



Using the arts and humanities to promote a liberal nursing education: Strengths and weaknesses

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SUMMARY

Background: The requirement that all student nurses in the United Kingdom will be educated to degree level from 2013 permits a review of the current state of nursing education in university contexts. Recent educational standards for these new programmes (NMC, 2010) allow a liberal, or broad-based, education, with its features of breadth of knowledge, formativity, critical thinking and working with others, to be considered. **Objective:** Select narratives from a PhD study featuring student nurses and nurse teachers exploring the relationship between reading literature and poetry and ethical practice are presented to critically support the place of liberal education within these programmes.

Design: These narratives are drawn from a research study based upon the use of a narrative methodology. **Settings:** The study was set within the educational context of a school of nursing and midwifery in one Scottish university.

Participants: Eight student nurses and four nurse teachers participated in the study.

Methods: These narratives were constructed from data derived from focus groups and individual interviews. **Results:** These narratives suggest that liberal education can be promoted within international curricula via careful positioning of, and student nurse engagement with, the arts and humanities. A liberal education can influence student nurses' sense of discernment, enhance their own responsibility for learning, support ethical regard for others, provide different perspectives on human experience and contribute to a balanced curriculum. Although a liberal education cannot guarantee fully skilled and ethically sensitive practitioners, it can contribute towards its achievement.

Conclusion: The current university education climate presents obstacles to the promotion of liberal education. Nevertheless, the considerable professional and personal challenges of nursing practice in global terms make such an educational preparation essential. If nursing education to degree level is to commence from 2013, these principal features of liberal education, via these educational standards, must be embedded prominently into new programmes.

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Introduction

This paper presents original findings derived from a PhD study exploring the relationship between student nurses reading literature and poetry and ethical practice. In a sub-theme of the study, selective narratives of student nurses and nurse teachers explore ways in which inclusion of the arts and humanities can contribute to a liberal, or broad-based, pre-registration nursing education within the United Kingdom. Liberal education can be promoted by highlighting professional wisdom and values-based practice (Edmondson and Pearce, 2007; Hewitt, 2009), but this paper centres on the potential contribution of the arts and humanities to this promotion.

This can be linked to the requirement that the pre-registration educational preparation of nurses in the United Kingdom acquires

degree level status from 2013 (NMC, 2010). Examining the educational standards for these programmes provides an opportunity to review the place of liberal education provision (NMC, 2010). This review also considers the impact of liberal nursing education in international terms. These narratives critically support the view that a liberal, or broad-based, education can contribute to essential 'graduate attributes' in student nurses. Possession of these can, in turn, enable students to address the professional and personal demands of practice within dynamic, diverse and ever-changing health and social care cultures.

Background

Carr (2009) locates a liberal tradition of university education within the context of several university models: Humboldtian (pure research), Napoleonic (linked to overt political goals) and professional (preparation for specific vocations of serving others). The liberal

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tradition seeks a unity of understanding across several different knowledge bases, but eschews generalism and superficiality (MacIntyre, 2009).

The philosophy of liberal education incorporates a higher end, or purpose (*telos*), into the knowledge claims of a particular discipline. This end (*telos*) considers the essential knowledge for, and understanding of, a particular discipline as partial, provisional and open to revision, but still worth pursuing (MacIntyre, 2009). Liberally educated nursing students therefore aspire towards a broad understanding of their practice within wider personal, social, cultural and political contexts. Languilli (2000, p. 40) summarises the purpose of liberal education as:

the cultivation of the students' minds primarily, then derivatively their hearts, and their actions in such a manner as befits liberally educated persons.

The aim of developing students as whole human beings via their 'minds–hearts–actions' suggests an integrated educational experience which values the study of a practice's several knowledge bases for their own sake (intrinsic worth) and not only as instrumental 'means' towards achieving 'proficiency' in certain professional and technical skills. This assumes that students might enjoy the rich intellectual, social and cultural features of a university educational experience. Nevertheless, in recognising that nurses will be exposed to complex and ambiguous experiences (e.g. witnessing suffering, pain and distress of others), liberal education seeks to include key features of formativity, working with others, cognitive as well as affective elements and consideration of the potential impact of contextual factors upon practice itself.

Nursing Education in University Contexts

The history of nursing education within United Kingdom university contexts can be traced from the 1990s. During this decade, the majority of colleges of nursing responsible for providing pre-registration nurse training programmes were incorporated into the higher education sector. Several challenges and controversies mark this period. One prominent theme centres around the merits of preparation in educational or training terms (Watson, 2002), whilst further sub-themes have debated curriculum philosophy, the theory–practice relationship (McCurry et al., 2010), the assessment of student practice in terms of clinical competence (Taylor et al., 2010), the relevance of a university research culture to nursing practice (McCleary and Brown, 2003) and the relationship of nurse teachers as academics to nursing practice itself (Smith and Allan, 2010; Adams, 2011).

Taylor et al. (2010) highlight the dichotomy between a university aim of encouraging critical, analytical and research skills in nursing students and their apparent neglect in the assessment schemes of students' practice based upon a technical–rationalist mode of competency. To this, might be added the variable ways in which research findings are utilised in clinical practice (O'Bryne and Smith, 2011).

Both educational preparation and clinical practice may also share in a 'crisis of professionalism' (Crigger and Godfrey, 2011). Perceptions that university educational preparation of nurses can foster graduate elitism of a 'too posh to wash' hue (Gallagher, 2005) are matched by an enduring suspicion that well-publicised deficiencies in patient care may form part of a deeper crisis in ethical understanding within professional health care disciplines themselves (Taylor et al., 2010).

Appreciation of such background factors is important in any consideration of the place of a liberal nursing education. DeBrew's (2010, p. 42) definition of liberal education incorporates:

critical thinking, effective communication, collaboration with others, appreciation of diversity, and integration of knowledge from science and humanities in order to solve problems.

An important feature of health and social care education (Jones-Devitt and Smith, 2007), criticality recognises the validity of several different knowledge bases and the need for constant scrutiny of assumptions. Two examples may illustrate this. Firstly, mental health nursing students might consider the phenomena of depression via scientific (medical) categories derived from universally recognised classification systems (APA, 2004), alongside the subjective form of narratives of people who live with this condition (Styron, 2001). Secondly, adult student nurses' understanding of cerebral vascular accidents via diagnostic categories might be deepened by considering its human experiential dimensions in metaphorical terms of a 'broken-winged bird' (Bauby, 1998 p. 40).

This recognition of diverse knowledge bases is not unrelated to current conceptions of evidence-based practice (EBP) (Nairn, 2012). Nevertheless, the case for liberal education has distinct educational roots in itself. Although many of these knowledge sources may be found in the formal course documents of nursing curricula, one current rationale for promoting liberal education lies in an acknowledgement that many of these strands may be under-developed (Rolfe, 2010a).

These broad-based elements of liberal education can be found within the recently published Standards for Pre-Registration Nursing Education of the Nursing and Midwifery Council (NMC, 2010). Table 1 lists a number of elements of required curriculum content.

This curriculum content is designed to underpin key aspects of nursing within both generic and specific fields of practice to meet the 'essential and immediate needs of all people' (R5.6.2 NMC, 2010). A number of these aspects are outlined in Table 2.

DeBrew's (2010) features of a liberal education can be located within required curriculum content (Table 1) and linked to key aspects of practice (Table 2) set out by the Council (NMC, 2010).

Nevertheless, the aim of a balanced curriculum may not be easily achieved. Nursing education itself has often reflected deep social and cultural misconceptions about the relationship between the sciences and the humanities (Snow, 1959). Despite acknowledging that both knowledge bases are necessary for human well-being and understanding, in general (Carr, 1961) and for nursing, in particular (Rolfe, 2010b), the dominance of the scientific model on nursing education itself remains marked (Rolfe, 2010b). Carper's (1978) landmark paper identified four modes of nursing knowledge (empirical, ethical, personal and aesthetic), but the enduring influence of the empirical mode (where knowledge derived inductively via observation or experiment is considered as objectively 'factual') on nursing practice remains.

At the same time, however, the bifurcation between science and the humanities may be offset somewhat by differentiating between natural science and its social counterpart. Recognition of the contribution of a 'third culture', namely the social sciences, may help to bridge the perceived gap by demonstrating the importance of contextualised healthcare practice (Collini, 1998; Skorton, 2010).

Table 1
Requirement 5.6.1: curriculum content (NMC, 2010).

<ul style="list-style-type: none"> • Theories of nursing and theories of nursing practice • Research methods and use of evidence • Professional codes, ethics, law and humanities • Communication and healthcare informatics • Life sciences • Pharmacology and medicines management • Social, health and behavioural sciences • Principles of supervision, leadership and management • Principles of organisational structures, systems and processes • Causes of common health conditions and the interaction between physical and mental health and illness • Best practice • Healthcare technology • Essential first aid and incident management

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