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Care to Cure: Voices of Sick Bodies in the film *The Good Nurse* (2022)

Abstract: In recent decades, the positions of patients have started deteriorating even after getting the right medication for the specific illness. To ponder this issue, the role of nursing cannot be overlooked. A recent Netflix-released movie *The Good Nurse* (2022), a crime-drama based on the book of the same name by Charles Graeber, delightfully exemplifies the perspective that, on the one hand, showcases the idolatry and working professionalism of nursing and on the other brings forth the complexities of the healthcare system. This study encompasses Lydia Hall's 'Care, Cure, and Core' theory of nursing to show how these three aspects reverberate the essence of this profession and eliminate the complexities involved with it. It is very important to address this issue, as it is the foundational framework for interacting with patients that helps in amplifying the living condition of patients. Furthermore, this study brings up the significant issue of 'trust' that is prevalent in the contemporary health system around the world. The relevancy of these issues is justified through the study of this film that disestablished the canonicity of the medical nursing system and in contrast, shows the astounding professional practice that helps in improving the recovery of patients in a hospital setting.

Keywords: patient; cure; nursing; wellbeing.

Introduction

The Good Nurse (2022) is a Netflix crime thriller movie based on the book by the same name by Charles Graeber. Published in 2013, it delves into the true story of Charles Cullen, a hospital nurse and convicted serial killer. Directed by Tobias Lindholm, this movie is the portrayal of the true story of Cullen, who committed numerous crimes that went undetected for a prolonged period. The plot centers around ICU nurse Amy Loughren, who discovers her seemingly kind colleague, Charles, is harboring a sinister side. As Loughren investigates his possible involvement in a suspicious death at their New Jersey hospital, she and the detectives working on the case confront various obstacles stemming from within the healthcare system. This paper examines the film from a critical perspective, analyzing its themes and implications for the healthcare industry.

It was the phenomenon of past when we controlled infectious diseases by identifying the ‘causes’ and taking measures to prevent them. However, these boundaries have become fuzzier, and many interconnected subsystems are involved in the development of any disease as a “result of the interplay of genetic predisposition, environmental context, and lifestyle choices”¹. Most of the complications in healthcare arise because of its nonlinear nature, which consists of the intersection of various sub-disciplines, departments, and constellations of individuals of different specializations. Identifying the cause of any disease may involve a whole team of different departments and diverse specializations; therefore, adhering to the central aim of care and cure would become difficult to operate in such a scenario. We draw on two types of complexities that prevail in the healthcare system: explanatory and normative. Using them in the background, an analysis of the movie is performed in the latter section of this paper. In normative complexities, a nonlinear component of the healthcare system will be shown, whereas the reductionist approach is being employed in the discussion of normative complexity to bring the value of ‘conversation’ in the context of nursing care by deploying examples from the movie. We hope to make a contribution by adding the indelible role of normative complexities with Lydia’s Halls “care, cure, and core theory”, which we will elaborate on in the next section of this paper, to enhance the improvement in the nursing care model. The explanatory complexity model involves doctors, nurses, healthcare professionals, and individuals associated with healthcare phenomena. Understanding one another’s viewpoints on the sickness experience is a crucial challenge for doctors and patients. Such viewpoints serve as the ‘lens’ through which any treatment plan is conceived, and they have an impact on how that plan is carried out by deciding if it makes sense in the patient’s life as a whole. The explanatory model deals with the parlance of architectural biomedical diseases, where science-based procedures are followed for orchestrated results. Although this model may comprise many complexities associated with it, this paper revolves around normative complexities and offers solutions that align with Lydia’s Hall theory of cure to provide better casuistry effects. In addition, normative complexities also deal with ‘issues’ related to a short talk, interaction, and empathetic exchange of words between health practitioners and patients that enhance the reliance on trust. This paper follows a tripartite structure, with the first section addressing the problem statement by examining the issue of substandard nursing practices in healthcare and contrasting it with Hall’s theoretical framework, which highlights how the three essential aspects of care, cure, and core enhance the quality of patient treatment. The subsequent section delves into the significance of nursing systems within the healthcare industry, drawing on the film as a point of reference. Finally, the article showcases exemplary nursing practices, highlighting the therapeutic impact of conversational engagement with patients and illustrating how the incorporation of Hall’s three key components can promote trust and enhance the therapeutic experience. The central argument of this paper is that the alignment of normative complexity with Hall’s theory offers a

¹ Paul E. Plsek and Trisha Greenhalgh, “Complexity science: The challenge of complexity in health care,” *BMJ: British Medical Journal* 323 (2001): 625.

comprehensive framework that functions wondrously as a patient-centered approach, enabling patients to exercise autonomy and maintain their rights.

The Intersection of Unethical Conduct and Professional Responsibility

Kalisch and Xie conducted a research study to identify the nursing care elements that are most frequently missed by healthcare providers. The study found that five specific elements were most commonly missed: oral hygiene, ambulation assistance, aiding patients in transitioning from bed to chair, not providing information about tests or procedures, and assistance with bathing. In addition, our argument is that the omission of incorrect medication as a major concern in Kalisch and Xie's study is a significant oversight.² Chiragi et al. argued that "medication errors had been made by 64.55% of the nurses"³. Incorrect administration of medication by nurses is a grave mistake that can have dire consequences for patients. Nursing is an inherently delicate profession with no margin for errors or compensation. The measured pacing of the film's opening sequence generated a sense of anticipation and intrigue. Through a slow zoom-in, the camera focuses on nurse Charles Cullen attending to a patient at St. Aloysius Hospital in Pennsylvania, while an ominous background score heightens the tension. Instead of highlighting the commotion and doctors' efforts to address the patient's seizure, the camera lingers on Cullen, accentuating the suspense and establishing the context for the film's subsequent events. Cullen was a surreptitious murderer who employed intravenous tubes to administer poisonous substances to patients. The film delicately examines the complex matter of accountability for immoral conduct, as evidenced by Cullen's extensive history of criminal behavior and the healthcare system's apparent failure to act beyond transferring him to different institutions. The primary loophole identified in the case of Charles Cullen was the absence of a comprehensive national reporting mechanism for healthcare professionals who display indications of medical malpractice, errors, or questionable conduct. This allowed Cullen to move from one healthcare facility to another, frequently departing under suspicious circumstances, without any noteworthy alerts being raised. Furthermore, the lack of effective coordination and information sharing among healthcare institutions and law enforcement agencies across different states complicated the identification of Cullen's behavioral patterns and hindered the connection of relevant information. Cullen's employment in numerous hospitals across multiple states contributed to the difficulty in tracking his activities and detecting suspicious conduct. This form of negligence has the potential to undermine the fundamental principle of trust that underpins patient care and the broader healthcare system.

² Beatrice J. Kalisch and Boqin Xie, "Errors of omission: missed nursing care," *Western Journal of Nursing Research* 36, 7 (2014): 875–890.

³ Mohammad Ali Cheragi, Human Manoocheri, Esmail Mohammadnejad, Syyedeh R. Ehsani, "Types and causes of medication errors from nurse's viewpoint," *Iranian Journal of Nursing and Midwifery Research* 18, 3 (2013): 228.

Care, Core, and Cure Model

Lydia Hall (1906–1969) was an eminent nurse who established the Loeb Centre for Nursing and Rehabilitation at Montefiore Hospital in New York, USA and worked in rehabilitative care. She described her model of nursing in *Nursing: What Is It?* (1964), which was published in the *Canadian Nurse Journal*.⁴ The nursing profession was defined by Hall as “participation in the care, core, and cure components of patient care, where care is the primary responsibility of nurses, whereas the core and cure are shared with other members of the health team.”⁵ This approach sought to emphasize how the interaction between nurses and patients promotes essential elements of nursing practice. The three components of the model – care, core, and cure – are separate but interconnected; matching circles differ in size and occasionally cross each other according to the stage of the healing process.⁶ Patients receiving nursing care are the central component of Hall’s model. This dimension consists of objectives (representing sentiments and values) determined by the patient and not by any other party participating in the treatment process.⁷ Nurses are urged to recognize patients’ aspirations, including their social, biological, spiritual, and psychological components, through efficient communication.

While caring for patients, nurses who follow Hall approach offer physical, emotional, and social support, in addition to helping with medical treatment and education. By providing medical treatment and education, nurses help patients to better understand and control their condition and minimize exacerbations. Hall’s nursing model offers a framework for promoting open communication between patients and nurses. The care circle refers to the private care nurses giving patients help with dressing, bathing, and aid with everyday chores. The cure circle of the framework addresses patient care and disease management, whereas the core circle symbolizes the patient’s emotional and social makeup. However, this model is dynamic, not fixed to the given circles, “circles can overlap depending on the needs of the patient during the management of their disease”⁸.

According to Lydia Hall’s model, care is associated with physical aspects that involve nursing dealing with the bodies of the patients. This circle encompasses all the attitudes and actions that tend to optimize the recovery of the patient and reduce the complexity of dealing with sick patients. Osuala examined the role of nursing care, stating that it encompasses the provision of essential services such as bathing, feeding, and other activities related to self-care.⁹ Nurses are expected to carry out these ser-

⁴ Lydia E. Hall, *Nursing: What is it?* (New York: Montefiore Medical Center Archives, 1958).

⁵ Adi Subrata Sumarno, “Pressure ulcer: the core, care and cure approach,” *British Journal of Community Nursing* 24, 12 (2019): S38–S42.

⁶ Alligood M, *Nursing theorists and their work*. (St Louis : Mosby-Elsevier, 2014).

⁷ Alligood M, *Nursing theorists and their work*. (St Louis: Mosby-Elsevier, 2014).

⁸ Mary L. McCoy, “Care of the congestive heart failure patient: the Care, Cure, and Core Model,” *The Journal of Practical Nursing* 56, 1 (2006): 5.

⁹ Eunice Osuala, “Innovation in prevention and treatment of pressure ulcer: Nursing implication,” *Tropical Journal of Medical Research* 17 (2014): 61–68.

vices as part of their professional duties to ensure the optimal health and well-being of patients. The second circle, which represents cure, is linked to the medical care received by the patient in the form of pathological and therapeutic processes.¹⁰ The examination of the patient's body through scientific methods and the whole process of diagnosis comes under this section. This part is shared by physicians, surgeons, physiotherapists, and other healthcare providers, along with nurses. The third and final dimension of Lydia Hall's model talks about the core, which embellishes the nurturing process by adding genuine care and concern about the patient's emotions and psychological needs. She argued that thriving on these three dimensions will provide a structure that works exceptionally for the benefit of patients. In the next section of this paper, we discuss Hall's theory in the context of the film *The Good Nurse* (2022), to draw neatly on focusing on the role of the protagonist Amy Loughren and, in contrast, other nurses' practice. This study shows how Amy is the perfect embodiment of Hall's theory and, on the other side, shows the dark side of the profession through Charles Cullen, who brings complexity through his ambiguous acts.

The Importance of Nursing Theory in Maintaining the Integrity of the Profession

Can the nursing profession be considered an ethical and moral replicator or merely a source for earning a livelihood? Could nursing theory play a role in making nurses more empathetic and compassionate towards their practice? This section of the article is carefully crafted to address these questions, framing the role of art and humanities to serve this purpose.

Clustering around these questions, this section focuses on how Charles Cullen, the antagonist of the film, reveals the possible configuration of negligence and to what extent the taxonomy of disastrous effects is perpetrated on patients' lives. Cullen was transferred from many hospitals, but the reason was not revealed until an investigation began after the death of Ana Martinez, an elderly patient. It was later revealed that he was suspected of death in numerous patients whose numbers are unknown. Upon being presented with evidentiary materials by the detective regarding the precise medications that Cullen had extracted, Amy realized that it could only have been for malevolent purposes, leaving no other plausible explanation. It was only then that she comprehended the truth, gaining an understanding of the harm her colleague had caused to the patients placed under his supervision, leading to detrimental consequences for their respective families. Following his arrest in 2003, Cullen made a confession admitting to having killed as many as 40 patients, resulting in his sentencing to 11 consecutive life sentences. Based on these investigations, it is believed that the actual number of patients he murdered while working at various hospitals in New Jersey and Pennsylvania over a period of 16 years could be as high as 400. For instance, during his tenure at the initial hospital that he worked for, Cullen deliberately injected

¹⁰ Hall, *Nursing: What is it?*

lethal drugs into IV bags that were randomly dispensed to patients, even going so far as to admit to poisoning three to five such bags on a weekly basis. Now, the question arises as to who is accountable for such innocent deaths. Such incidents leave a trail of unanswered questions that the scholarship in the medical humanities tries to address with the ethical and moral questions. Medical Humanities helps in bringing the combination of emotional and ethical aspect that is shown in the conduct of Amy Loughren throughout the film. And it is through her conduct, Charles realized how wrong he was in his conduct in the profession. Further, the indispensability of humanistic/emotional elements in the nursing profession can be interpolated from the confession of Cullen in the presence of Amy, who infuses emotional elements that incite the outflow of his inner thoughts. Art helps in understanding the experience of illness which helps nurses to emphasize with a sick patient and bring their moral being into action. Amy's conduct also represent presents how empathy and care are crucial aspects of nursing theory in a public institution like hospital. Hence, we also argue that 'empathy' and 'enrichment' in the nursing profession are transferable to other domains like asylums, prisons and other public institutions, where these skills are much needed.

The arts teach creative means of expression, understanding of different perspectives, an awareness of knowledge and emotions throughout the human experience, and the shaping and sharing of perceptions through artistic creation and practices in the expressive world.¹¹

The inclusion of art will serve the purpose of providing competency to medical professionals so that nursing theory alone is not reduced to superfluous icing, as Catherine Belling said, "the decorative edge of the curriculum"¹² as was observed in the case of Charles Cullen.¹³

Sense and Sensibility: A Perfect Embodiment of Reliance

In the most prominent text of Narrative Medicine, *The Illness Narrative: Suffering, Healing, and the Human Condition* (1988), Arthur Kleiman offered:

A number of images with which to think about the experience of doctoring: *the wounded healer*, who has experienced personal suffering and wants to alleviate the suffering of others; *the burnt out carer*, ready to leave the profession; *the revolutionary*, politicised by the witnessing of

¹¹ David Skorton and Ashley Bear, eds., *The Integration of the Humanities, and Arts with Sciences, Engineering and Medicine in Higher Education: Branches from the Same Tree* (Washington: The National Academies Press, 2018), 60.

¹² Catherine Belling, "Sharper Instruments: On Defending the Humanities in Undergraduate Medical Education," *Academic Medicine* 85 (2010): 938.

¹³ *Ibid.*

structural violence; *the cynic*, who gets on with the job and ring-fences his role; *the Chinese healer*, who conceives of medicine as less a profession and more a ‘wisdom of life’; and *the sensitive neophyte*, the young idealist who can see how his senior colleagues have hardened themselves to distress.¹⁴

Thinking with these images provided by Kleiman in the above-quoted passage is truly understood with the consideration of Amy Loughran’s role as a nurse, played by Jessica Chastain, as a kind-hearted, well-interactive, and compassionate nurse in the Parkfield Memorial Hospital, as portrayed in *The Good Nurse*. Amy exemplifies the wounded healer, as Kleinman understands the suffering of sickness, and neglects her concerns to alleviate the suffering of her patients. She was a divorced mother of three daughters. All three girls were in infancy, and despite these challenges, she worked on night duty with equal love and compassion towards her patients.

Since its beginning, the problem of ‘health communication has always lingered over the health care system. Anderson et al. observe that health communication, language, and miscommunication are the major barriers to effective treatment, among others.¹⁵ However, Amy showcases perfection through her nursing practice. She always communicated healthily with her patients. For instance, whilst giving injections, she interacts with her patient Ana Martinez, an old lady, asking, “How long have you two people married?”¹⁶ When Ana responds saying, “Three years”¹⁷ jokes warmly, “Oh! Couples are newlywed”¹⁸. Amy represents the perfect embodiment of Lydia Hall’s model of the tripartite mechanism, where she offers a cure to her patient, matching the values of commitment, and accomplishing competing values. The brief dialogue between Amy and Ana evokes a sense of comfort and reassurance underscored by a genuine concern for the patient’s well-being. Amy’s professional empathetic approach to caregiving is evident in her inquiry into Mrs. Martinez’s needs and her assurance of returning the following day. This exchange exemplifies the rewarding nature of caregiving and highlights the importance of providing patient-centered care. The conversation between healthcare professionals and patients, “particularly in informal or social contexts beyond the usual health provider role [...] a sense of genuine care and compassion, fostering trusting relationships with their care provider”¹⁹. In this

¹⁴ Arthur Kleinman, *The Illness Narrative: Suffering, Healing and the Human Condition* (New York: Basic Books, 1988), qtd. in Michelle Pentecost and Thomas Cousins, “The Good Doctor’: the Making and Unmaking of the Physician Self in Contemporary South Africa,” *Journal of Medical Humanities* 43 (2019): 46.

¹⁵ Kate Anderson, Jeannie Devitt, Joan Cunningham, Cilla Preece, Alan Cass, “All they said was my kidneys were dead: Indigenous Australian patients understanding of their chronic kidney disease,” *The Medical Journal of Australia* 189 (2008): 499–503.

¹⁶ Tobias Lindholm, *The Good Nurse*, United States: Netflix, 2022, Online, 04:52–04:56.

¹⁷ *Ibid.*, 04:56–04:58.

¹⁸ *Ibid.*, 04:59–05:01.

¹⁹ Warren Jennings, Chelsea Bond, Peter S. Hill, “The power of talk and power in talk: a systematic review of Indigenous narratives of culturally safe healthcare communication,” *Australian Journal of Primary Health* 24, 2 (2018): 109–115.

section, we suggest that communication between healthcare providers and patients is an integral part of the care process, as it offers the trust of reliance on healthcare providers. This means that it urges patients to cooperate with nurses, even though the process is painful. A striking example is offered by Amy; through her genuine talk with the old woman, she gains her trust. Despite the pain and dry cough, she did not complain or comply with the medication despite being grumpy.

Contemporary healthcare improvement strategies and protocols have recognized that biomedical markers of progress are insufficient for assessing success. Therefore, it is imperative to incorporate supplementary criteria in conjunction with biomedical outcomes.²⁰ Our underlying assumptions in this discourse are twofold. First, we posit that the establishment of systems and environments that do not conceal or mask the presence of normative complexity is a prerequisite for adequately addressing normative complexity. Secondly, we contend that diverse forms of dialogue can play a crucial role in uncovering and addressing different aspects of normative complexity, sometimes by highlighting them and sometimes by actively engaging with them. Amy, through her development of normative interaction with her patients, brings the humane facet of medicine. For example, the conversation between a patient's spouse and Amy about the former's departure also brings the humane side of medicine where she offers empathy towards her patient "I have to go, but I'll be back" the husband says. "You know the rules, I'm not allowed to stay."²¹ After hearing this conversation, and the distress of patient and spouse, Amy interjects, "Hey, Sam; this chair reclines. You want a blanket and pillow? I won't tell if you don't."²² This does not mean standing in defiance with the institute, but it highlights the importance of understanding the individual needs of patients that play an indispensable role in the process of caring.

The dialogues analyzed in this study are largely commonplace and encompass a spectrum of topics, ranging from practical and tangible matters to more theoretical and abstract issues. Nonetheless, everyday conversations within the healthcare setting possess the capacity to embody and enhance the quality of the care provided. Amy is a perfect example of how this kind of relationship is established and how healthcare quality is the ramification of such a relationship. In one of the crucial scenes of the film, where Amy is shown exuberantly interacting with Vanessa, a newly admitted patient, who said "I know you're not supposed to have babies in here, but I really did not have anyone else who could take her." Amy said it was okay, the man thanked her. Then she asked their daughter's name; the man replied 'Vanessa.'²³ Amy acknowledged the patient's predicament and proceeded to inquire about her daughter's name. The patient's response included a playful nickname for the child, which subsequently prompted her to discuss her own children, thereby creating a more authentic and meaningful exchange. These types of conversations foster relationship building and

²⁰ Sue Ziebland, Angela Coulter, Joseph D. Calabrese, Louise Locock, *Understanding and Using Health Experiences: Improving Patient Care* (Oxford: OUP Oxford, 2013).

²¹ Lindholm, *The Good Nurse*, 05:30–05:36.

²² *Ibid.*, 05:37–05:45.

²³ *Ibid.*, 49:22–49:34.

help in developing more trust in the process of cure, thereby enhancing the effectiveness of the therapeutic process.

Lydia Hall's concept of care encompasses a range of perspectives that promote inclusivity and a holistic approach to healthcare. The film *The Good Nurse's* portrayal of Amy Loughren demonstrates her embodiment of these qualities and her ability to put them into practice. She serves as a prime example of how nurses can effectively carry out their duties with empathy and affection, aligning with Hall's vision of nursing and its potential to provide compassionate care.

Conclusion

To make the nursing system a more subtle and productive mode of operation, Lydia Hall's theory of nursing offers insightful exposure to nurses. It expounds on the interrelationship between nurses and patients and focuses on the intersection of spaces where the needs of patients are recognized and catered to. Importantly, this article displaces the question of 'one answer and one way of doing or looking at things,' arguing that the enactment of Hall's theory can be reified by incorporating arts and humanities into nursing practices on a large scale. Charles Cullen serves as a witness to this claim as he was portrayed as a young, kind-hearted man until his crimes were revealed. How can a man who is so nice to his colleagues, helped Amy with her house chores and attended to her patients when they were sick, commit such heinous crimes? Clearly, it is not his lack of nursing education or competency that redresses him as a criminal, but the lack of exposure to moral and ethical teaching, along with the lack of empathy and care, that made him a botch in the field of medical care. Despite her own health complications, Amy displayed a great deal of care and compassion towards her patients. She demonstrated a strong ethical code of conduct, as evidenced by her decision to cooperate with the investigation against Charles Cullen when she suspected he might have been involved in criminal activity. Amy's approach to patient care exemplified the three key traits of care, cure, and core aspects. By providing her patients with attentive and compassionate care, Amy demonstrated the 'care' aspect of her role as a healthcare professional. This included not only treating their physical symptoms but also addressing their emotional and psychological needs. In addition to providing care, Amy also focused on the "cure" aspect of healthcare by working to ensure the right medication is given that treat her patients' underlying conditions. Despite her own health complications, she remained dedicated to providing the best possible treatment for her patients. Finally, Amy upheld the core aspect of healthcare by maintaining high ethical standards and integrity in her work. Her decision to cooperate with the investigation against Charles Cullen demonstrated her commitment to upholding the principles of patient safety and accountability. Overall, Amy's dedication to patient care and ethical conduct made her an asset to the healthcare community. This study shows that Amy's use of the normative technique of short conversation helped in fostering patients' trust in the nurses, healthcare professionals, and in the

healthcare system in general. However, there remains scope for further study from the perspective that studies the underlying loopholes in the healthcare system.

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