methods approaches*, 4th edition, International Student Edition, Sage: Los Angeles.

CHIANG, Y., LEE, H., CHU, T., HAN, C., and HSIAO, Y., 2016. The impact of nurses' spiritual health on their attitudes toward spiritual care, professional commitment, and caring. *Nursing Outlook.* Vol. 64, pp.215-224. [online] [viewed 31 December, 2016]. Available from: www.sciencedirect.com

CIOCCOLANTI, S., 2007. *From Buddha to Jesus*, (Oxford U.K: Monarch Books).

COJOCARU, D., CACE, S., and GAVRILOVICI, C., (2013). Christian and secular dimensions of the doctor-patient relationship, *Journal for the Study of Religious and Ideologies*, vol. 12, no. 4, pp37-56

COLBY, A., KOHLBERG, L., GIBBS, J., and LIEBERMAN, M., 1994. A longitudinal study of moral judgement, in PUKA, B., ed, *New Research in Moral Development. Moral Development: a Compendium*, vol. 5, pp 1-124. New York, Garland, in HART, D., GOEL, N and ATKINS, R 2017. In SLATER, A and BREMNER, G., 2017. An introduction to development psychology 3rd ed John Wiley & sons Ltd. The Atrium South Gate, Chichester. West Sussex, UK.

COLLINS DICTIONAR. 2017. [online] [viewed 18 January, 2019].

www.collinsdictionary.com/dictionary/english/free-will

COLLINS DICTIONARY. 2017 [online] [viewed 16 January, 2019]. Available from:

https://www.collinsdictionary.com/dictionary/english/control

COLLINS ENGLISH, [online] [accessed 16 January 2019]. Available from:

https://www.collinsdictionary.com/dictionary/english/colonialism

COLLINS, G., 2007. *Christian Counselling a comprehensive guide*, 3rd Ed. Thomas

Nelson, Nashville

CONSCIENTIOUS OBJECTION (MEDICAL ACTIVITIES BILL), 2018. [online]

[viewed 17 January, 2019]. Available from:

https://davidalton.net/2018/03/24/conscientious-objection-medical

CONSTABLE, N., 2009. Exclusive: the nurse suspended for offering prayers gives

her first interview [online] [viewed 30 December, 2016] Available from:

http://www.dailymail.co.uk/news/article-1138624

COOK, C., 2011. Recommendations for psychiatrists on spirituality and religion.

Royal College of Psychiatrists. London.

CORBIN, J., STRAUSS, A., 2008. *'Basics of qualitative research 3e techniques and

procedures for developing grounded theory'*. London: Sage.

CORLEY. M., 2002. Nurse moral distress: a proposed theory and research agenda.

Nordic Journal of Research Ethics, vol.9, no. 6, pp. 636-651.

COSTLEY, C., ELLIOTT, G., and GIBBS, P., 2010. Doing work-based research,

approaches to enquiry for insider-researchers, London: Sage.

COYLE, M., 2015 Patient not feed for eight days as new hospital slammed in report.

News Report, [online], [viewed 18th March, 2015]. Available from:

http://www.stv./tv/news/west-central/1334402-patient-not-fed-for-eight-days-as-new-hospital-slammed-in-report/

CRAZLEY, L., 2017. 'Understanding other faiths', [Seminar], Highland Theological College, 20th April, 2017.

CRESWELL, J., 2014, *Research Design, 4th ed. International Student Edition, Qualitative, Quantitative and Mixed Methods Approaches*, Los Angeles: Sage.

CROCKETT, W., 1972. ed. *Four Views on Hell*, (Grand Rapids, Michigan, Zondervan Publishing House 1972), 135-178, 150.

CROWE, D., and MARLOW, D., 1964. *The approval motive: Studies in evaluative dependence.* New York: Wiley.

DAHL-MICHELSEN, T., 2015. Curing and caring competences in the skills training of physiotherapy students. *Physiotherapy Theory and Practice*, vol.31, no.1, pp.8-16.

DALTON, D., DAILY, C., and WIMBUSH, J., 1997. Collecting sensitive data in business ethics research: a case for the unmatched count technique. *Journal of Business Ethics.* No. 16, pp. 1049-1057.

DART, R., 1996. Double spiral anatomy. In *Skill and Poise.* London: STAT Books. [online]. [viewed 10 July 2017]. Available from:

http://www.alexandercenter.com/dartspirals.html

DAVIES, G., 2013. *Qualitative Methods of Inquiry*. [Lecture]. University of the Highlands and Islands. January 2013.

DAWSON, T., 2002. New tool, new insights: Kohlberg's moral judgement stages revisited, *International Journal of Behavioural Development*, vol. 26, no. 2, pp.154-166.

De SOUZA, M., 2016. Contemporary Spirituality: An introduction to understanding research and practice. In *Spirituality across disciplines and research practice,* de SOUZA, M., BONE, J., and WATSON, J., eds. 2016. *Spirituality across the disciplines: research and practice.* Switzerland: Springer International Publishing, pp. 1-7.

DE SOUZA, M., BONE, J., and WATSON, J., eds. 2016. *Spirituality across the disciplines: research and practice.* Switzerland: Springer International Publishing, pp. 1-7.

DEIN, S., 2013. The origins of Jewish guilt: psychologically, theological, and cultural perspectives Journal of Spirituality in Mental Health vol.15, no. 2, pp. 123-137.

DENZIN, N., and LINCOLN, Y., 1994. Entering the field of qualitative research. In DENZIN, N., and LINCOLN, Y., 2011. eds. *Handbook of qualitative research.* Thousand Oaks: Sage, pp. 1-17.

DENZIN, N., and LINCOLN, Y., 2003. eds. *Strategies of Qualitative Inquiry.* 2nd ed. Thousand Oaks, CA: Sage.

DEPARTMENT OF HEALTH 2013. Compassion in practice. [online]. [viewed 2 February 2015]. Available from: http://www.england.nhs.uk/wp-content/uploads/2012/12/compassion-in-practice.pdf.

DEWAR, B. 2010.Using Emotional Touchpoints to Learn about Experiences [online], [viewed 4th April, 2015]. Available from: http://www.knowledge.scot.nhs.uk/making-a-difference/resources/valuing-feedback.aspx

DIGNITY IN CARE RESEARCH PROJECT. 2010. [online]. [viewed 10 May 2017]. Available from: http://www.napier.ac.uk/fhlss/nmsc/compassionatecare/

DOHMEN, T; FALK, A., HUFFMAN, D., and SUNAE, U., 2012. The Intergenerational Transmission of Risk and Trust Attitude, *The Review of Economic Studies*, vol. 9, no.2, pp. 645-677.

DOUGLAS, M., 1966. *Purity and Danger.* Harmondsworth, Middlesex: Penguin.

DUMITRIU, C., TIMOFTI, I., NECHITA, E., and DUMITRIU, G., 2014. The influence of the locus of control and decision – making capacity upon leadership style. *Procedia _ Social and Behavioural Science.* Vol. 141. August, pp. 494-499.

DUNN, J., 1998. *The theology of Paul the apostle*, William B. Eerdmans, Grand Rapids, Michigan, pp. 670-712.

DUNNE, G., 2015. Beyond critical thinking to critical being: criticality in higher education and life. International Journal of Educational Research. 71, pp. 86-99.

DWYER, C., HOGAN, M., and STEWART, I., 2014. An integrated critical thinking framework for the 21st century. Thinking Skills and Creativity. 12, pp. 43-52.

DYRBYE, L., SHANAFELT, T., SINSKY, C., CIPRIANO, P., BHATT, J., OMMAYA, A., WEST, C., and MEYERS, D., 2017. Burnout among health care professionals: a call to explore and address this under recognized threat to safe, high-quality care. Discussion Paper, [online], [viewed 18 January 2019].Available from:

https://nam.edu/burnout-among-health-care-professionals-a-call-to-explore-and-address-this-underrecognized-threat-to-safe-high-quality-care/

EATON, M., 2007. Soul searching: a movie about teenagers and God. Revelation Studies. In THIESSEN, J., 2016. Kids, you make the choice: religious and secular socialization among marginal affiliates and nonreligious individuals. *Secularism and Non-religion*. Vol. 5, no 6, pp. 1-16.

EDWARDS, D.L., and STOTT, J., 1929. *Essentials: a liberal-evangelical dialogue*, (London, Hodder & Stoughton, 1929) pp. 287-304, 312-329.

ELLINGER, H., 1998. *The Basics: 3 Buddhism*, (London: SCM Press Ltd).

ELLINGSON, L., 2009*. Engaging crystallization in qualitative research: An introduction.* Thousand Oaks, CA: Sage, in Denzin, N., and Lincoln, Y., 2011. eds. *The SAGE Handbook of Qualitative Research.* Thousand Oaks, California: Sage Publications, pp. 595-610.

ENGELHARDT, H., 1996. Cited by LAABS, C., 2008. The community of nursing: moral friends, moral strangers, moral family. *Nursing Philosophy*. No. 9, pp. 225-232.

ENGLISH OXFORD DICTIONARY, [online] [viewed 12 January, 2019]. Available from: https://en.oxforddictionaries.com/definition/servant

ERIKSON, K. 2007. The theory of caritative caring: a vision. *Nurse Science Quarterly*, 20, pp. 201-202.

ERIKSON. M., Christian Theology. 2013. 3rd ed. Grand Rapids, Michigan. Baker Academic.

ERLEN, J., 2008. How confidential is confidential? Orthopaedic Nursing, vol. 27, no. 9, pp.357-360.

EVANS-PRITCHARD, E., 1937. *Witchcraft, Oracles, and Magic among the Azande.* Oxford: Clarendon Press.

EWLES, L., and SIMNETT, I., 1985. Promoting Health: a practical guide to health education. Chichester: John Wiley & Sons.

FENG, Z., VLACHANTONI, A., LIU, X and JONES, K., 2016. Social trust, interpersonal trust and self-rated health in China: a multi-level study, International Journal for Equity in Health, vol. 15, no, 180

FLICK, U., VON KARDORFF, E., and STEINKE, I., ed. 2004. *A Companion to Qualitative Research*. London: Sage Publications.

FRANCIS, R., 2010. Independent Inquiry Report. [online]. [viewed 10 June 2015]. Available from: http://wearchives.gov.uk/201301071054:/www.dh.gov.uk/prod

FRANCIS, R., 2013. Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry [online]. [viewed 10 June 2015]. Available from: http://www.gov.uk/goverment/uploads/attachment_data/file/279124/0947pdf

FREE DICTIONARY, [online], [viewed 16 January 2019]. Available from: https://www.thefreedictionary.com/chi

FRIED, P., TANGEN, C., WATSON, J., NEWMAN, A., HIRSCH, C., GOTTDIENER, J., SEEMAN. T., TRACY, R., KOP, W., BURKE, G., MCBURNIE, M., and the CARDIOVASCULAR HEALTH STUDY COLLABORATION GROUP, Frailty in older adults: evidence for a phenotype,. *Journal Gerontology and Biomedical Science,* vol. 5, no. 3, pp.46-56.

GALLUP POLL 2012. [online]. [viewed 13 December 2016] Available from: http://www.gallup.com/poll/1690/religion.aspx

GEERTZ, C., 1973a Thick description: towards an interpretative theory of culture, in GEERTZ, C. *The Interpretation of Cultures.* New York: Basic Books.

GELHAUS, P., 2013. The desired moral attitude of the physician: (III) care*. Med. Health Care and Philos*. No.16, pp. 125-139.

GIBBS MODEL OF REFLECTION, 1988. [online]. [viewed 17 April 2016]. Available from: http://www.kcl.ac.uk/campuslife/services/disability/service/using_gibbs-reflective-cycle-in-coursework.pdf

GIBBS, J., BASINGER, K., GRIME, R., and SNAREY, J., 2007. Moral judgement across cultures: revising Kohlberg's universality claims, Developmental Review, vol. 27. pp. 443-500.

GINO, F., 2015. Understanding ordinary unethical behaviour: why people who value morality act immorally, *Current Opinion in Behavioural Sciences*, vol. 3, pp.107-111.

GINO, F., and GALINSKY, 2012. Vicarious dishonesty: when psychological closeness creates distance from one's moral compass. *Organizational Behaviour and Human Decision Processes*, vol.119, pp.15-26.

GINO, F., and MARGOLIS, J., 2011. Bringing ethics into focus: how regulatory focus and risk preferences influences (un)ethical behaviour, *Organizational Behaviour and Human Decision Processes,* vol. 115, pp. 145-156.

GINO, F., AYAL, S., and ARIELY, D., 2013. Self-serving altruism? The lure of unethical actions that benefit others, *Journal of Economic Behaviours & Organization,* vol. 93, pp. 285-292.

GLASS, J., 2014. *Research Methods and Techniques*. [Lecture] University Highlands and Islands. October 2014.

GOFFMAN, E., 1961. *Asylums.* New York Doubleday Anchor. In Silverman, D., ed. 2013. 4th. *Doing Qualitative Research*. Los Angeles: Sage.

GOFFMAN E 1974 Frame Analysis

https://is.muni.cz/el/1423/podzim2013/SOC571E/um/E.Goffman-FrameAnalysis.pdf

GOLDSMITH, M., 2013. Good News in other cultures, The cross-cultural task in *Christian mission, Mission life and practice series 4,* (Milton Keynes: Kitab Interserve Resources).

GOODLIFF, G., 2016. Spirituality and Early Childhood Education and care in De SOUZA, M., BONE, J., and WATSON, J., eds. 2016. *Spirituality across the disciplines: research and practice.* Springer International Publishing, Switzerland, pp. 67-80.

GOODMAN, B., 2016. Lying to ourselves: rationality, critical reflexivity, and the moral order as 'structured agency'. *Nursing Philosophy.* Vol. 17, pp. 211-221.

GRAHAM, E., 2013, [Lecture]. *Quantitative Methods of Inquiry and Analysis.* University of the Highland and Islands. January 2013.

GREEN, J., and THOROGOOD, N., 2004. *Qualitative Methods for Health Research.* London: Sage.

GREENE, J., and CARACELLI, V., eds. 1997. Advantages in mixed methods evaluation: The challenges and benefits of integrating diverse paradigms. New Directions for Evaluation, No. 74, San Francisco: Josey- Bass. In DENZIN, N., and LINCOLN, Y., eds. 2011. *The SAGE Handbook of Qualitative Research.* Thousand Oaks, California: Sage.

GREENFIELD, B., JENSEN, G., DELANY, C., MOSTROM, M., KNAB, M., and JAMPEL, A., 2015. Power and promise of narrative for advancing physical therapist education and practice. *Physical Therapy.* June, Vol. 95, no. 6, pp. 924-933.

GREY, I., DALY, R., THOMAS, J., and MARASSAS, W., 2018. The relationship between shame and guilt: cultural comparisons between Ireland and the United Arab Emirates. *Mental Health and Culture,* vol. 21, no. 3, pp 221-230.

GUEST, G., BUNCE, A., and JOHNSON L., 2006. 'How many interviews are enough? And experiment with data saturation and variability' *Field Methods*, 18, pp. 59-82.

GUSTIN, L., and WAGNER, L., 2012. The butterfly effect of caring-clinical nursing teachers' understanding of self-compassion as a source to compassionate care. *Scandinavian Journal of Caring Sciences*, No. 20, pp. 175-183.

HADHAZJ, A., 2014. Why is our universe filled with spirals! *Science for the Curious: Discover.* [online]. [viewed 8 July 2017] Available from: http://www.alexandercenter.com/dartspirals.html

HALCROW, J., 2011. Using emotional touch points in a physiotherapy out-patients department. [Unpublished paper]. Shetland Physiotherapy Department. Shetland NHS. November 2011.

HALL, D., MEADOR, K., and KOENIG, H., 2008. Measuring Religiousness in health research: review and critique. *Journal of Religious Health*. No. 47, pp. 134-163.

HALLOWELL, S., 2008. Encounters with medical professionals: a crisis of trust or matter of respect? Medical Health Care and Philosophy, Vol. 11, pp. 427-437.

HAMMERSLEY, M., 1990. *Reading Ethnographic Research: A Critical Guide.* London: Sage.

HARMON, K. S., 1992. 'The Case Against Conditionalism: A Response to Edward William Fudge', in de Cameron, N. ed. *Universalism and the Doctrine of Hell,* Papers

Presented at the Fourth Edinburgh Conference in Christian Dogmatics, 1991 (Carlisle, UK. The Paternoster Press), pp. 193-224.

HART, F., GOEL, N., and ATKINS, R., 2017. In SLATER, A., and BREMNER, G., 2017. An *Introduction to Developmental Psychology*, 3rd ed. John Wiley & Sons Ltd, The Atrium, South Gate, Chichester, West Sussex, UK.

HARVEY, P., 2000. *An Introduction to Buddhism, teachings, history and practices* (Cambridge, Cambridge University Press)

HEALTH & CARE PROFESSIONS COUNCIL 2016. Standards of conduct, performance and ethics [online]. [viewed 26 January 2016]. Available from: http://www.hee.nhs.uk/sites/default/files/documents/VBR%20literature/

HELM, P., 1989. *The Last Things, Death, Judgement, Heaven, Hell*, (Carlisle, Pennsylvania, The Banner of Truth), pp. 108-128.

HENRIQUES, G., 2016. A powerful new vision bridging science and morality, a review of evolution ethics, Psychology Today, [online], [viewed 20th February 2018]. Available from: https://www.psychologytoday.com/us/blog/theory-knowledge/201602/powerful-new-vision-bridging-science-and-morality

HELWIG, C., and TURIEL, E., 2011. Children's social and moral reasoning, in SMITH, P., and HART, P., (eds.) 2nd ed. *The Wiley-Blackwell handbook of childhood social development*, pp.567-583.

ORTIZ, J., and RAINE, A., 2004. Heart rate level and anti-social behaviour in children and adolescents: a meta-analysis. *Journal of the American Academy of Child & Adolescent Psychiatry,* vol. 43, no. 2, pp. 154-162

HENWOOD, K., SHIRANI, F., and FINN, P. 2011. 'So you think we've moved, changed, the representation's got more what?' Methodological and Analytical Reflections on visual (photo- elicitation) methods used in men-as- fathers study. In REAVEY, P., ed. *Visual Methods in Psychology: Using and Interpreting Images in Qualitative Research*. London Psychology Press. In BRYMAN, A., 2016. *Social Research Methods,* 5th ed. Oxford: Oxford University Press.

HILL, P., and MALTBY, E., 2009. Measuring religiousness and spirituality: issues, existing measures, and the implications for education and wellbeing. In de Souza, M., et al., eds. 2009. *International Handbook of Religious Education for Spirituality, Care and Wellbeing*. International Handbooks of Religion and Education 3, Springer Science + Business Media.

HO, M. and KNIGHT, D. 1998. The acupuncture system and the liquid crystalline collagen fibres of the connective tissues. Am. J. Chinese Medicine 26, 251-263. [online]. [viewed 10 July 2017]. Available from: https://ratical.org/co-globalize/MaeWanHo/acupunc.html

HODGE, D. 2005c. Spiritual ecograms: A new assessment instrument for identifying clients' spiritual strengths in space and across time. *Families in Society*, Vol. 86, no. 2, pp. 287 296.

HODGE, D. 2009. Secular Privilege: Deconstructing the Invisible, Rose-Tinted Sunglasses, *Journal of Religion & Spirituality* in *Social Work: Social Thought, 28:1-2,* 8-34, [online]. [viewed 10 March, 2016]. Available from: http://dx.doi.org/10.1080/15426430802643281

HOLLOWAY, I and WHEELER, S., 2014. *Qualitative research in nursing and health care,* London: Wiley-Blackwell.

HOLT, A., 2014. Care home abuse: Staff sacked or suspended over poor care, [online], [viewed 10 July 2015]. Available from: https://www.bbc.co.uk/news/av/uk-27217218/care-home-abuse-staff-sacked-or-suspended-over-poor-care

HOLY BIBLE, 2001, *New International Version,* International Bible Society, Hodder and Stoughton, UK.

HOLLOWAY, I., and WHEELER, S., 2013. Qualitative Researcher in Nursing and Healthcare, *Researchgate*, [online], [viewed 16 February 2019. Available from:]https://www.researchgate.net/publication/279187654_Qualitative_Research_in_Nursing_and_Healthcare

HRISOS, S., and THOMSON, R., 2013. Seeing it from both sides: do approaches to involving patients in improving their safety risk damaging the trust between patients and healthcare professionals? An interview study. PLOS ONE Open Access, vol. 8, no. 11. [online], [viewed 17 January 2019]. Available from: http://dx.doi.org/10.4172/2090-8369.1000112.

HUDSON, B., and HENWOOD, M., 2002. The NHS and Social Care: the final countdown? *Policy and Politics*, vol. 30, no. 2, pp. 153-66.

HUMPHREYS, C., 1988. *The Buddhist Way of Life*, (London: George Allen and Unwin Ltd).

HUNSAKER, M., and KANTAYYE, V. 2010. Building a sustainable rural health system in the era of health reform. DM. 56, pp. 698-705.

HURFURT, J., 2019. Transgender storm as men who self-identify as females 'routinely' put on NHS hospital for females. [online] [viewed 11 January, 2019],

Available from: https://www.dailymail.co.uk/news/article-6579807/Men-self-identify-women-routinely-NHS-hospital-wards-females.html

INTERNET ENCYCLOPAEDIA OF PHILOSOPHY, A PEER-REVIEWED ACADEMIC RESOURCE, [online], [viewed 23rd January, 2019]. Available from: https://www.iep.utm.edu/daoism/

ITANI TALAL, 2012. *Quran*, *in English modern English translation clear and easy to understand,* Clear Quran Publisher, Dallas.

IVERSEN, I., and SESSANNA, L., 2012. Utilizing Watson's theory of human caring and Hill and Watson's emancipatory to educate hospital-based multi-disciplinary healthcare providers about hospice. *International Journal of Caring*. Vol 6, no. 4, pp. 42-49.

JAMETON 1984. In MORLEY G., 2016. Perspective: The moral distress debate. The *Journal of Research in Nursing*. Vol.21, No.7, pp. 570-575.

JASPER, D., 2004. *A short introduction to hermeneutics*, Westminster Knox \press, Louisville.

JENSEN, L., 2008. Through two lens: a cultural-developmental approach to moral psychology. *Developmental Review*, vol. 28, pp. 289-315. cited in HART, F., GOEL, N., and ATKINS, R., 2017. In SLATER, A., and BREMNER, G., 2017. An *Introduction to Developmental Psychology*, 3rd ed. John Wiley & Sons Ltd, The Atrium, South Gate, Chichester, West Sussex, UK.

JOHNSTON, G., 2001. *Preaching to a postmodern world*. Inter-Varsity Press, Leicester.

KELLER, T., 2011. *Preaching: communicating faith in an age of scepticism.* Hodder & Stoughton.

KENTISH, B., 2017. Soaring numbers of NHS patients forced to sleep alongside members of the opposite sex. [online] [accessed 11/01/2019] https://www.independent.co.uk/news/health/nhs-hospitals-mixed-sex-wards-patients-soars-jeremy-hunt-philip-hammond-autumn-budget-2017-a8064181.html

KEOGH, B., 2013. Mortality Rates, [online], [viewed 7th September, 2015]. Available from: https://www.nhs.uk/NHSEngland/bruce-keogh-review/Documents/outcomes/keogh-review-final-report.pdf

KILLAM, 2015. [online], [viewed 27 May 2017]. Available from: http://.www.youtube.com/watch?v=hCOsY5rkRs8

KIM, E., CHEN. C., and SMETANA, J., 2016. Does children's moral compass waver under social pressure? Using the conformity paradigm to test pre-schoolers' moral and social-conventional judgements. *Journal of Experimental Child Psychology*. 150, pp. 241-251.

KINSELLA, E., and PITMAN, A., 2012. *Phronesis as professional knowledge: Practical wisdom in the professions.* Springer Science and Business Media.

KJV DICTIONARY, [online] [viewed 16 January, 2019]. Available from: https://av1611.com/kjbp/kjv-dictionary/servant.html

KOHLBERG, L., 1984. *The psychology of moral development: the nature and validity of moral stages*: San Francisco, CA; Harper & Row.

KONTOS, P., MITCHELL, G. J., MISTRY, B., and BALLON, B. (2010b). Using drama to improve person-centred dementia care. International *Journal of Older People Nursing*, 5, 159–168.

KUBLER-ROSS, E., 1969. *On Death and Dying* cited by YAHNKE, R., Elizabeth Kubler-Ross- Facing death, *Gerontologist,* vol. 45, no. 1, pp.426 https://doi.org/10.1093/geront/45.3.426 [online], [viewed 23 January 2019]. Available from: https://academic.oup.com/gerontologist/article/45/3/426/553199

KVALE, S., 1996, *Interviews: An introduction to qualitative research interviewing*. . Thousand Oaks California. Sage.

KVALE, S., and BRINKMANN, S., 2009. *Interviews: Learning the craft of Qualitative Research Interviewing.* Los Angeles, CA: Sage.

KYDD, A., and FLEMMING, A., 2015. Ageism and age discrimination in healthcare: fact or fiction? A narrative review of the literature. *Maturities* vol. 81, no. 4, pp.432-438.

LAABS, C., 2008. The community of nursing: moral friends, moral strangers, moral family. *Nursing Philosophy*. No. 9, pp. 225-232.

LAI, E., 2011. *Critical thinking: a literature review- research report*. [online]. [viewed 1 June 2016]. Available from: http://images.pearsonassessments.com/images/tmrs/CrticalThinkingReviewFinal.pdf

LAITINEN, H., KAUNONEN, M and ASTEDT-KURKI, P., 2011. When time matters: the reality of patient care in acute care settings. *International Journal of Nursing Practice*, vol. 17, pp. 388-395.

LARSEN, T., 2014. *The Slain God: Anthropologists and the Christian Faith*. Oxford: Oxford University Press.

LATHER 1992 Critical frames in educational research: feminist and post-structural perspectives. *Theory into Practice*. Vol. 3, no 2, pp.87-99. In Denzin, N., and Lincoln, Y., 2011. eds. *The SAGE Handbook of Qualitative Research.* Thousand Oaks, California: Sage Publications.

LAZENBY, M., 2010 "On spirituality", "religion", and "religions": a concept analysis *Palliative and Support Care.* vol.8, pp. 469-476.

LEE, J., MATZKIN, A., and ARTHURS, S., 2004. Understanding student religions and spiritual pursuits: A case study at New York University. *Journal of College Character*. [online]. [viewed 18 June 2017]. Available from: http://www.collegevalues.articles.ctm.

LEFFERS, J., and MARTINS, D., 2004. Journey to compassion: meeting vulnerable population in community health nursing through literature. *International Journal of Human Caring.* Vol. 8, no. 1, pp. 20-28.

LEVENSON, R., 2007. *The challenge of dignity in care*, London, Help the Aged.

LINCOLN, Y., and GUBA, E., 1985. *Naturalistic Inquiry*, Beverly Hills, CA: Sage.

LILES, C., 2012/2013. *Perspectives and professional development practices – advancing practice through personal and professional development*. University of Birmingham.

LOSEKE, D., 2007. The study of identity as cultural, institutional, organizational and personal narratives: Theological and empirical integrations. *The Sociological Quarterly*. Vol. 48, pp.661-668.

LUFT, J., and INGRAM, H., 1955. In Luft, J., 1961. The Johari Window: a graphic model of awareness in interpersonal relations. [online]. [viewed 28 April 2015]. Available from: http://www.convivendo.net/wp-content/2009/05/johari-window-articulo-originale.pdf

MACDONALD, S., 2017. *Buddhism*, [Seminar]. Highland Theological College.

MACKENZIE, R., 2017. God, 'Karma and The Transfer of Merit As A Redemptive Analogy' in *Self and Salvation in a Buddhist context* (Milton Keynes: Lightening Source).

MACLEOD, D.,1998, *The Person of Christ contours of Christian theology,* Inter-Varsity Press, Downers Grove, Illinois.

MARTIN, M., 2015. Conducting a personal SWOT analysis for your career. *Business News Daily*. November 2015. [online]. [viewed 13 May. 2016]. Available from: http://www.businessnewsdaily.com/5543-personal-swot-analysis.html.

MASLOW 1970 ch.5 Phenomenological and humanistic approaches. In HOUGH, 1998 Counselling Skills and Theory. Hodder & Stoughton, Hodder Headline Plc. London. pp.112-113.

MASSOUDI, M., 2003. 'Can scientific writing be creative?' *Journal of Science Education and Technology*. Vol.12, no.2, pp115-128.

MAXFIELD, M., KLUCK, B., GREENBERG, J., PYSZCZYNSKI, T., COX, C., SOLOMON, S., and WEISE, D., 2007**.** Age-related differences in responses to thoughts of one's own death: mortality salience and judgements of moral transgressions. *Psychology of Aging*. June. Vol. 22, no. 2, pp. 341-353.

MCCLINTOCK, K., 2012. 'Shameless-lives, grace-full congregations', cited by KONDRATH, W., 2012. *Anglican Theological Review,* [online], [viewed 26th January, 2019]. Available from: https://www.questia.com/library/journal/1P3-2812391671/shame-less-lives-grace-full-congregations

MCCORMACK, B., 2016. *Rigour in research.* [Seminar]. Queen Margaret University. Edinburgh. November. 2016.

MCDANIEL, B., GRICE, J., and EASON, A., 2010. Seeking a multi-construct model of morality, *Journal of Moral Education*, vol. 39, no. 1, pp.37-48.

MEAD, G., 1962. Mind, Self and Society Morris, C., ed. Chicago: University of Chicago Press, in Steier, F., ed. *Research and Reflexivity*. 1991. London: Sage.

MERZ J., and MERZ, S., 2017. Occupying the ontological penumbra towards post-secular and theologically minded anthropology. Religions. Vol8. No 80,

MILNE, B., 2009. Know the truth, a handbook of Christian faith, 3rd ed. Inter-Varsity Press, Nottingham, England.

MOMEN, M., 1999. '*The Phenomenon of Religion: A thematic approach'* book review [online]. [viewed 8 January 2017]. Available from:

http://www.vexen.co.uk/books/momen_tpor.html

MOORE, C., and GINO, F., 2013. Ethically adrift: how others pull our moral compass from true north, and how we can fix it, Research in Organizational Behaviour, vol. 13, pp. 53-77.

MORLEY, G., 2016. Perspective: The moral distress debate, *Journal of Research in Nursing.* Vol.21, No.7, pp. 570-575.

MURPHY J., TESTER S. , HUBBARD G. , DOWNS M. , and MACDONALD C. 2005. Enabling frail older people with a communication difficulty to express their views: the use of talking mats as an interview tool. *Health Social Care Community* vol.13, no. 2, pp. 95-107.

MUSTARD RESEARCH, Qualities of a good researcher, [online], [viewed 24th January, 2019]. Available from: https://www.mustard-research.com/blog/general/top-10-qualities-required-be-good-researcher/

NATIONAL CITIZEN SERVICE EVALUATION REPORT, 2016. [online], [viewed 16th August 2015]. Available from: https://www.gov.uk/.../national-citizen-service-evaluation-report-2016

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE 2015. NG 22 [online]. [viewed 10 December 2015]. Available from:

http://pathways.nice.org.uk/pathways/social-care-for-older-people-with-multiple

NEEDHAM, N., 2016. *2000 Years of Christ's Power, vol. 1, The Age of the Early Fathers*, (Glasgow: Christian Focus Publications Ltd).

NEFF, K., 2003a. The development and validation of a scale to measure self-compassion. *Self-Identity*. Vol. 2, No. 3, pp.223-250. [online]. [viewed 23 May 2016]. Available from: http://en.wikipedia.org/wiki/Kristin_Neff

NHS Health Education England, 'Literature review on nurses leaving the NHS', [online], [viewed 25th January, 2019]. Available from:

https://www.hee.nhs.uk/sites/default/files/documents/Nurses%20leaving%20practice%20-%20Literature%20Review.pdf

NURSING AND MIDWIFERY COUNCIL. 2015. Read the code online. [online]. [viewed 14 February 2016]. Available from: https://www.nmc.org.uk/standards/code/.

OFFICE NATIONAL STATISTICS (O.N.S). 2018. [online], [viewed 10 January 2019]. Available from: https://www.ons.gov.uk/

O'REILLY, M., and PARKER, N., 2013. '" Unsatisfactory saturation": A critical exploration of the notion of saturated sample sizes in qualitative research' *Qualitative Research'*, No. 13 pp. 246-61.

ONE WORLD NATIONS [online] [viewed 16 January 2019]. Available from: https://www.nationsonline.org/oneworld/Chinese_Customs/taoism_ancestor_worship .htm

OSCHMAN, J., 1981. The connective tissue and myofascial systems. In readings on the scientific basis of body-work, energetic and movement therapies. Nora Press-P. www.bodywork-res.com

OSCHMAN, J., and OSCHMAN, N., 2015. Vorticial structure of light and space: Biological Implications. Journal of Vortex Science Technology. Vol. 2, no. 1.

PADGETT, D., 1998. *Qualitative Methods in Social Work Research: Challenges and Rewards,* Thousand Oaks, C.A: Sage.

PADGETT, D., 2004. The Qualitative Research Experience ed. Australia: Thomson, Brooks/Cole.

PALMER, P., 2003. Teaching with heart and soul: reflections on spirituality in teacher education. *Journal of Teacher Education*. Vol. 54, no. 5, pp. 376-385.

PARSONS, T., 1951. *The Social System*, London, Routledge.

PARTRIDGE, C., 2004. Encyclopaedia of New Religions' book review, [online] [viewed 30 April, 2016]. Available from:

http://www.vexen.co.uk/books/momen_tpor.html

PATTISON, S., 2013. Religion, spirituality and health care: confusions, tensions, opportunities. *Health Care Anal.* No. 21, pp. 193-207.

PEASE, A., 1988. Body Language, how to read other's thoughts and gestures, Sheldon Press, London

PETCHSONGKRAM, W., 1975. *Talk in the shade of the Bo Tree, some observations on Communicating the Christian Faith in Thailand.* Translated by Frances E. Hudgins, (OMF).

PETRE, J., 2016. Nurse is sacked for offering to pray with her patients despite call by equality watchdog to end persecution of Christians. The Mail on Sunday [online] [viewed 30December, 2016]. Available from: http://www.dailymail.co/new/article-4021094

PIAGET, J., 1932. *The moral judgement of the child.* New York: Harcourt, Brace.

POLZER-CASAREZ AND ENGEBRETSON, J., 2012. Ethical issues of incorporating spiritual care into clinical practice, *Journal of Clinical Nursing, The International Voice of Nursing Research Theory and Practice*, vol. 12, no. 15-16, pp. 2009-2017.

POWLISON, D., *The Biblical Counselling Movement [History and Context],* (Greensboro, NC 27404, New Growth Press, 2010).

PRENTICE, S., ROGERS, M., WATTIS, J., JONES, J., and STEPHENSON, J., 2014. Health lecturers' perceptions of spirituality in education. Nursing Standard. Vol. 29, no. 3, pp. 44-52.

RAHIM, H., and HUSNI-RAHIEM, M., 2012. The use of stories as moral education for young children. *International Journal of Social Science and Humanity*. Vol. 2, no. 6, pp. 454-458.

RAPPER, J., 2001 "'Losing our religion': are students struggling in silence?" In MILLER, V., and RYAN, M., (eds.), 2001. *Transforming Campus Life: Reflections on Spirituality and religious Pluralism*. New York. Lang.

RICE, C., 2009. Imagining the other? Ethical challenges of researching and writing women's embodied lives. *Feminism & Psychology*. No. 19, pp. 245-266.

RIGBY, J., 2015. A day in the life of England's bad care homes, BBC News Report, [online], [viewed 2 August 2015] Available from:
https://www.telegraph.co.uk/news/health/news/11387606/A-day-in-the-life-of-Englands-bad-care-homes.html

RICHARDSON, L., 2000. Evaluating Ethnography, *Qualitative Inquiry*, vol. 6, no. 2, pp. 253-555, in DENZIN, N., and LINCOLN, Y., 2003. eds. *Strategies of Qualitative Inquiry.* 2nd ed. Thousand Oaks, CA: Sage.

RIKLIKIENE, O., VOZGIRDIENE, I., KAROSAS, L., and LAZENBY, M., 2016. Spiritual care as perceived by Lithuanian student nurses and nurse educators: a national study. *Nurse Education Today*. No.6, pp. 207-213.

RITCHIE, B., 2017. *Understanding Worship*. [Seminar]. Highland Theological College. January 2017.

ROBINSON, S., KENDRICK, K., and BROWN, A., 2003. Houndsmill, Basingstoke, Hampshire. Palgrave Macmillan.

RYAN and BERNARD 2003. Techniques to identify themes. *Field Methods*. No. 15, pp. 85-109.

RYKKJE, L., and RAHOLM, M-B., .2014. Understanding older peoples' experiences of dignity and its significance in caring – a hermeneutical study *International Journal of Human Caring*, Vol. 18, no. 1 pp. 17-26.

RYKKJE, L., ERIKSON, K., and RAHOLM, M-B., 2013. Spirituality and caring in old age and the significance of religion – a hermeneutical study from Norway Scandinavian *Journal of Caring Science*, No. 27, pp. 275-284.

RYKKJE, L., ERIKSSON, K., and RAHOLM, M-B., 2011. A qualitative metasynthesis of spirituality from a caring science perspective. *International Journal for Human Caring.* Vol. 15. no. 4, pp. 40-53.

SADDHATISSA, H., 1971.*The Buddha's Way*, (London: George Allen & Unwin Ltd, SANGHARAKSHITA, 1987 *A Survey of Buddhism, It's Doctrines and Methods through the Ages*, (London: Tharpa Publications).

SAUCIER, D., and WEBSTER, R., 2010. Social vigilantism: measuring individual differences in belief superiority and resistance to persuasion. *Personality and Social Psychology Bulletin,* vol. 36, no. 1, pp. 19-32.

SAUNDERS, M. and THORNHILL, A. 2004. Trust and mistrust in organisation: A exploring using an organisational justice framework. *European Journal of Work and Organisational Psychology*, Vol.3, no. 4, pp. 492-515.

SCHREINER, T., 2011. *Paul apostle of God's glory in Christ,* Apollos, pp.189-217.

SCHWARTZ, S., 2012. An overview of the Schwartz theory of basic moral values, *Psychology and Culture, International Association for Cross-Cultural Psychology,*

vol. 2, no. 1, [online], [viewed 18 March 2019], Available from:

http://doi.org/10.970/2307-0919.1116

SCOBBIE, J., 2016. NAME [Seminar]. Queen Margaret University. Edinburgh.
November 2016.

SCOTTISH CREDIT QUALIFICATIONS FRAMEWORK (SCQF). [online]. [viewed 8
July 2017]. Available from: https://www.google.co.uk/#q=scqf&spf=1499534991710

SEARLE, C., 1991. Quality in qualitative research, *Qualitative Inquiry*, vol.5, no. 4,
pp.465-478.

SHILLAKER, R. 2016. *Systematic Theology*. [Seminar]. Highlands Theological
College. October 2016.

SILFVER-KUHALAMPI, M., FIGUEIREDO, A., SORTHEIX, F., and FONTAINE, J.,
2015. Humiliated self, bad self or bad behaviour? The relations between moral
emotional appraisals and moral motivation. *Journal of Moral Education*, vol. 44, no.
2, pp. 213-231.

SILVERMAN, D., 2013 *Doing Qualitative Research*, 4th ed. London: Sage.

SKIRBECK, H., and NORTVEDT, P., 2014. Inadequate treatment for elderly
patients: professional norms and tight budgets could cause 'ageism' in hospitals.
HealthCare Annals. Vol.22, pp. 192-201.

SKIRBEKK, H., MIDDLETON, A-L., HJORTDAHL, P., and FINSET, A., 2011.
"Mandates of trust in the doctor-patient relationship", Qualitative Health Research,
vol. 21, no. 9, pp. 1182-1190.

SLEZAK, M., 2014. Found: giant spirals in space that could explain our existence.
Daily News. 14 May 2014 [online]. [viewed 8 July 2017]. Available from:

https://www.newscientist.com/article/dn27527-found-giant-spirals-in-space-that-could-explain-our-existence/

SONNENTAG, T., MCMANUS, J., WADIAN, T., and SAUCIER, D., 2018. Prioritizing morality in the self and consistent moral responses despite encouragement to behave immorally, *Journal of Moral Education*, DOI:10.1080/03057240.2018.1469479

SPARK NOTES: SAINT AUGUSTINE (AD 354-4300, [online], [viewed 20th December, 2019]. Available from: https://www.sparknotes.com/philosophy/augustine

ST AUGUSTINE, '*The city of God', Augustine of Hippo*, New Translation, Dods, M., (ed.) Edinburgh. T & T Clark.

ST AUGUSTINE, 1982. *Confessions*, translated by Pine-Coffin, R., Reading.

Cox & Wyman Ltd.

ST. AUGUSTINE *CONFESSIONS – cliff notes study guide*, [online], [viewed 20th December, 2018]. Available from: https://www.cliffsnotes.com/literature/s/st-augustines-confessions/st-augustine-biography

STEAD, C., 2017 *Buddhism*, [Seminar]. Highland Theological College.

STEIER, F., ed. 1991. *Research and Reflexivity*. London: Sage Publications.

SUICIDE ACT, 1961. [online], [viewed 16 January, 2019]. Available from: http://www.legislation.gov.uk/ukpga/Eliz2/9-10/60

SVANTESSON, M., SILEN, M., and JAMES, I., 2017. It's not all about moral reasoning: understanding the content of moral case deliberation. *Nursing Ethics*, pp 1-18.

TEDDLIE, C., and YU, F., 2007. Mixed methods sampling: a typology with samples, *Journal of Mixed Methods Research*, 1, 77-100 in Bryman, A., (2016), *Social Research Methods,* 5th ed. Oxford: Oxford University Press, pp. 410.

TEDLOCK, B., 2003 ethnography and ethnographic representation in Denzin and Lincoln, 2003 strategies of qualitative inquiry Denzin, N., and Lincoln, Y., 2003. eds. *Strategies of Qualitative Inquiry.* 2nd. Thousand Oaks, CA: Sage.

THE BRITISH SOCIAL ATTITUDE SURVEY (1983-2015), [online], [viewed 14 August, 2015]. Available from: https://www.gov.uk/government/statistics/british-social-attitudes-survey-2015

THE CAMBRIDGE DICTIONARY [online]. [viewed 20 February 2017]. Available from: http://dictionary.cambridge.org/dictionary/english/moral

THE CENTRE FOR PHILOSOPHY OF RELIGION, Notre Dame [online]. [viewed 5 July 2017]. Available from: http://philreligion.nd.edu/research-initiatives/the-experience-project/philosophy-of-transformative-experience/

THE CITY OF GOD SUMMARY -enotes.com [online], [viewed 20th January, 2018]. Available from: https://www.enotes.com/topics/city-god-saint-augustine

THIESSEN, J., 2016. Kids, you make the choice: religious and secular socialization among marginal affiliates and nonreligious individuals. *Secularism and Non-religion*. Vol. 5, no 6, pp. 1-16.

THISELTON, A., 2009.*Hermeneutics, an introduction*. William B. Eerdmans Publishing Company, Grand Rapids, Michigan.

TOMINEY, C., 2019. NHS trans row as men get access to women's wards if they identify as female. [online], [viewed 11 January, 2019]. Available from:

https://www.telegraph.co.uk/news/2019/01/10/nhs-trans-row-men-get-access-womens-wards-identify-female/

TRIGGLE, N., 2013. 'Elderly suffer poor care'. BBC News [online] [viewed 2nd August 2015]. Available from: https://www.bbc.co.uk/news/health-26053467

TSEVAT, R., SINHA, A., GUTIERREZ, and DASGUPTA, S., 2015. Bringing home the health humanities: narrative humility, structural competency, and engaged pedagogy. *Academic Medicine*, vol. 90, no. 11, pp. 1462-1465.

TURNER, V., 1987. *The anthropology of performance*. New York: PAJ

UK CENSUS 2011. In *Faith Survey*, [online], [viewed 18 July 2017]. Available from: https://faithsurvey.co.uk/uk-christianity.html

UNITED NATIONS 2002. World summit on sustainable development, [online], [viewed 18 March, 2019]. Available from: https://sustainabledevelopment.un.org/content/documents/733FutureWeWant.pdf

VAN DE ZANDE, M., BAART, A., and VOSMAN, F., 2013. Ethical sensitivity in practice: finding tacit moral knowing. *Journal of Advanced Nursing*, pp. 68-76.

VAN HOORN, A., 2014. Trust radius versus trust level: trust radius of trust as a distinct trust construct, American Sociological Review vol.76, no. 6, pp. 1256-1259

VIRTUE, D., 1999. Healing with Angels Oracle Cards 1999 www.AngelTherapy.com

VISAGE I., 2016. *Pastoral and Practical Theology*. [Seminar]. Highlands Theological College. October 2016.

VISSE, M., WIDDERSHOVEN, G., and ABMA, T., 2012. Moral learning in an integrated social and healthcare service network. *Health Care Anal*. No. 20, pp. 281-296.

WAGNER, U., N'DIAYE, K., ETHOFER, T., and VUILLEUMIER, P., 2011. Guilt specific processing in the pre-frontal cortex, Cerebral Cortex, vol. 21, no. 11, pp. 2461-2470. [online] [viewed 18 January, 2019] Available from:

https://doi.org/10.1093/cercor/bhr016

WALLIMAN, N., 2011. *Your Research Project, designing and planning your work,* 3rd ed. London: Sage.

WATSON, J., 1979. *Nursing. The philosophy and science of caring.* Boston: Little Brown. Reprinted 1985 Boulder CO University Press of Colorado cited in ch. 18 pp. 321-339.

WATSON, J., 2008. 10 Caritas Processes © (Watson 2008). Nursing: *The philosophy and science of caring*. Boulder: University Press of Colorado.

WENHAM, J.W., 1992. 'The Case for Conditional Immortality' in de Cameron, N. ed. *Universalism and the Doctrine of Hell,* Papers Presented at the Fourth Edinburgh Conference in Christian Dogmatics, 1991 (Carlisle, UK. The Paternoster Press), pp. 161-191.

WERTHEIMER, M., 1924. In the translation by ELLIS, W., in Source book of Gestalt psychology, New York, Harcourt. [online]. [viewed 18 March 2019]. Available from:

http://www.gestalttheory.com/persons/maxwertheimer/gestalttheory/

WHITEHEAD, P., HERBERTSON, R., HAMRIC, A., EPSTEIN, E., and FISHER, J., 2015. Moral distress among health care professionals: report of an institution-wide survey. *Journal of Nursing Scholarships.* Vol 47, no. 2, pp. 117-125.

WILLING, C., 2013. Introducing qualitative research in psychology. [online]. Open University Press: England. Available from http://www.millennium.qmu.ac.uk/search-SO?Xqualititive+research&SORT=D/xqualitive+research

WILLIS COMMISSION REPORT, 2013. Quality with compassion: the future of nursing, [online], [viewed 7th September, 2015]. Available from:

http://www.williscommission.org.uk/data/assests/pdf.file/007/495115/Williscommission/reportJan2013.pdf

WIMMER, R., and DOMINICK, D., 2009. Research in media effects, [online] [accessed 16 January 2019],

www.rogerwimmer.com/mmr9e/Media%20Effects%20MMR%209e.pdf

WMA DECLARATION OF HELSINKI 2013. *Ethical Principles of Medical Subjects* [online]. [viewed 27 February 2017]. Available from: https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/

YANDELL, K., and NETLAND, H., 2009. *Spirituality without God? Buddhist Enlightenment and Christian Salvation,* (Milton Keynes: Authentic Media).

YOU GOV 2016. In *Faith Survey*. [online]. [viewed 18 July 2017]. Available from: https://faithsurvey.co.uk/uk-christianity.html

YOU GOV, 2012. Should smacking be banned? [online], [viewed 25th January, 2019]. Available from: https://yougov.co.uk/topics/politics/articles-reports/2012/02/22/should-smacking-be-banned

YUST, K., 2016. Adolescent Spirituality and Education, In DE SOUZA, M., BONE, J., and WATSON, J., eds. 2016. *Spirituality across the disciplines: research and practice.* Switzerland: Springer International Publishing, pp. 81-93.

ZAKARIYYA, F., 2005. *Myth and Reality in the Contemporary Islamist Movement*. London: Pluto Press.

Appendices

Appendix 1:
Jean Watson's Caritas (2006) https://**jeanwatsoncaringtheory**.weebly.com

10 CARITAS PROCESSES®

1. Sustaining humanistic-altruistic values by practice of loving-kindness, compassion and equanimity with self/others.

2. Being authentically present, enabling faith/hope/belief system; honoring subjective inner, life-world of self/others.

3. Being sensitive to self and others by cultivating own spiritual practices; beyond ego-self to transpersonal presence.

4. Developing and sustaining loving, trusting-caring relationships.

5. Allowing for expression of positive and negative feelings – authentically listening to another person's story.

6. Creatively problem-solving-'solution-seeking' through caring process; full use of self and artistry of caring-healing practices via use of all ways of knowing/being/doing/becoming.

7. Engaging in transpersonal teaching and learning within context of caring relationship; staying within other's frame of reference-shift toward coaching model for expanded health/wellness.

8. Creating a healing environment at all levels; subtle environment for energetic authentic caring presence.

9. Reverentially assisting with basic needs as sacred acts, touching mind-body-spirit of spirit of other; sustaining human dignity.

10. Opening to spiritual, mystery, unknowns-allowing for miracles.

St Augustine of Hippo (A.D.354-430)

<u>Introduction</u>

> *"The earthly [city] has made for herself, according to her heart's desire, false gods out of any sources at all, even out of human beings, that she might adore them with sacrifices. The heavenly one, on the other hand, living like a wayfarer in this world, makes no false gods for herself. On the contrary, she herself is made by the true God that she may be herself a true sacrifice to Him."*
> **Augustine of Hippo, <u>City of God</u>**

St Augustine, is not a natural choice when thinking of moral thinkers, theologians or philosophers. However, I believe Augustine, who shaped a worldview of two cities is as relevant today as it was when he originally wrote about the Gods of the Roman Empire. He founded his works on Pauline theology, who also wrote to a world beset with false Gods as seen in his epistles to the Romans and Galatians. Today those Gods are materialism, fame, fortune, success and prestige. My intention in this research is to use Augustine's biblically based work as a foundation to explore and interpret modern secular thought. Using the theological lens of this influential theologian and philosopher to examine the moral compass within healthcare.

Literature was reviewed and synthesised from my theological studies, reading two key books by Augustine, *'Confessions'* and *'The City of God'*, aided by the interpretative texts 'cliff-notes' and 'spark-notes'.

 Augustine was an Early Church Father, when the only form of Christianity was the universal catholic faith. He influenced the philosopher Thomas Aquinas and the humanist Erasmus. Later he was able to influence the Western church through the Reformers of the Protestant Reformation such as Luther, Zwingli, and Calvin; and he

maintained an influence within the Roman Catholic Papal tradition, whilst influencing the Eastern Orthodox Church. He can be described as someone who combined the powerful and penetrating logic of Plato, the deep scientific conceptions of Aristotle, the knowledge and intellectual suppleness of Origen, and the grace and eloquence of Basil and Chrysostom. In essence his influence has been far and wide including more modern thinkers such as Marx, and Kant.

Background

Augustine was born into a family where his father was a pagan worshipper the Gods of Rome and his mother a devote Christian. A gifted child at the age of seventeen he was sent to Carthage to study, but found the pleasures of sex leading to him taking a mistress and having an illegitimate son. A common practice in the 4th century. After moving to Italy he became friends with Bishop Ambrose, and a momentous event occurred. He heard a voice that told him to read the bible. It fell open on Romans 13:13

> *"Let us behave decently, as in the daytime, not in carousing and drunkenness, nor in sexual immorality and debauchery, not in dissension and jealousy"*

It had a profound effect on him and he converted to Christianity. Two life changing events than took place, the death of his mother and shortly after his son. In 391 he was ordained as Bishop of Hippo. His early writings, were largely philosophical and his later work more religious. He is considered as being responsible for shaping the medieval mind more than any other thinker. Augustine, was able to use his varied background of Manicheism, Neoplatonism and Christianity to create a new interpretation of human society, one that is harmonious, whole and an image of

heaven. Using Pauline Theology of the two worlds lying parallel he created the notion of two cities, 'the city of God' and the 'city of man'.

Confessions

The first autobiographical book in the Western world, Augustine reveals his personal transformation. He describes a spiritual journey, as he attempts to discover personal happiness. Through studying the bible he was able to develop a theory about the nature of time, using Genesis and creation in an allegorical way he states that God will bring happiness to those who are holy. Augustine was able to use his personal reflections to teach a pertinent lesson: it is only in the presence of the omnipotent and Omnipresent God that the self can attain true happiness and completeness.

Throughout the time he was writing Confessions Augustine was torn between sexual and spiritual desires, an inner conflict which he analysed and interpreted through a neoplastic lens. He discovered that to be truly free one must choose the interior world of the soul and abandon the distractions of the senses. It was after reading St Pauls' letter to the Romans, that he became overwhelmed by a sense of peace and calm. He was able to create a complete view of the self in relation to God. By choosing soul, intellect, faith and reason over body, desire, questioning, and uncertainty he attained wholeness.

City of God

This is the completion of the project he began in Confessions. AD 410, was a pivotal moment in Western history. The Roman Empire fell and many were blaming the Christians as people sought answers to what to believe. In response to this Augustine in 413, wrote the city of God. For the Romans, material advantages and
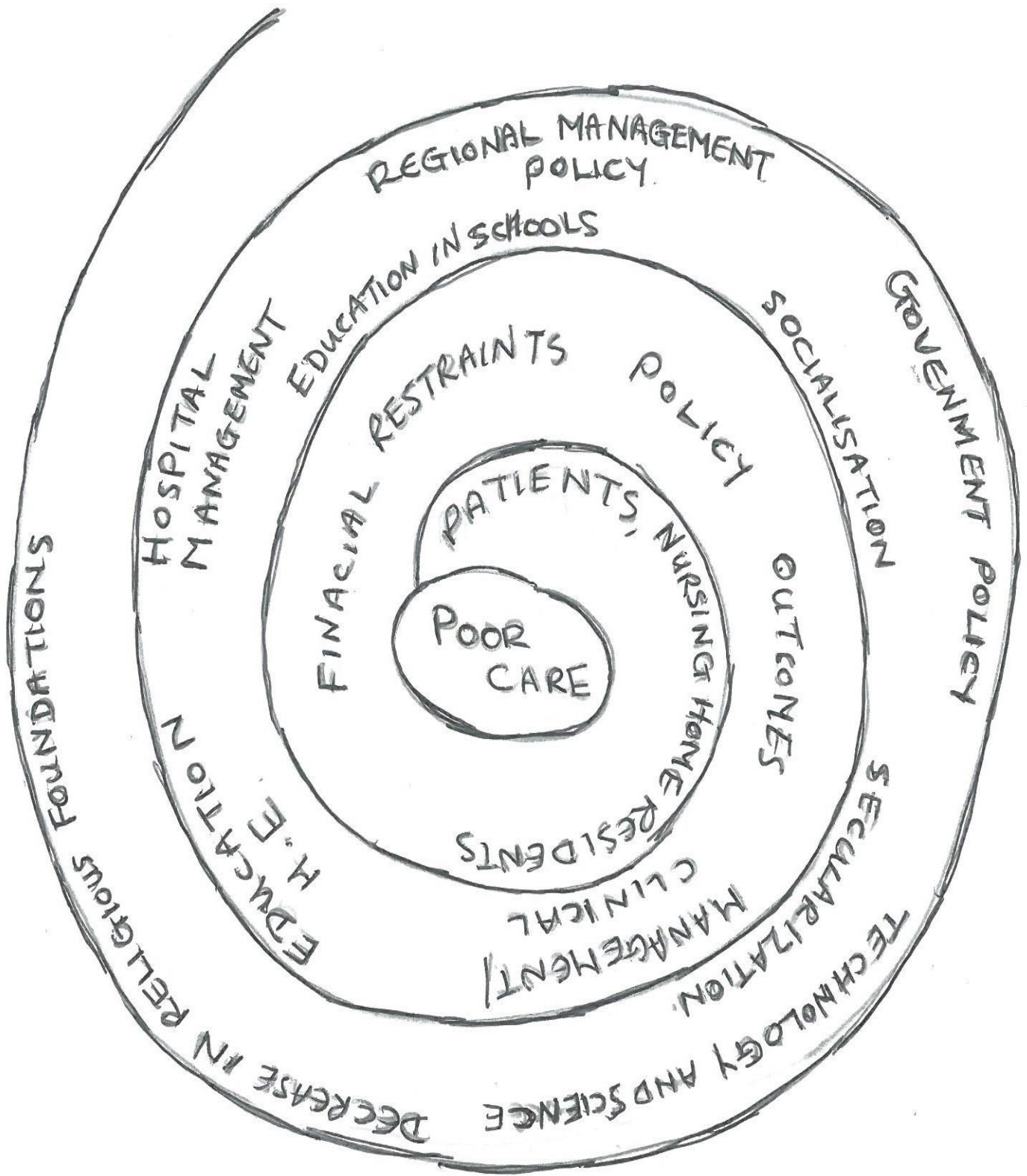
Roman supremacy had been the result of the old Gods blessings. When it began to fall, they looked for reasons, blaming the Christians and their God. However, Augustine was able to demonstrate through reason and history that misfortune can happen to anyone, citing other civilizations in history that had fallen. Augustine posited that it had been the result of moral and spiritual corruption. He refuted that they did not need to worship the ancient Gods to attain eternal life and that Christianity did not create the fall of the empire. As the book progresses, he is able to describe the concept of two cities, one earthly and one heavenly. These two cities were composed from his bible reading and largely on Paul's epistles. He concludes in X1X that the peace and happiness of the heavenly Kingdom can be attained on earth. The final books deal with Augustine's interpretation of the Last Judgement as evidenced in the bible and the eternal damnation and eternal punishment that await those who disobey the Christian message. For Augustine, human society seeks to find completion in the realm of God, a theology of history and a Christian philosophy of human society.

The basis of Augustine's philosophy has four elements, the church, the state, the City of Heaven and the City of the World. This allows Augustine to develop a theory of justice, and a life where humankind pursues the City of Heaven to maintain a proper sense of order, which leads to true peace. This is based upon Pauline theology of love, grace, freedom, and forgiveness to live a morally acceptable life to God.
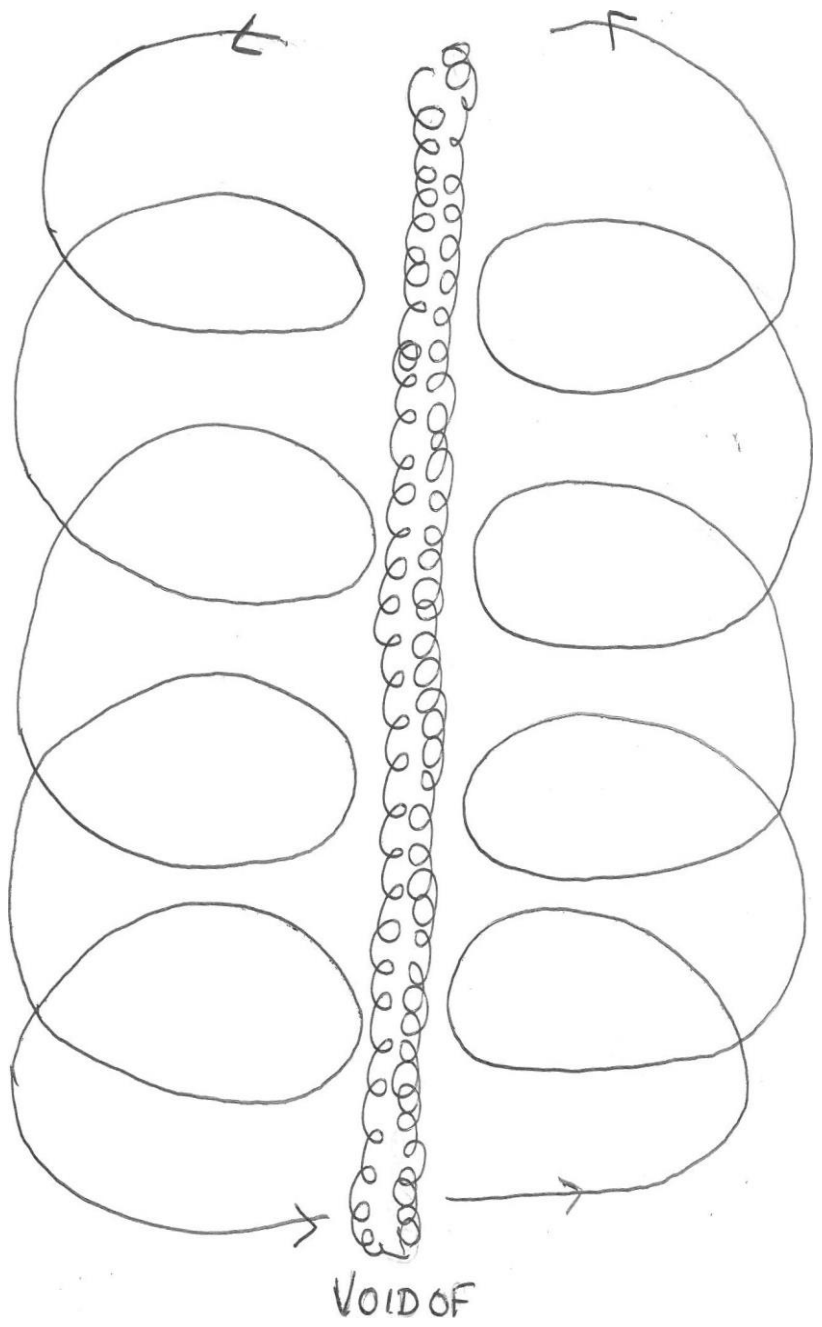
The concept of evil, also features in Augustine's works. He traces this back to the Garden of Evil where Adam and Eve disobeyed the word of God, producing evil in the world for generations to come. Rejecting Manicheanism, for a nuanced Neoplatonism philosophy he was able to extend and develop his own notion of evil in

215

the world. Augustine believed in free will and that man has a choice over their actions, and that even disease could be explained through humanities decision to interact with corruptible elements in the external world rather than with the spiritual. Augustine, believed that much of the evil and suffering in the world was as a result of choosing actions, words and deeds. His overall conclusion was that the mind of God was so incomprehensible that humanity cannot comprehend why suffering exists.
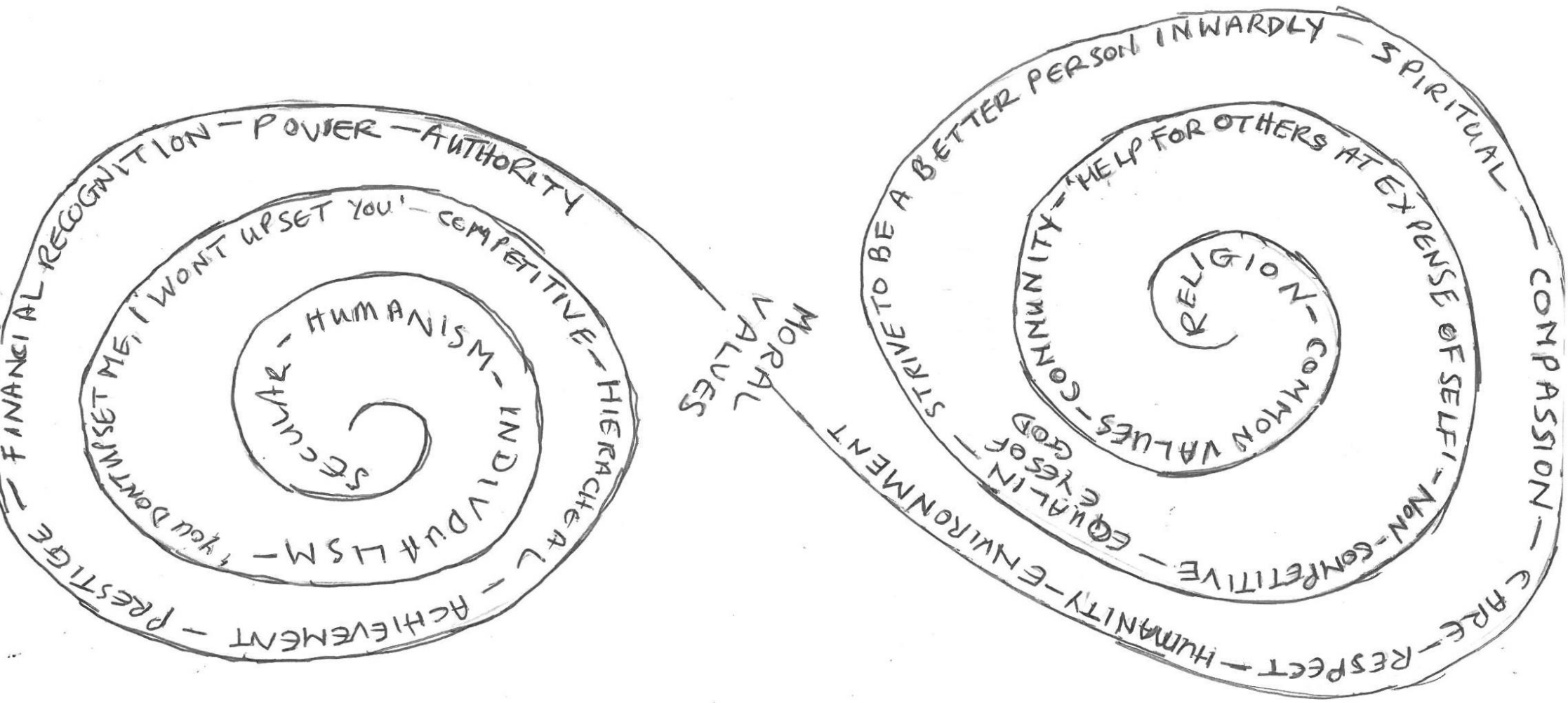
Appendix 3

REGIONAL MANAGEMENT POLICY

Education in schools

Hospital Management

RESTRAINTS

SOCIALISATION

Government Policy

FINACIAL

POLICY

PATIENTS,

Outcomes

POOR CARE

Nursing Home RESIDENTS

CLINICAL

MANAGEMENT/

SECULARIZATION

TECHNOLOGY AND SCIENCE

EDUCATION

H. E.

DECREASE IN RELIGIOUS Foundations

RELIGIOUS AUTHORITY DECREASING

COMMUNITY VALUES

VOID OF

INDIVIDUALISM AND VALUES

SECULAR - GOVENMENTAL AUTHORITY INCREASES

Appendix 4 The Double Spiral

Left spiral (from outer to inner):
FINANCIAL RECOGNITION — POWER — AUTHORITY — COMPETITIVE — HIERACHEAL — INDIVIDUALISM — SECULAR — HUMANISM — 'you don't upset me, I won't upset you' — 'you don't upset me, I won't upset you' — ACHIEVEMENT — PRESTIGE

Center: MORAL VALUES

Right spiral (from outer to inner):
BETTER PERSON INWARDLY — SPIRITUAL — COMPASSION — CARE — RESPECT — HUMANITY — ENVIRONMENT — STRIVE TO BE A BETTER PERSON — HELP FOR OTHERS AT EXPENSE OF SELF — NON-COMPETITIVE — COMMON VALUES — COMMUNITY — EQUAL-IN — EYES OF GOD — GOD — RELIGION

Appendix 5 The Helix

219

Appendix 6 Qualities of a Good Researcher

<u>Qualities of a good researcher</u>

Below are the qualities believed to be required to be a good researcher, I believe I have these qualities.
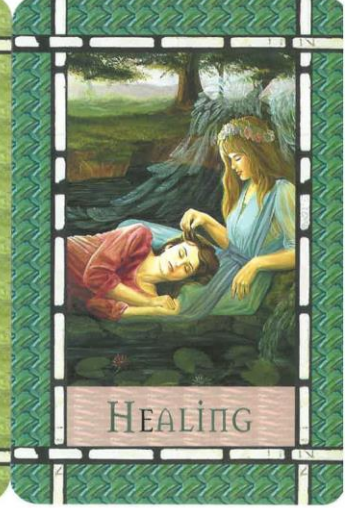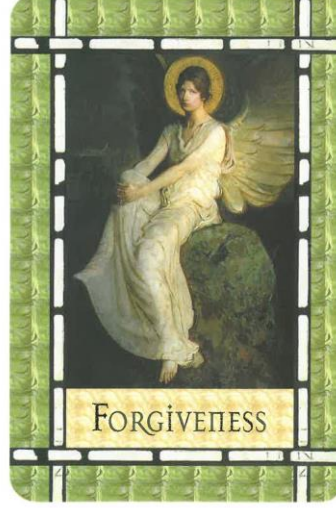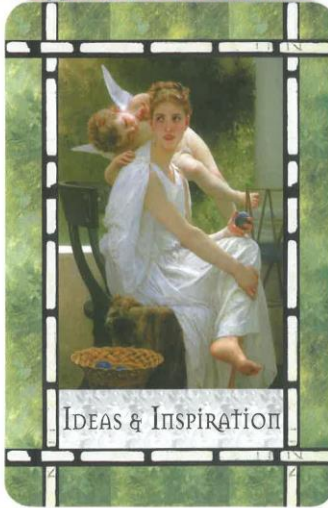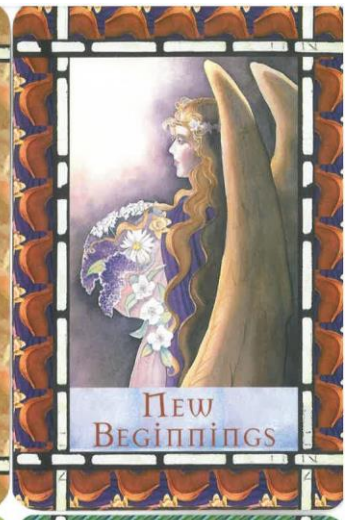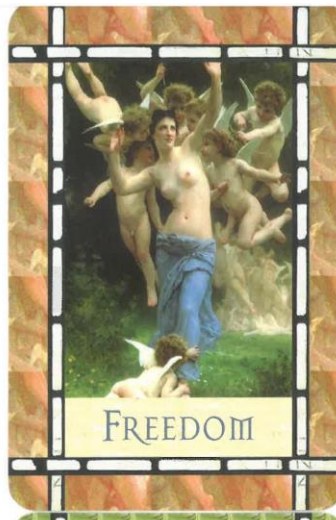
1. Analytical mind

2. A people's person

3. Ability to stay calm

4. Intelligence

5. Curiosity

6. Quick thinking

7. Commitment

8. Excellent written and verbal communication skills

9. Sympathetic

10. Systematic

Appendix 7 Picture Cards

Signs	Soulmate
Divine Timing	Harmony
Music	Answered Prayer
Support	Meditation
Balance	Blessings
Trust	Friendship
Listening	Dreams
Divine Guidance	Truth & Integrity

Spiritual Growth

Nature

Freedom

New Beginnings

Ideas & Inspiration

Forgiveness

Healing

Doreen Virtue © https://www.accessify.com/a/angeltherapy.com

Appendix 7 (continued)

The Cards that were selected and the number of times each was selected

1. Trust x4

2. Spiritual Growth X 3

3. Freedom X 3

4. Forgiveness X 3

5. Answered Prayer X 2

6. Truth and Integrity X 3

7. Divine Guidance X 2

8. Meditation X 1

9. Balance X 1

10. Ideas and Inspiration X 1

11. Friendship X 1

12. Blessings X1

13. Nature X 1

14. Support X 1

15. Soul Mate X1

16. Healing X 1

17. New Beginning X 1

18. Listening x 1

19. Music X 1

20. Signs X 1

21. Dreams X 1

22. Harmony X 1

23. Divine Timing x 1

Appendix 8 Journey Lines

Data Analysis Journey Lines

Journey Line – (Participant 1)

Moral Compass	0-5	6-10	11-15	16-20
Family	1. When I was 4 years old I stole????? from my mum and I felt very guilty about it, this was one of the factors that lead to me becoming a Christian, as I saw that I had done wrong and needed a saviour to rescue me. 2. One of my friends died very suddenly and this made me think about life and death and how it affects us.		I started to question my beliefs and wander if I was good enough person to get to heaven. I had a lot of self-doubt and this made me quite aggressive towards some of my siblings.	I struggled a lot with self-worth but knowing other people find it hard too makes me want to encourage them. I know God values me and loves me no matter what, this helps me to love people who many would see as unlovely people.
Social		I met my best friend when I was 6, she helped me to see the positive side of life and challenged me to be more out-going and interact with people.	Another of my friends drowned in a waterfall, this made me really think about life and death issues and the need to be certain where you are going when you die.	1. I worked at a Christian kid's camp in Derby and I saw a number of children whose lives could only be helped by the Gospels changing their lives. 2. Unfortunately the team I was working for split up and this really broke my heart, as the mission team in P.N.G had split as well
Professional				There were a number of children on my first placement who were from very difficult homes and I felt moved with compassion for them and wanted to tell them that Jesus loved them but I knew I was limited by regulations.

J

Journey Line 5 - (Participant 5)

Moral Compass	0-5	6-10	11-15	16-20	21-25	26-30	31-35	36-40	41-46	46-50	51-55
Family	Grandparents, I grew up with my maternal grandparents, strong Christian upbringing- until age of 7 7 upwards I used to tell lies to get out of trouble, parents (father) punished me for lying or stealing (with a cane)	Continued as 0-5, between 6-10 encouraged	1:1 contact with principal, encourage healthy body image, and interaction between boys and girls, a boarding school (100 students) from 11 upwards. Classroom teaching moral science, scriptural union, guest speakers on Christianity, social service, SUPW socially useful and productive work, encouraged dignity of labour, setting the table, washing up, serving, old peoples home (visits), not allowed to waste food, take what you need	Continue 1:1 contact with principal, encourage healthy body image, and interaction between boys and girls, college age 18-22 +2 (A levels), different school, very ????, Christian underpinnings, segregation, Marthoma	Got married at age 22 (arranged marriage), felt betrayed by parents' choice (mother), stayed in marriage because of belief that marriage is forever, personal relationship with God increased, not much of a 'church goer', (PGDBA) evening college	Business franchise started Tupperware (Bangalore) Honesty, won awards at national level, competition unfair, stealing my team members (5yrs), financially increased, up grade	Continues from previous, then 2001 moved to Dubai, sold franchise, started teaching, financially ↓, total of 13yrs, authority	Financially ↓, both husband and I had to start from basics, 17yrs	My passport was stamped cancelled, I lost my job, financial and marital problems, I searched for God, weekly fasts Daughter left for college, Empty nest, sense of no purpose	Contemplated suicide, daughter returned home, felt no sense of purpose, who am I, came to Scotland.	?

225

			Board exams equivalent to O level								
Social		Very solid, never succumbed to peer pressure, "trend setter".									
Professional					Business	Teaching, working with children, "making things happen"			Therapist		

Appendix 9 Ethical Approval Form

Signed Ethical Approval Form

For all applicants, send the completed form to your Head of Division or Head of Research Centre or, if you are an external researcher, submit the completed form to the Secretary to the QMU Research Ethics Panel (ResearchEthics@qmu.ac.uk). **You should not proceed with any aspect of your research which involves the use of participants, or the use of data which is not in the public domain, until you have been granted Ethical Approval.**

For completion by

The Head of Division/Subject Area/Group, OR

Division/Subject Area/Group Research Ethics Committee:

Either

☐ I refer this application back to the applicant for the following reason(s):

Name *(if you have an electronic signature please include it here)*

_____ (Head of Division/ Subject Area/ Group)

Date _____

Please return the form to the applicant.

Or

Please tick **one** of the alternatives below:

☐ I refer this application to the QMU Research Ethics Panel.

☐ I find this application acceptable and an application for Ethical Approval should now be

submitted to a relevant external committee.

x I grant Ethical Approval for this research.

Name *(if you have an electronic signature please include it here)*

BMcCormack

Professor Brendan McCormack

_____ (Head of Division/ Subject Area/ Group)

Date 14/ 03/ 2018

Please email one copy of this form to the applicant and one copy to the Secretary to the Research Ethics Panel (ResearchEthics@qmu.ac.uk).

Appendix 10 Participation Information Form

Interview Participation Sheet

My Name is Susan Edwards-Horton and I am a Professional Doctorate Student in the School of Health Sciences, Queen Margaret University Edinburgh. As part of my Doctoral Studies Thesis, I am conducting a research project involving healthcare students at Queen Margaret University. The title of my study is:

A qualitative study exploring healthcare students understanding of their moral compass and its influence on practice.

The study is concerned with how you developed your moral compass. This may or may not include your values, beliefs and attitudes prior to us commencing your training in the Healthcare Professions.

The definition of the moral compass I shall be working with will be:

'An inner sense that helps us distinguish right from wrong and functions as a guide for morally appropriate behaviour. It is something that lies deep within us that may be called a person's spirit or soul. It is probably innate, but can be shaped through the process of socialisation'.

The findings will help me to understand how the moral compass is developed and whether there has been any effect of secularisation. This may have an impact on the curriculum design within healthcare professions, policy making and the ultimate care delivery to patients and clients.
This project is self-funded.

I am asking for volunteers to participate in the study from all healthcare professions. There are no inclusion or exclusion criteria. Everyone is welcome to take part.

If you agree to participate in the study, you will be asked to participate in a practical aspect of card selection, and to discuss in a face to face audio-taped interview with

me, how you understand your moral compass developed. The interview will take about an hour.

There are no known risks for participants and you are free to withdraw from the study at any time. You do not have to give any reasons.

All data will be anonymised as much as possible, but you may be identifiable from the audio tapes. Your name will be replaced by a participation number and it will not be possible for you to be identified in any reporting data. Confidentiality will be assured.

You will have the opportunity to read the transcripts and the analysis of the data when completed

All data will be destroyed after the project and write up has been completed.

The results may be published in a journal, poster display or presented at conference.

If you would like to contact an independent person(s) who are fully informed of the project, but who are not involved in the data collection or analysis, please contact Dr Lindesay Irvine or Dr Susi Peacock.

The contact details are as follows:
Name of researcher:
Susan Edwards-Horton.
Professional Doctorate Student School of Health Science,
Queen Margaret University, Edinburgh,
Queen Margaret Drive,
Musselburgh,
East Lothian,
EH 21 6UU
13008744@qmu.ac.uk

Name of Independent Contact Persons:
Dr Lindesay Irvine & Dr Susi Peacock,

Graduate School,

Queen Margaret University Edinburgh,

Queen Margaret University Drive,

Musselburgh,

East Lothian,

EH21 6UU

LIrvine@qmu.ac.uk & SPeacock@qmu.ac.uk Telephone: 0131 474 0000

If you have read and understood this information sheet, and any questions you have

regarding participation have been answered, and you would like to participate in the

study, please now see the consent form.

Appendix11 Participant Consent Form

Participation Consent Form

An exploration of healthcare students understanding of their moral compass and its influence on practice.

I have read and understand the information sheet and this consent form. I have had an opportunity to ask questions about my participation.

I understand that I am under no obligation to take part in the study.

I understand that I have the right to withdraw from this study at any stage without giving any reason.

I agree to participate in this study.

Name of participant: _____.

Signature of participant: _____.

Signature of researcher:_____.

Date:_____.

Contact details of the researcher:

Susan Edwards-Horton

Professional Doctorate Student,

School of Health Sciences

Queen Margaret University, Edinburgh,

Queen Margaret Drive,

Musselburgh.

East Lothian, EH 21 6UU

Telephone: 0131 474 0000 email:13008744@qmu.ac.uk

Contact details of supervisory team:

Dr Lindesay Irvine & Dr Susi Peacock,

School of Health Sciences,

Queen Margaret University Edinburgh,

Queen Margaret Drive,

Musselburgh,

East Lothian, EH 21 6UU

Telephone: 0131 474 0000 email: SPeacock@qmu.ac.uk, & LIrvine@qmu.ac.uk

Appendix 12

The Advertisement Information for the Moderator Board

<u>Advertisement Information</u>

My name is Susan Edwards-Horton and I am a Professional Doctorate student in Health Sciences, Nursing.

The title of my thesis is:

'A qualitative study exploring healthcare students' understanding of their moral compass and its influence on practice'.

I am asking for volunteers to participate in this research. It will involve participants selecting and interpreting picture cards, identifying times in your life when you were aware of your moral compass. It will be followed by a one-to-one audio-recorded face-to-face semi-structured interviews. In total the experience should be between 1-1/2 hours.

The research will be conducted under the strict guidelines of Queen Margaret University Ethical Approval, and confidentiality will be assured at all times.

The interviews will explore whether you consider you have a moral compass, how you believed you acquired it, and how you use it.

The working definition of a moral compass that I will be using is:

'An inner sense that helps us distinguish right from wrong and functions as a guide for morally appropriate behaviour. It is something that lies deep within us that may be called a person's spirit or soul. It is probably innate, but can be shaped though the process of socialisation'.

I hope that this research will help me understand our current practice, and facilitate future delivery of care, inform healthcare curricula and policy.

If you wish to participate in this study or require further details please email me: 13008744@qmu.ac.uk

If you require additional acknowledgement of this study, relating to its ethical approval or implementation that my supervisory team (Dr Lindesay Irvine and Dr Susi Peacock) can be contacted through the Graduate School.

Appendix 13 Selected Interviews

I have selected 2 interview, (1 and 5) these correspond to the journey line participants, to provide the reader with continuity.

Interview 1 – participant 1 -

DM 650036

Card selection

Friendship, important part of life, lonely and friends, Christian, the bible, do things together, enjoyable, a good thing

New Beginnings, Christian, do wrong, God gives you a new beginning, confess your sins, a new start, sees you are right with him

Trust, a hard issue, people break trust, new friends have kept trust, its important who you can tell people to, to depend on someone

Life Maps – he spoke as he wrote across the time-lines

Home schooled, a missionary child. Didn't feel lonely, different interaction in Papaya New Guinea, part of a tribe, a different culture, co-workers were Americans He found identifying his ethnicity difficult, don't know, no sense of home, UK/American but technically British. Not sure if moral things have had an knock-on effect, a different worldview, a different culture. At night I would hear crying in the village as I tried to sleep, I later found out that it was wife-beatings. It has made him more sensitive to women, not to abuse them and to treat them rightly. Children that were born and weren't wanted, they would hit over the head with bamboo to kill them. He

said that he had enjoyed his experiences, the people were friendly, not scared of them doing anything to me.

My friend dying, affected me a lot it made me think about death a lot, to be prepared for it, he got meningitis and was stuck in a waterhole, it was very traumatic.

I found that past experiences have helped shaped the way I see my patients, there is often no one to help them, I want to share my faith, it would have helped them, to know that Jesus loves them, I can't do this and I find it difficult. Patients are actually getting worse, not from the therapy but their lives at home, their environment. It's a challenge. I may go into private practice, where I can share my faith. At a kids camp I worked in, one of the kids had murdered their mum, they had no hope in life but they came to the Christian camp, and became a Christian. People say we brainwash people but Jesus loved everyone and died for everyone, this is what helped not the speech therapy, this can't solve their social problems.

I find my faith helps, I sometimes read the bible, sometimes I don't want to, I would rather do other things, but I have found that it is always true and when you go against it things go wrong.

Team, want unity, don't like split, tried to bring together, community., my faith provides an inner sense for people to get along, friends falling out, try to gain unity, peace between people, when there is conflict I try to avoid it, I will confront an issue sometimes but in a positive way and try to see the situation that not always others, but I may be part of the problem so I need to confront my own issues..

I believe that my faith, my spirituality affects my behaviour, people say that I am different, they may never have met a Christian, but they say I am kind, loving to

others, if I didn't have faith I wouldn't have a reason, I need to value people, we are all precious to God, if someone has no faith then they can treat people like dirt. Faith helps guide you between right and wrong. In Western culture, ideas on life issues will affect the choices people make, they can affect you.

When I find a difficult issue, I find bible verses to support or refute certain ideas.

Moral compass definition

What God says. I believe he created me, he knows what's best, what's right and wrong. He is trustworthy in life. He says what is right and wrong, therefore I believe that the moral compass is what God says is right and wrong. I have always believed God knows right and wrong, as developed and seen legally as an impact on people.

Free will,

It's important to have choice of right and wrong, don't accept blindly, I see the results of bad choices, the consequences, even for those who follow the bible. I chose what I want, God gives me that choice, but I chose his way.

Books/films/games

Disney, action, Dr Who, Star Wars. My parents had a rule that if there were more than 3 bad words, we wouldn't watch it, or if it was violent, we wouldn't watch it. This shaped my attitudes and my choices today. I prefer strategy games, I am competitive with my brother in a type of war game but a board game or card game rather than the game boy. I like chess, strategic. I avoid blood and violence, that's why I've chosen speech therapy. Some of my peers have grown up on these and have become desensitised towards violence and their attitudes to people are not very positive.

Social Media

I use Facebook and what's app, parents were reluctant for me to have them, but allowed. I've used it to promote myself in a certain way, to make me look good and get 'likes', if you don't get likes you get more depressed, I therefore hardly ever use Facebook, it's a way of self-validation.

I communicate via what's app, but I try to restrict time, and what to put up. People have told me my flaws, and the truth but not in a kind way, I would rather do it 1-1 and f-f, its personal. I write things in a positive way, not angry, may mis-interpret and over compensate.

Social life

Not appropriate behaviour, not into drinking. Its not a secular or a faith thing, it's a just personal thing. The bible doesn't say you are not to drink. I live by a pub, and people act like idiots, people drinking and makes me feel uncomfortable, they lose their inhibitions, they say/do things that they normally wouldn't do, its inappropriate.

Discipline

I think that I am more disciplined because of my faith, the Bible tells us to have self-control. God lives inside you and can see everything you are doing, therefore you don't want to make him look like an idiot.

I went to see a film, part of the film was inappropriate so I left, it was not good for me. It's a visual thing, you can remember the visual much more and we need to be careful what we see.

Confrontation

I try to talk personally and not in public, people can say things worse on social media than they would f-f.

Seeing children damaged by social circumstances, a good clinician should see the potential in a child. It's tricky professionally, limited. It's the bare minimum to see a child as important and valued. Having different beliefs and knowing right and wrong helps me to see that you don't have to be broken spiritually.

What would you do if you saw something wrong

Need to intervene, privately. Tricky, want everyone to get along, putting a child down, address it. Cooking the books – would tell, it's easy to say but harder in the situation.

Transparent – as a guy its increased pressure to ensure women in the room, open door, I feel under-pressure, that people can accuse me, need to be seen, to protect self and child.

How do you feel if you do something wrong?

Feel guilty, worthless, down, think from bible, confess, forgive, accept us, doesn't excuse what I've done, but it weighs heavily on my mind, to make things right with the person, and with God. I would try and make it right with God. Bless God.

Influenced by others

Older brother, we ran away into the jungle, I was influenced by him.

People complaining about lecturers – I sometimes get influenced, gossip, not always fair. Gossip, not can destroy people, I can't say I never gossip, but I ask God to help me try and say something good about that person.

Took self out, if not appropriate, it's hard to do, we all want to be liked, friendships, if we chose to go against what others are doing, it's not easy, you won't be accepted. You want praise from God rather than other people, God gives me strength. I as God to help me.

Things people do – it's easier to go along with things rather than to confront, its needs courage.

Wrong in the law/God's law/personal law

Bible 10 commandments, most of our laws relate to these, to submit to the authorities. There can be a conflict between the law and the bible (which is right). I will have to choose the bible and the consequences these may bring. I obey the law when I can, and with God's strength avoid breaking the law.

Policies

The transgender issues, altered vocal cord treatments offered, are rare for SLT to see, but I would find it difficult. HCPC will have consequences. It's easier to say now than at the time, 'normal' language used, 'straight', I see my job as improving people language rather than voice, and may be against policy.

What do you understand by the term Faith

Holding onto faith, law and responsibility, parent's responsibility, transplants, post-code lottery, everyone is equal in God's eyes. I would do what I thought was just. I could disagree with a policy, but I don't think I could campaign to change policy. If I submit to the law, or go against it, I need to take the consequences. Society is getting worse, and I will need to find a way to deal with it.

What do you understand by the term Trust?

Keeping confidential, secret, something personal about me, not to share with other people. Told personal thing, then friend knows it. C.S. Lewis – heart, trust, broken, grows hard and strong. Heart and trust broken again and again, friendships and relationships. It takes a long time to build and quickly broken. Never share details.

What do you understand by the term servant?

giving, putting others before yourself. Seeking to help make life best as possible. ST to make language, function.

To give all, not half effort, as a Christian, serving God, all my work is for him, to honour him to do my best.

Discipline as a child

Spankings, parents discipline with love, show good/bad. Different from abuse, by those without a moral compass or religious beliefs.

As older had restricted privileges, access to computer, met with friends

Rebellious teenage years

Discipline is important, did something wrong, and no discipline, felt worse. Felt discipline helped understanding of the consequences to actions. Can chose to do what you want but need to think of the consequences.

Felt it helped in doing interview to think about things

Interview 5 - participant 5 –

DM650042

Card Selection

Truth and Integrity, honesty

Divine Guidance, I pray before I make a decision, it helps my choice, I make a prayerful decision, therefore it will be the right in the decision in the long-run, and it links with truth and integrity

Freedom, I am not forced, if someone wants a decision now, I feel uncomfortable, I need time, to have a choice, a freedom of choice, especially for important decisions

Maps (wrote and spoke, at the beginning very poor recording, hard to hear)

Attended a boarding school, mixed boys and girls. I had no connection with my parents, had contact with maternal grandparents. Parents didn't attend some of the things I thought to be important, but my grandparents did. I did believe in marriage was for life, and my parents had a stable marriage, but I had a problem with trust with my parents, especially my mother. The person they chose (my mother) for my marriage, was wrong, what she told me I found out later wasn't true, so it affected my trust. I believe marriage is for life, and this challenged my moral compass, but my conversation with God and my personal relationship with him increased.

I was taught moral science, for non-Hindi/Islamic children, read Christian stories, moral stories. We had to learn Psalm 121 and the Lord's prayer, the Catholic catechisms and were told not to tell lies. We had to perform socially useful practical

work and carry out duties at school, this included serving at table, washing up, visiting the old persons home.

We had financial problems and these led to marital problems, but I found God, and a deeper meaning. I read the bible more, fasting and prayer was important. I did weekly fasts and this helped me to make better decisions, a 6th sense, and I got answers, I had to listen 'to hear God', my husband was a Christian but not of that belief.

The course, (Art Therapy) has given me a spiritual experience, it is important to have a look of our own experiences before we can address the clients, so I have been in 2 years of psychotherapy, I have learnt that I need to forgive, to let go. I now see things from a psychotherapy position. It has been a spiritual experience, and this will help me with my clients, a lot of symbolism and metaphors.

Older clients, are often grounded by faith, and this is important to understand.

Younger patients, I understand as a parent

God is a constant. The absence of my parents, the family, whoever, had influence over decisions.

Professionally, I was teaching children, my motto was always 'make things happen', I saw myself as a 'brick layer' for them.

My moral compass stem from my Christian roots, who do I look for recognition from? It is not from people, it is from God, it is what he thinks, he is the only constant therefore out of love I follow him, not through fear, as with Islam, where they do things through fear.

My moral compass was shaped by parents, and family, of the fidelity of marriage, they had led by example. No unfaithfulness. These were templates, for the work place, if things don't change, I need to change, friendships, dealing with financial investments, witness, I have to keep personal and business separate.

Be wary of those in church, some have faith, but not always have the same moral compass.

I am clear who I am, defined by Christ, I answer the question who am I? a daughter of a king, set apart, 'I have had a feeling that I 'don't fit in' ever, I have friends but never belonged to one gang, I tried to embrace everyone.

My moral compass guides the decisions, relationships with men, my academic work, professional work, family.

The term 'free will', It is something I appreciate with Christianity, I want to do things, it is not something I have to.

I know the rules, the bible lays them out, and it is my decision to chose to follow them, Islam, means you have to, there is no free will, it is through fear.

Youngsters have a problem, of following rules

Having been in a variety of churches has helped me develop as a person, I don't think that you have to go to church to believe. It is important that a child has a faith, its an anchor, and you can be confident of letting go.

As a child I read the bible, Aesop fables, moral stories, fairy tales, have shaped my morals, all about sharing and not being greedy, and not stealing. The Christian stories in the form of comics, epics of India which give moral values.

Social media, can affect behaviour sometimes, it gives comparisons with others on things like Facebook, you can see yourself 'not as good as others'. There is sometimes a desire to keep up with the Jones, to keep up with others. I sometimes block people and I am careful of what I say, so I don't hurt people. It can be a sign of inadequacy.

Saw/heard something wrong, At the time I would speak up. At work I may dismiss someone but that can be too severe, rules/rights, but now I am more tactful, it is difficult but I would still do it, but I don't want to be a snitch.

In society, I would say/physically intervene, but at work it is more difficult and can affect you over time, I would prefer 1-1 confrontation, but I have closed my eyes and rumbled, it's a question of the position of power.

I find this quite hard, they might lose their job etc, and I would feel terrible, I would have a terrible inner conflict. I would talk to my husband, prayer, to help me decide what can/should do, to keep quiet would be difficult.

I have a good sense of who I am, I haven't been influenced by others over right/wrong, I never drink, drugs, boys I did my own thing

Moral compass and the law/policies, the law is different in different countries, in India, Christians are persecuted and churches are burnt and I have to question whether it is safe to return to India.

I believe that marriage for life, there should be no one else, its not the law to have an affair, but to steal is against the law. When I consider my daughter, brothers etc I would encourage them to break away from a bad marriage, it can be traumatic to be

stuck, and it can change your personality, you are helpless, I feel I qualify now to give an opinion to move on.

Trust, unshakeable, faith is something important, once it is broken, very difficult to regain it, it is like glass once it is gone, its gone.

When with client's trust is essential, you need to be your authentic self, you should never lie or underestimate intelligence.

Servant/service, it is an attitude, to stay humble, school gave me a good training, we had to do the washing up etc, 'to be a servant', this will influence the attitude, it is about the dignity of labour. I had servants in India, I had been very privileged, but you need to know it is OK to clear up after oneself at work, at home, to clean your own loo's, some in India will do this in private, they are ashamed. It is not valued in the Indian community. In the UK, it is not seen as much, but in India it is done in secret, it is a sign of social stigma and pride.

I was punished as a child, I don't think that you need to be 'wacked', there are other ways of punishment. I think if you do wrong then you should be punished, maybe through deprivation or grounding.

Appendix 14 Interview Themes

Interview Themes

Demographics

Age, Gender, Ethnicity, present course of study

Themes and questions are divided into categories. I will be reflexive to responses and allow the participant to talk.

1. Religion/spirituality

Do they have a religion or spirituality and what does it mean to them?

If not why not? and does it affect the way they live their lives

Were their family religious or spiritual?

2. Moral Compass and Morality

What do they understand by the term 'moral compass?'

How do they think they got it?

What do they think it does?

How do you know when it has gone wrong?

3. Media

What books, films, and games were you engaged with as you were growing up? Did they shape your ideas of moral behaviour? how?

Does your use of social media, in its widest sense affect your behaviour, your self-image or that of others?

4. Right and wrong

What behaviours do you consider to be wrong and why?

How do you feel when you have done something wrong?

Have you ever been influenced by others, or have you ever influenced others to behaviour badly? Can you explain how?

5. Attitudes

What do you understand by the term 'trust'

What do you understand by the term 'servant'

Demographic Information

Participant

Age

Ethnicity

Gender

1. Religious or Spiritual beliefs
Do you have a Religious or spiritual belief? Y/N

Does this matter?

How and why?

Does your family have a religious or spiritual belief?

Do you feel that religion/spirituality has an effect on:-

a) Your behaviour? Why?

b) The behaviour of others? Why?

c) How does having a religious or spiritual belief affect how you understand right and wrong?

2. What do you understand by your moral compass?

How do you think you got it?

What do you think it does?

What do you understand by the term 'free will?'

What types of books, films games engaged in when growing up?

How does the use of social media affect your behaviour?

3. Right and Wrong
What kind of behaviour would you consider to be wrong:-

   a) In your social life

   b) In your professional life

What would you do if you saw or heard something you considered to be wrong?

How do you feel when you think or know that you have done something wrong?

How you ever been influenced by others to do something you considered wrong?

How would you describe the difference between something being:-

a) wrong in the eyes of the law

b) your personal understanding of wrong
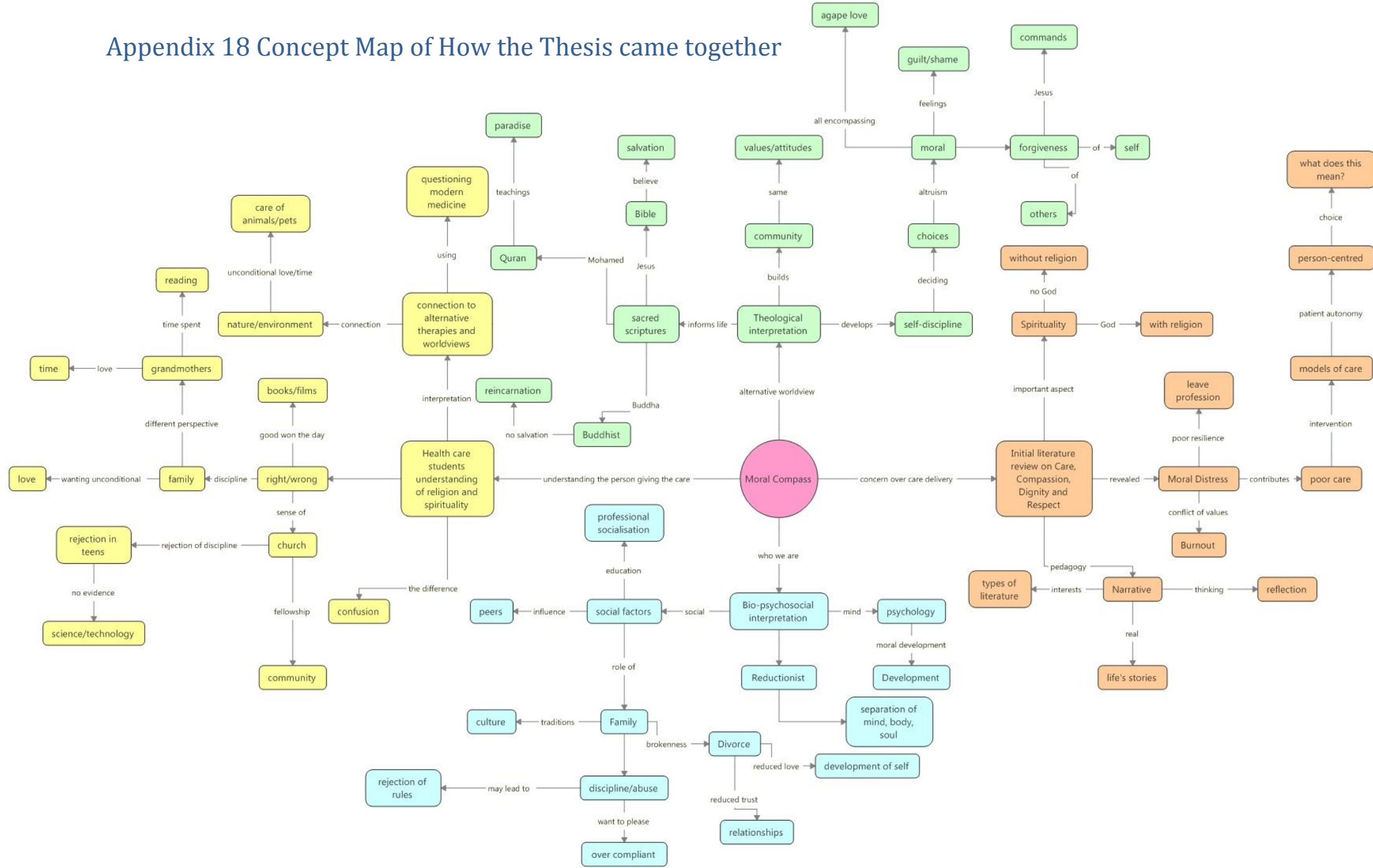
4. Attitudes

What do understand by trust?

What do you understand by servant?

How were you disciplined?

Do you agree with punishment? And what type?

Appendix 18 Concept Map of How the Thesis came together

Appendix 19 Abstract 1

An abstracted submitted for the conference at St Andrews University in May 2019.

Author: Susan Edwards-Horton, Supervisors Dr Lindesay Irvine and Susi Peacock

Institution: Queen Margaret University, Edinburgh.

Status: Final Stages of Professional Doctorate

Title: A qualitative study exploring healthcare students' understanding of their moral compass.

Background: Francis (2010; 2013) highlighted failings within health and social care, identifying themes of poor care, compassion, dignity and respect as issues. Stimulated by these reports a critical literature review revealed spirituality to be important in developing good healthcare practice. A proof of concept (pilot study) sought to understand healthcare students' understanding of religion/spirituality. The moral compass emerged from this as an important theme that required deeper understanding.

Methodology: I took a critical, social constructionist perspective incorporating a theological axiology, as I sought to understand healthcare students' moral compass. The research was exploratory and descriptive using qualitative and inductive approaches (Creswell 2014, Bryman 2016).

Methods: Sampling and recruitment was purposive (N=12) using students within a higher education institution in Lothian. Three data collection methods were used (interpretation of picture cards, identification on journey lines key points where healthcare students felt their moral compass was developed or challenged, and one-one, face-face semi-structured audio-taped interviews) and data was triangulated to increase rigour and trustworthiness (McCormack 2016) within the study.

Analysis: Data analysis used an iterative process of thematic analysis, with a critical exegetical/hermeneutical interpretation. I used the theological/anthropological lens of St Augustine's Two Cities, 'The City of God' (spiritual) and the 'City of Man' (secular) as a reference to interpretation.

Interpretation: Early religious education appeared to influence how an individual's moral compass developed. Having a faith, seemed to guide an individual in the choices they made, developed self-esteem and the way they interacted with others. Elements such as forgiveness and trust were important in relationships. Feelings of guilt and shame were evident with wrong-doing but the level of wrong-doing appeared to be calibrated depending on the situation.

Conclusion: It would appear that what a person does in this life can influence how they will enter the next-life. A great deal of information was generated concerning forgiveness, trust, guilt and shame which need to be addressed for proper moral development. Participants calibrated these factors depending on their situation and it is proposed that the moral compass can be fluid.