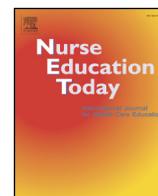




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Moles, misjudgement and moral character: A last response to John Paley

Introduction

Readers may be tiring of the disagreements between John Paley and others on how we account for and explain behaviour, especially, absent or negligent care. Paley's responses show the hallmarks of one who cannot countenance the possibility that someone in 'the literature' does not share his views and who thus feels the need to extinguish every spot-fire of difference as it emerges. Perhaps I may be allowed one last sally forth in resting my case.

I struggled with how to respond to Paley's response. Do I play 'whack-a-mole' with all his mistaken assertions or find more positives in the dialogue to date? His opening salvo did not bode well for my positive project. Paley feels that I and other critics "ripped into his editorial without stopping to wonder whether a 1200 word opinion piece is really going to tell the whole story" (Paley, 2014a, p. 468). What would possess him to imagine that I would expect him to 'tell the whole story' in 1200 words (about what? Mid staffs, the crisis in care, the 'person-situation' debate or maybe life in general?). At no point in my response did I criticise a lack of coverage, a superficiality or mention any missing aspects that Paley 'should have discussed'. His initial 1200 words were more than enough for me. If this was any more of a straw man it would be a nesting site. Mole #1. Whack.

I'd like to try a different tack here which is to suggest areas where Paley and I might actually be in some agreement, surprising as this may seem.

Don't be an 'SIF'

American politics is said to be plagued by 'SIF's - 'single issue fanatics'. I hope that neither Paley nor I fall into this trap in relation to the 'person-situation' debate. I will happily 'let this go' and move on to other issues, hoping that I have managed to avoid lapsing into any blinkered stance that dismisses persons, situations, morality, character, epigenetics, neurobiology or any of the other plethora of factors that make up the endless complexity of who we are, what we do, why we do it and how we understand each other.

I'm with Karl Popper when he suggests that we:

"Give up the idea of ultimate sources of knowledge, and admit that all knowledge is human; that it is mixed with our errors, our prejudices, our dreams and our hopes; that all we can do is grope for truth even though it is beyond our reach (Popper, 2002, p. 39)

I'm not sure how much clearer I could have made it that I do not subscribe to a polarised 'either/or' situation OR disposition/

character view of human behaviour and how we make sense of and judge this:

'People are not collections of template personality traits that pre-determine their every waking action. Nor are people automatons devoid of agency and shaped unwittingly by an all-powerful external 'context'.' (Darbyshire, 2014, p. 888–889)

And to reinforce this:

'The nurse as an individual is inescapably part of a wider context, whether that be society as a whole or the more immediate organisational context of the workplace.' (Darbyshire, 2014, p. 889)

Given that even Paley could not read this and maintain that I am dismissive of the importance and role of social situations, perhaps his gripe is that I won't agree with him and the Fundamental Attribution Error (FAE) school **strongly enough** by abandoning the belief that something called character or integrity may still be very important. Is it only my total agreement that will suffice? If this is the case, then perhaps we can only agree on key principles but agree to differ on the question of relative importance. This may be reasonable, but I suspect that Paley is more intent on being right. If it is the case, that we disagree on degree, readers may well roll their eyes and ask of these exchanges, 'Is that IT?'

It may well be. I can see no mutually acceptable way to assess or calculate exactly what a 'Paley approved' explanatory ratio of personal/character to situational factors would look like. Paley's questions about the absurdity of base-rates and percentages in connection with mitigation seem equally apt in relation to questions of person-situation degree and, I think to the impossibility of calculating the relative 'weight' of person-situational factors. If it is, then we might agree here too. I cannot imagine the mobile app appearing that will accurately calculate whether this nurse's poor care, or this CEO's contribution to creating a bullying, thuggish workplace for example, was due to 40% character/integrity/moral failure, 50% to toxic and contributory situational factors and 10% to 'other factors as yet undetermined'. Perhaps Paley will readily accept this impossibility but I fear it may be only as long as in the meantime we all accept that situational factors are the clear leaders of the pack. I don't.

The Fundamental Attribution Error (FAE)

I do not dispute at all the key premise that people often judge others' behaviours very differently from their own and often in terms of crude personality assessments. The world is full of knee-jerk reactions and soap-box psychoanalysis and health care is not immune. When we hear comments like, 'What else can you expect, she's a degree nurse', 'Muslim/Jewish/rich/poor/black/white patients are so demanding',

'He's a manager, that's just what they're like', 'Doctors are so arrogant' and more, we should know instantly that we are in true FAE territory, a land where the ignorance of judgments is only matched by the speed at which they uttered.

While I still disagree with Paley that providing ethics, or compassion education for nurses is futile, we should be able to agree that education that problematises and challenges students' thinking regarding personal and professional judgment processes and their potential implications for care would be valuable as would education that acknowledges the systemic, social, organisational and political dimensions of organisational and healthcare culture that impact on every aspect of nursing and care provision.

I have no problem in accepting some of the value of the FAE, but I do still balk a little at the 'puffery' of the term. There is a disarming special pleading inherent in the phrase and I wonder if it would have caught on so in social psychology if its originators had called it 'The Tentative Attribution Proposition'? We will never know.

Relative evidence

Paley comes at me with the epistemological equivalent of a baseball bat - 90+ references, good grief. It seems that the world of research and evidence must be on the side of the situationists and the FAE. There is certainly a significantly larger body of empirical work exploring the situationist approach to understanding behaviour and its judgment, but no wonder. It is considerably easier to run experiments recruiting some students or other volunteers, (especially when you omit to tell them the 'real purpose' of the experiment), set up what some would consider a quite artificial situation, manipulate some situational variables and then watch as the altered situations affect how people behave (albeit temporarily) (Burger, 1991). Wow. Paley may be right to criticise my calling these 'Gee-Whizz' studies. I think I have been exaggerating. As Kristjánsson observes:

"We should not labour under the illusion that evidence gathered in this way poses a serious threat to the ideas of character, virtue and virtue education as such" (Kristjánsson, 2013, p. 282).

Situationists cannot use force of numbers to claim that the research case is all in their favour and wondering where the comparable (in size anyway) body of empirical work is on the role and importance of moral character, virtue, or personal integrity. I have no idea how researchers could undertake similar attribution or 'changed behaviour' studies by selectively and temporarily manipulating particular elements of a person's character in order to then observe and attribute any differences to the specific 'piece' of character that was altered.

Mitigating circumstances

Paley devotes entire paragraphs to alerting me to the importance of mitigating circumstances and 'situational pressures that limit responsibility to some extent' (Paley, 2014a, p. 471). He needn't have bothered. I and everyone who is not the most myopic of fundamentalists understands that not all behaviours are morally or culpably equal. Every parent knows that their children's misdemeanours are not identical and that different responses are called for. The judicial system understands that some people who kill may deserve only a light sentence while others should never, ever be released. Nursing and health care has developed the idea of 'just culture' where errors or lapses in care can be openly discussed and where situational and organisation culture issues are emphatically taken into account as opposed to 'routinely blaming staff' (Palmieri and Peterson, 2009). We have no problem in comprehending and judging the difference between a harassed, interrupted, stressed nurse working within an unsafe system making a fatal drug error and a Beverley Allitt (Marks and Richmond, 2008).

In mitigation, perhaps Paley just skipped over the first two pages in my response (Darbyshire, 2014) where I specifically highlighted the situational factors that nurses experience that can lead to their providing less than optimal care despite their best efforts and how patients are perhaps more able that we think to distinguish and to mitigate between the nurse trying her hardest to care in a difficult situation and the nurse who doesn't seem to care at all regardless of the situation. Mole #2. Whack

On 'moral character'

Paley's take on moral character seems to be at the level of 'Character? Whatever THAT means'. He is not alone there and I can understand why. Those dispositional elements such as character, integrity, personal morality all have a quaintly old-fashioned or downright vague ring to them in our current age. I can almost hear their critics demanding irrefutably precise definitions, rafts of empirical studies demonstrating their existence and direct influence on behaviour, or better still a picture of a NMR scan showing a part of the brain coloured red with the caption: 'Your brain when you're doing the right thing'.

In the absence of such categorical indicators of exactly what moral character is, it is tempting to reach for Justice Potter Stewart's famous observation on 'hard core pornography', that:

"I shall not today attempt further to define the kinds of material I understand to be embraced within that shorthand description; and perhaps I could never succeed in intelligibly doing so. But I know it when I see it" (Gewirtz, 1996, p. 1023).

The reality for most of us is exactly that. We make our way through the world as people; nurses, teachers or whoever, encountering situations and other people every day that require us to engage with them. There are times when these encounters touch our hearts as we see the best of humanity and times when we witness people and their actions that make us question whether humanity has a future. Without overthinking the issue, perhaps we often do know what moral character is when we see it and indeed when we don't.

Cohen and colleagues do try to tease out specific characteristics of moral character, but as with all definitional approaches, this too has its limitations. They propose, based on their body of research, that:

"What are the characteristics of moral people? Our results indicate that they are considerate of others, good at self-regulation, and value being moral. Specifically, they consider other people's perspectives and feelings and refrain from manipulating others (low Machiavellianism). Moreover, when they do something wrong, they feel guilty about their behavior and change their future behavior accordingly. In general, they can be described as sincere, modest, and fair, as well as disciplined, prudent, and organized. In addition, they are good at resisting temptations and think about future consequences of their behavior. Finally, integrity is important to them and they want to see themselves as possessing moral traits (Cohen et al., 2014, p. 952)

Kristjánsson, a key scholar in moral character and education (Walker et al., 2015; Kristjánsson, 2012; Kristjánsson, 2011; Kristjánsson, 2009), has described '10 myths about character and virtue', not all of which Paley may hold dear. These include; that character is 'old fashioned', 'that it is essentially a religious notion', 'that it is an individualistic notion, 'that it is entirely situation specific' and more (Kristjánsson, 2013). There is a considerable body of recent work suggesting that they are not e.g. (Miller, 2013; Miller, 2014; Fleming, 2006) As (Helzer et al., 2014, p. 1706) found, "contrary to the strong claims of situationists, the study of character appears to be based on solid empirical ground".

The idea that 'moral character' and 'integrity' have been consigned to the dustbin of history by the triumph of situationism would be unfounded and it would be unfortunate if readers were to gain this sense, even

inadvertently, from reading Paley. Several authors have already proclaimed 'the death of character' (Hunter, 2001; Alfano, 2013) but the classic Wildean response is surely merited here. As Glanzer notes in his rejoinder to the 'character is dead' claims, "I had hoped to resurrect the corpse. However, I could not find the body" (Glanzer, 2003, p. 291).

The well known 'Harman and Doris' work largely responsible for such a perception has been widely critiqued as an example of situationism overplaying its hand by claiming:

"that the conception of character which plays such a central role in virtue ethics simply does not exist in the case of Harman, or is fatally flawed in the case of Doris" (Athanasoulis, 2013, p. 104)

Sreenivasan (2013) and others have argued persuasively, NOT that situationism is wholly wrong or has little value, (for neither is true) but that it can only ever tell part of the story of who we are and why we behave as we do. Our character, values and what we might call our personal and professional 'moral compass' as nurses accounts for other vital elements of the 'whole story'. Sreenivasan found that:

"the social psychological evidence does very little to undermine the virtue-theoretic assumption that certain people actually have character traits in the relevant sense". (Sreenivasan, 2002, p. 48).

From a workplace perspective, Cohen and colleagues found that:

"moral character traits predict ethical and unethical workplace behaviors better than basic organizational and demographic characteristics" (Cohen et al., 2014, p. 953).

As I write this, I have just finished reading 'the latest addition to a roll of dishonoured NHS names that stretches from Ely Hospital to Mid Staffordshire' (p. 5), a.k.a The Kirkup Report into Morecambe Bay Trust and the unambiguously and emphatically described, "lethal mix that, we have no doubt, led to the unnecessary deaths of mothers and babies" (Kirkup, 2015, p. 7).

Does this latest 'hospital scandal' report suggest that organisations may also be 'moral agents'? (Ittis, 2003) I think it does. Does the report uncover situational and systemic issues responsible for this 'lethal mix'? Of course. There are situational factors at every level implicated that will be wearily predictable to anyone who has followed these scandals over the years. Does the report also identify human failure and instances where staff acted unprofessionally and contrary to accepted health professional values, if not actually illegally? Count them.

Paley's suggestion for how we might respond is this:

"A comparable approach to the situations that cause appalling care in hospitals would involve seeking to ameliorate working conditions, and encouraging student nurses to understand the causal links between institutional environments and institutional behaviour. This is a strategy which neither points the finger of blame at individuals, nor absolves them from 'any hint' of responsibility" (Paley, 2014a, p. 472).

I leave Paley's 'strategy' here for readers to drink in fully without further comment as to just how measured, appropriate, acceptable or effective this response would be to the Kirkup Report.

Helené Donnelly and shaping 'the good nurse'

For Paley, the existence, never mind the actions and thinking, of nurses like Helené Donnelly and others who blew the whistle and otherwise continued to give good care in the midst of an appalling culture and situation that Paley and I both agree had a powerful influence on overall quality of care, 'does nothing to dent the situationist view' (Paley, 2014a, p. 471). In Frank Drebin's words, 'Move on. Nothing to see here'. It may not 'dent their **view**', that is true, but I suggest that it assuredly dents their **case** enough to keep the place and importance of

moral character squarely in the frame. In 'good Samaritan' terms I'd suggest that Donnelly didn't just notice the guy in the doorway, didn't just stop to help, but indeed stayed with him and demanded changes to the system that allowed him to be in this predicament in the first place. Not that such social psychology experiments would reveal this. As Montmarquet commented:

"the fundamental flaw, as I see it, in the view of such critics of 'folk psychology' as Harman and the psychologists, Nisbett and Ross is this. They infer from the absence of confirming experimental evidence that the folk psychological notion is false. But why not infer that experiments are simply a poor way of revealing character?" (Montmarquet, 2003, p. 367-368)

I can almost guarantee that for most in nursing education and clinical practice, the Helené Donnelly factor will not be so readily ignored. Nurse educators will be wondering how they can best help prepare nurses like Donnelly with the capacity, ability and integrity to continue to 'do the right thing', even in the midst of difficult cultures and situations. Likewise, the chief nurses and clinical leaders, determined that Mid Staffs and Francis will not become the defining motif for our generation of nurses will be more than interested in how to spot, recruit and nurture nurses who have such character AND such acute understandings of the situation as it exists for both staff and patients that they are prepared to take a stand and challenge it.

Making Judgments

We make judgments about everyone and everything all day long. It is how humans move through this world, as interpreting beings. It is integral to how we understand. That object I'm standing beside is a tree, I'm OK. That object is a lion, I'm in trouble. I'm very happy with nurse Mary in my team, she is reliable, honest, whip-smart and is terrific with patients but I'm very concerned about nurse Jane who regularly cuts corners and is sometimes brusque. I will need to keep an eye on her.

Paley and I can surely agree on this; that while we do indeed make judgments constantly, we should try to make these judgments as thoughtfully and carefully considered as possible. Our judgments, especially about patients and colleagues and about care quality issues should not be extreme FAE, knee-jerk prejudices, or reliant on one person merely saying 'I think', but based on the best information and knowledge that we can garner. Even with such care, we are only human and making judgements is a messy, complex, multifactorial process, not a scientific algorithm with an assured outcome. We can do no more than our best in each case.

Outsider disbelief

Paley takes me to task for being 'way off target' in 'misinterpreting a phrase (his phrase?) called 'outsider disbelief'. This, apparently, is where people behave differently in response to a situation, 'when they are *actually in it*' and where, 'From *outside*, people are absolutely confident that they would not behave like that. *Inside*, behaving like that is exactly what they do' (my italics) (Paley, 2013, p. 1451). My mistake it seems was to imagine that all this talk of outside/inside and outsiders/insiders had a spatial dimension, that it was something to do with either being in a particular situation or not being involved in it. How could I be so misguided?

The one time in all of Paley's correcting and lecturing, the one occasion where a targeted, specific, reference would have been invaluable - we get nothing. I searched three university online databases for research or literature specifically mentioning 'Outsider disbelief' but found almost nothing, other than Paley's papers and their responses. The one reference he does cite, to a general textbook on 'self-knowledge' (Vazire and Wilson, 2012) mentions 'Outsider' once and 'Disbelief' never. Haney & Zimbardo (Haney and Zimbardo, 2009) seems to say

little more than 'don't imagine that you wouldn't do the same thing as the prison guards if you were in the same situation. You probably would'.

I agree that there is something important in the notion of insider/outsider perspectives in relation to judging situations but I'm not prepared to cede to Paley the epistemological authority to pronounce on exactly what these terms or concepts should mean, especially in the absence of any recognised body of specific literature on 'outsider disbelief' that might back him up. Readers may well wish to choose which understanding of insider/outsider perspective they feel makes most sense; my spatial/existential idea of insider/outsider related to involvement in a particular situation, or Paley's. Mole #3. Whack.

Inattentional blindness

I have no disagreement at all with the existence and importance of this phenomenon and readily acknowledge its relevance for nursing. If anyone doubts it, spend ten minutes watching people walking along with their smartphones. I do agree with Most (2010) however when he questions the name. 'Inattentional blindness' has overtones of carelessness, of 'not paying attention', which seems contrary to what many studies depict. Most work in this area seems to focus on what might more aptly be called 'hyper-attentional blindness', where people become so focused and engrossed in a specific situation, that 'peripheral' sights (and sounds) (Dehais et al., 2014) may be missed.

For example, in Scenario #1, Mr Jones is confused and has clambered over his guard rail, fallen out of bed and is bleeding from a head injury. Nurses Mary and Jane rush to help and are deeply engrossed, with their full attention, in stabilising, comforting and helping Mr Jones. So focused are they on this clear clinical emergency that they didn't hear Mrs Smith's urgent call bell from the cubicle next door as they worked and she has now inadvertently soiled herself. By no stretch of the imagination could Mary or Jane be judged to be negligent, deficient in compassion or 'bad nurses'. This would be more a case of hyper-attentional blindness (or more properly, deafness). In Scenario #2, Nurses Mary and Jane were sitting at the nurses' station having a chat when they see Mrs Smith frantically waving as she wants to be helped to the toilet. "It's just old Smithy attention-seeking again says Mary to Jane, as both nurses ignore her, just look busy and she'll soon stop it". That may be more in keeping with the term 'inattentional blindness', where we purposely see what we want to see and conveniently overlook what we don't.

What is so concerning, however in Francis and similar reports highlighting 'missed care', poor care and negligence, is that the majority of 'cases' presented are not situations like scenario #1 where staff have been so engrossed in out of the ordinary events that have taken up all of their attention. Rather, they have been more like scenario #2 where there is almost a normalisation of what the Ombudsman Report into care of older people in the NHS (2011, p. 10) famously identified as 'casual indifference' to their dignity and welfare or where, as in the Kirkup Report, there has been a particular professional ideology that seems to have overridden all other considerations related to the wellbeing of woman and babies.

What people think

Did readers do a double take here and wonder as I did whether Paley was setting his very own 'invisible gorilla' trap for us when he wrote that: " 'what it is like', on my view, is irrelevant" (Paley, 2014a, p. 472). Did he slip this sentence in, convinced that no-one would notice, and he would then return in a year's time to point out how easily we'd all been taken in? I won't make the FAE mistake here of assuming that this means that Paley 'doesn't care what people think'. Given his cited work, it is more likely that he may believe that any such recollected 'experiences' from those involved at Mid Staffs are likely to be largely unreliable, self-serving, 'confabulations' (Paley, 2014b).

Once again though, we may be in 'question of degree' land here. I fully accept that people's recollections and accounts are not simply 'mirror images' of 'what 'really happened'. Life and how and why we recall and narrate it as we do is infinitely more complex and murky than that. I'm not ready yet though to abandon the value of all memory, conversation, discussion, human dialogue, oral history, people's perspectives and understandings of their experiences or the valuable field of narrative health and social science. There may well be a place for a moderate 'hermeneutic of suspicion', concerning recollected experience but as Ricoeur warned, "out of control scepticism is self defeating, as nothing thereafter can be meaningful." (Bigger, 2011, p. 107)

I don't know what Paley thinks is the extent of the 'irrelevance of what people think'. Does he believe that, for example, all of the Francis, Kirkup (and other) report interviews, testimonies, submissions and other data from those directly involved in 'poor care' are unworthy of consideration or that they are genuinely 'irrelevant' to the cases that he presents on behalf of social psychology? I wonder if this 'irrelevance' extends to accounts of patient experience everywhere? I hope not.

The transparent self?

Because of my apparent 'commitment to subjectivity', Paley construes that I think the self is 'completely transparent' to itself. For the same reason, 'It is not surprising that somebody with hermeneutic phenomenological inclinations should think in these terms' (Paley, 2014a, p. 472). This is akin to asking 'Are you now or have you ever been a member of the hermeneutic circle?' Guilty as charged m'lud and perhaps the sentence is that 'You'll never think in this town again'. Perhaps it is Paley who harbours beliefs about the transparent self. When he claims to have access to 'Darbyshire's own private fantasies', (Paley, 2014a, p. 471) (perish the thought), that's a mole too far. If this were true it would represent the biggest data security breach since Edward Snowden.

In fact I'm probably not as devout a hermeneute as Paley imagines, otherwise I'd refuse to even countenance the dualistic premise that there are distinct subjectivities and objectivities such as body-mind, internal-external, social-dispositional etc. to argue about. As it transpires I'm writing part of this response on a flight to Adelaide and I can guarantee that I'm not being carried along comfortably at 30,000 feet by a collection of agreed perspectives, social forces, power relations, subjective impressions or 'pilots' feelings', but by the reassuringly aerodynamic objectivity of a couple of Rolls-Royce engines.

I have no idea why Paley believes that a phenomenologist, or anyone else for that matter, would find the self transparently obvious in this way. Phenomenology certainly has a different take on the self, (and that 'whole story' is seriously beyond even full length article discussion, see e.g.; (Scheer, 2013; Dreyfus, 2014; McManus, 2014; Dreyfus and Wrathall, 2009; Kristjánsson, 2009; Taylor, 1992; Guignon, 2009) but 'completely transparent to ourselves'? Never.

For most of us, 'knowing ourselves' is a lifetime's work that is cut short only by our death. Even after some 60+ years being this entity called Philip Darbyshire and being, I hope a reasonably thoughtful person, I am certain that there are spaces, places, possibilities and 'openness to being' within myself that I know little or nothing of.

I agree with Paley when he questions the accuracy of many of our own insights into ourselves and the self-understanding of our actions. I'm Scottish enough to revere our national bard and his distilled wisdom, expressed hundreds of years before social psychology as a discipline was even thought of, on the folly of thinking that we have some 'transparently accurate' self-knowledge:

"O wad some Pow'r the giftie gie us
To see oursel as ithers see us!
It wad frae mony a blunder free us,
An' foolish notion" ('To a Louse' by Robert Burns (1768).

However, moving from here to Paley's suggestion that we are **so** devoid of insight and awareness in relation to ourselves that, 'insiders' are the last people to understand the reasons for their own behaviour" (Paley, 2014a) sacrifices sense for rhetorical flourish. Readers should have no problem in seeing through this Paley sleight of phrase. Mole # 4. Whack.

Concluding comments

In resting my case I draw on Cohen et al. (2014) to make the point that most would find incontrovertible, that:

"despite the long history of the person versus situation debate (Fleeson & Nofhle, 2009), we view the dichotomy between the two to be largely a false one in that personality influences situations and vice versa" (Cohen et al., 2014, p. 958). Amen.

We are fallible humans whose behaviours and judgments can be wrong as well as right. Our behaviours and our judgments of others are shaped by a myriad of factors that are 'internal', 'external' and in every space between. Our behaviours, values and moral character take time to develop but then are probably more consistent than we imagine (ask your long term spouse or partner about 'what you are like') but we are all capable of acting 'out of character' in exceptional circumstances.

In nursing and nursing education we should be aiming to develop the best in moral and ethical character, thinking and comportment that will help prepare and enable students and staff to 'do the right things' in what will be difficult and challenging clinical settings and health care cultures. There are no perfect 'situations' with ideal 'working conditions' out there for them to work in. At the same time, we need to equip them with the critical thinking and questioning abilities to see deeper than superficial judgment or explanation and to challenge social, situational and organisational culture factors that overlay and impinge on both their practice and the care of patients. This is a tall order, but it is also the challenge that made many of us become nurse educators. Hopefully this is not too much of a red flag to Paley's bull.

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