

# The influence of liberal education on professional nursing practice: A proposed model

Nursing has embraced philosophically the importance of liberal education to professional practice. Yet there has been little exploration of how and if liberal education influences professional action. Based on a series of studies designed to examine the role of liberal education in professional practice, this article describes six competencies related to liberal and professional education and puts forth a model of practice that appears to be influenced by liberal education.

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**D**URING THE PAST decade the role of liberal education in preparing professional practitioners has received increased attention in the higher education community. Higher education reports expressed concern that professional education was becoming increasingly narrow and specialized, focusing primarily on knowledge and skills specific to the practice of the profession and minimizing the broad knowledge and perspectives that contribute to leadership, shared values, a spirit of inquiry, and citizenship.<sup>1,2</sup> In response to these concerns, educators called for educational reforms that emphasized the traditional arts and sciences and examined innovative ways to integrate liberal and professional learning. These actions were based on the premise that liberal education contributed to the development and functioning of the professional practitioner. While the profession of nursing has embraced philosophically the

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importance of liberal education, there has been little exploration of nurses' use of liberal education in professional practice. How do nurses use liberal education, and how does it influence professional action?

This article addresses these questions by proposing a framework for examining how liberal education may influence nursing practice. Specifically, it presents examples of nurses' descriptions of six competencies attributed to liberal education and presents a model of practice that has emerged from a series of studies conducted to investigate the relationship between liberal education and professional practice.

## LIBERAL EDUCATION

For centuries philosophers and educators have struggled with conceptualizing and defining liberal education. While some, such as Cardinal Newman,<sup>3</sup> postulated that liberal education is an end unto itself for understanding complex relationships and enlarging one's perspectives, others, such as Whitehead,<sup>4</sup> argued that all education should be useful and practical. However, pejorative attitudes toward the practical role of liberal education have been evident since Aristotle's notation that liberal learning was coupled with enjoyment whereas useful learning was merely to generate revenue.<sup>5</sup>

While the function of liberal education has remained in dispute, so has its definition. Liberal education has been described as the breadth of knowledge and common skills relevant to all educated persons and an educational ideal associated with leadership, introspection, critical thinking, adaptability, and broad knowledge.<sup>6</sup> Liberal education, asserted McGrath,<sup>7</sup> engenders in students broad essential knowledge; intel-

lectual skills such as reasoning, clear thinking, and creativity; and personality traits such as curiosity, tolerance, a sense of values, and a desire to learn. Bowen<sup>8</sup> discussed 23 liberal goals of higher education that included outcomes such as verbal and quantitative skills, intellectual tolerance, aesthetic sensibility, lifelong learning, values and morals, personal self-discovery, adaptability, leadership, citizenship, and future orientation.<sup>8</sup> Gamson<sup>9</sup> viewed liberal education as that which empowers the individual to achieve, reflect, and pursue continued learning. A report by the Association of American Colleges described eight liberal experiences considered minimal for all baccalaureate students: inquiry and critical analysis, literacy, understanding numerical data, historical consciousness, science, values, art, and international and multicultural experiences.<sup>2</sup> Newell<sup>10</sup> posited that liberal education is an idea that represents the freeing of the mind, allowing people to better live in and contribute to a free society. These descriptions present liberal education as processes, attitudes, values, and motivations rather than knowledge content. A general theme throughout the definitions and descriptions of liberal education is that it ultimately stimulates, motivates, and liberates individuals to achieve their goals.

This image of liberal education is consistent with several recent trends in which the conception of liberal education has been strengthened and expanded. These trends include creation of required core curricula in colleges, identification of outcomes of liberal education, redefinition of liberal education to focus on processes or mental skills rather than content, and examination of the relationships between liberal education and the professions.<sup>11</sup>

For years, liberal education has been espoused as a vital component of professional nursing education. The Brown Report, for example, noted that liberal education lays a foundation that permits continued growth of many kinds.<sup>12</sup> Nearly 20 years later, Brown reiterated that liberal education should produce persons with intellectual breadth, imagination, flexibility, self-assurance, and emotional commitment.<sup>13</sup> The importance of liberal education was more recently reinforced by the American Association of Colleges of Nursing in their report stating that liberally educated nurses could do such things as challenge the status quo, adapt to change, and make informed choices.<sup>14</sup>

Theoretically, exposure to perspectives, knowledge, and modes of inquiry in nonnursing disciplines prepares nurses for broadened and more demanding professional practice roles. This has been especially important in view of the changes in practice dictated by rapidly changing social, economic, scientific, and technical conditions. Specific abilities important to professional practice and related to liberal education have been identified by Bottoms,<sup>15</sup> the National League for Nursing,<sup>16</sup> the American Association of Colleges of Nursing,<sup>14</sup> and DeBack and Mentowski.<sup>17</sup> While there is agreement on the importance of abilities influenced by liberal education, there is no analysis of the mechanisms by which liberal education influences nursing action. Most educators and researchers have examined abilities necessary for nursing based on skills, practice roles, and functions rather than broad competencies that encompass modes of knowing. The model proposed in this article is based on the assumptions that (1) the identified competencies represent approaches to knowing and practice, and (2)

linkages between education and practice will be best understood by examining how knowledge and modes of knowing are transformed into these approaches to nursing practice.

## BACKGROUND STUDIES

A conceptual framework for professional and liberal education developed by Stark and Lowther<sup>18</sup> was used to examine the influence of liberal education on professional nursing practice. One of the dimensions described in this model of professional preparation is the domain of applied liberal education, or that arena in which broad knowledge and skills are directly applicable to the goals and practice of a profession. Stark and Lowther<sup>18</sup> proposed a series of applied liberal education competencies that could be used to examine the graduate's performance in the practice setting. Ten original competencies were derived and validated over a period of several years through a series of activities, including an integrative research review of educational literature in 11 professional fields, a survey of over 2,200 faculty members in professional programs, telephone interviews with 117 of those faculty, and a national network of liberal and professional program educators who met to discuss and validate the derived competencies.<sup>18</sup>

Building on this model, Hagerty<sup>19</sup> developed an instrument, the Applied Liberal Education Competencies Scale (ALECS), to measure nurses' use of these 10 competencies in practice. During construct validation of the instrument, Hagerty<sup>19</sup> reduced the 10 original competencies to six: leadership, contextual competency, professional development, analytical competency, reflective

competency, and aesthetic competency. This 67-item, Likert-type instrument has six subscales to measure the six competencies. Initial psychometric testing provided evidence of construct and criterion-related validity and internal consistency reliability.<sup>19</sup>

To investigate further the construct validity of the instrument in a subsequent study, personal interviews were conducted with 17 nurses who scored in the top and bottom one third of the ALECS subscales. Using critical incident technique and semistructured interviews, nurses were asked to describe their liberal education, their use of the competencies, and any factors that influenced their use of the competencies. Interviews were transcribed and analyzed using grounded theory and constant comparative method. Findings revealed that (1) nurses describe clearly and use the six identified competencies, and (2) nurses who scored high on the ALECS use the competencies and approach their practice differently than nurses who scored low. The nurses' descriptions of their use of the six applied liberal education competencies, examples of which are presented below, served as the basis for a model of practice influenced by liberal education.

## APPLIED LIBERAL EDUCATION COMPETENCIES

### Leadership

Hagerty defined the leadership competency as "self-directed initiative that influences and promotes nursing practice."<sup>19(p93)</sup> Leadership can be exerted in any situation relevant to nursing, including direct patient care, work environment issues, or professional concerns.

Nurses provided examples of leadership in all three arenas. "I think that I influence others a lot . . . people ask me what to do about a certain situation; they ask me to evaluate patients or talk to the physician." "I'm on the education committee that looks at our patient care assistants . . . what we can do to get them more closely aligned with what nurses want them to do and what they want to do." "I'm looking at shared governance in my research, and I'm knowledgeable about the concept."

### Contextual competency

Contextual competency is the ability to integrate perspectives on issues external to nursing such as social, organizational, economic, legal, and political issues with nursing practice.<sup>19</sup> Proponents of liberal education have spoken to the need for nurses to understand and to apply knowledge from the broader context in which the profession is practiced.<sup>15,20,21</sup> Contextual conditions can facilitate or hinder nurses' attempts to provide care to clients and to develop the practice and discipline of nursing.

Exemplars of contextual competency covered a variety of issues but tended to emphasize economic, political, organizational, moral, cultural, and social concerns as evidenced by the following: "I wanted to apply for a promotion, but my head nurse didn't understand the wording on the forms and

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wasn't organized. I talked with several people on the board, and they gave examples and told me to use specifics . . . I found the right people who could help." "Knowing that Medicare is paying less and less, I always think of cost. I've told patients to bring in their own equipment and supplies." "I know that Jehovah's Witnesses don't take blood transfusions. I saw the order for a unit of packed cells. I asked the lady, 'Are you aware that you are going to get a blood transfusion?' "

### Professional development

Professional development is the "commitment to expand and advance one's knowledge and skills."<sup>19(p104)</sup> This competency involves not only continuing one's own learning through formal or informal mechanisms but also participating in research and knowledge development projects that advance the discipline. Nurses with a professional development orientation value learning.

Nurses provided numerous examples of professional development: "Working for this promotion requires a lot of reading on my own . . . a lot of meeting people . . . getting more information . . . a lot of writing down your ideas." "I had always been in general medicine but now was on oncology. I knew nothing about chemotherapy, cancers. I had no experience with it and was not prepared . . . I was reading anything and everything, hoping it was the right thing." "As an LPN I wanted to be an RN. As a nursing assistant, I went on to be an LPN . . . With anything, you don't want to sit in any one spot; you always want to move on; you don't want to hit a peak—then it's nothing anymore, there's no challenge, no excitement."

### Analytical competency

Analytical competency is the use of rational, analytical problem solving in practice.<sup>19</sup> Nurses deliberatively assess situations, make specific plans, implement action, and evaluate outcomes. This is the competency emphasized in nursing education with its focus on nursing process and nursing care plans.

Nurses provided specific examples of this methodological approach: "First, I had to identify what the issue was because they did not want these people to go back to the hospital." "Every day there is at least some issue that has to be dealt with first of all. . . I have to figure out what the issue is." "I do nursing process day in and day out. I don't know if it's second nature or if I don't ever think of it . . . I don't know, I just do the steps."

### Aesthetic competency

Nursing is described frequently as both an art and a science.<sup>22,23</sup> The art of nursing involves the use and appreciation of our humanness in providing care to clients. Hagerty described this applied liberal education competency as "the application of the arts and aesthetics to nursing practice"<sup>19(p105)</sup> and discussed the importance of appreciating the beauty and tragedy of life.

Descriptions of the use of this competency varied among the nurses interviewed: "It [literature] gave the nurses and the veterans something to share in common; you got to talk to them." "What I've read about eating says that if you make something aesthetically pleasing . . . you can encourage a patient to eat." "Instead of talking medicine, we would start talking art . . . it helped nurse him because he developed a beautiful

rapport with us.” “I try to walk the patients through the meadow in summer, with the breeze . . . with an anxious patient, to calm him down.”

**Reflective competency**

Current professional practice is characterized by complexity, ambiguity, instability, uncertainty, and value conflicts that may limit the effectiveness of strict problem-solving approaches. Shön<sup>24</sup> urged that practitioners better understand and use reflective thinking to contemplate issues, make sense of the context of a situation, and restructure and embody new actions. Hagerty defined reflective practice as “contemplative inquiry and action in nursing based on values and environmental considerations.”<sup>19(p105)</sup>

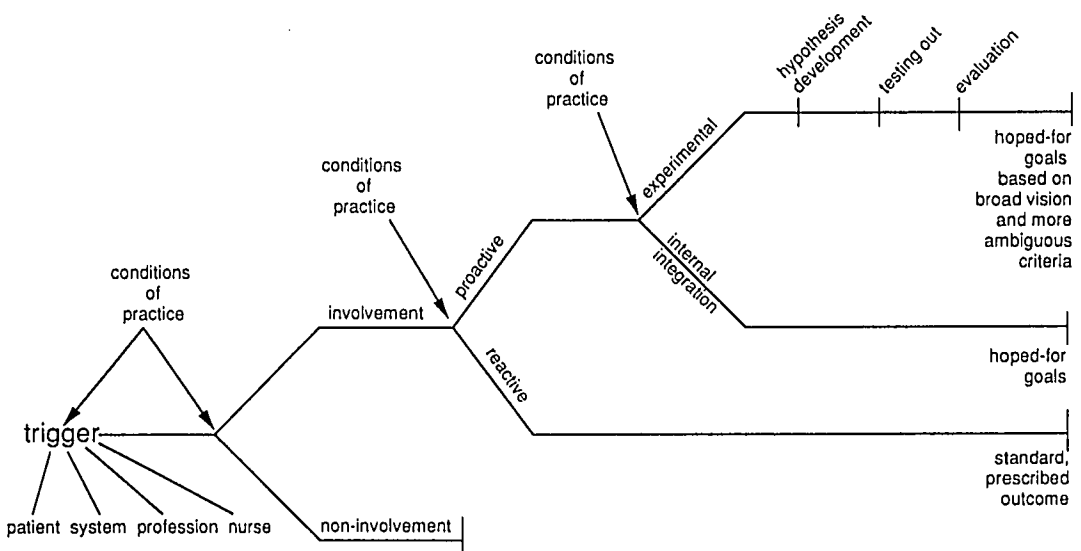
Nurses used reflection to anticipate events and foresee new outcomes or to react to existing conditions: “How to manage the workload and still remain sane was something I contemplated a lot.” “I knew I was

going to be in his room a long time, and I wanted it to be as comfortable as possible for both of us.” “The doctor wrote an order: this patient cannot refuse this medication . . . [I] kind of coerced him into taking it. I felt really sad about doing something like that.”

**A MODEL OF PRACTICE**

The model of nursing practice presented in Figure 1 was constructed from nurses’ descriptions of their use of the applied liberal education competencies in their practice and from comparisons of these descriptions between nurses scoring high and those scoring low on the ALECS subscales. There are two important dimensions in this model that comprise nursing practice and appear to be influenced by liberal education: (1) involvement and (2) conditions of practice.

The first dimension, involvement, is characterized by the degree and type of connect-



**Fig 1.** Approaches to nursing practice influenced by liberal education.

edness manifested between the nurse and the practice situation. This dimension is based on the observation that at some level nurses choose whether or not to engage themselves in a particular practice situation. This choice, however, can be influenced by a number of variables that will be described as conditions of practice. As a result of some type of trigger event, often cited by nurses as an external situation or an internal need, nurses choose whether or not to become involved with the situation. When nurses chose to be involved, they did so from either a reactive or proactive stance.

From a reactive perspective, nurses responded to external demands. This action was often framed by rote attention to nursing process and system and professional expectations. It was characterized by a concrete, safe approach dictated by the demands of the moment. Expected outcomes were preset and utilization of the applied liberal education competencies was relegated to the completion of tasks.

Unlike the reactive mode, the proactive mode was based more on internal influences and motivation. Underlying this approach was the nurse's assumption that future events could be shaped or controlled. The applied liberal education competencies were used more frequently and gave meaning to the act of nursing rather than being used to complete tasks and fulfill specific outcomes. Proactive approaches were less concrete, less rigid, and less traditional when compared to reactive approaches. Expected outcomes assumed a "hoped-for" quality, and nurses sensed that they could influence both the present and the future. Nurses who tended to become proactively involved were not distinguishable from nurses who assumed reactive postures based

on years of experience, age, or degree level.

Two types of proactive involvement were evident: internal integration and experimental. Despite sharing certain characteristics, key differences distinguished them. The experimental mode contained a greater element of the unknown than the internal integration mode. As a result, the experimental mode entailed a greater degree of discomfort for the nurses based on its unknown and risk-taking qualities. It is important to note that wild guessing and thoughtless action were not part of the experimental mode. To the contrary, nurses reflected extensively on the situation, developed hypotheses, and instituted action based on knowledge, past situations, values, and insight into the issue at hand. However, unlike the internal integration mode in which nurses had faced similar situations, had drawn from these experiences, and had used some of their insights and actions, the experimental approach contained greater elements of risk and the unknown.

The second dimension portrayed in the model is conditions of practice. These are factors that influence one's involvement in practice situations. These factors cover four broad categories: (1) patient-related conditions, (2) system-related conditions, (3) nurse-related conditions, and (4) profession-related conditions. These conditions affect nurses' involvement at various points along the model and form the context for the type of involvement that will be undertaken.

The first category, patient-related conditions, pertains to the patient. Two of the most cited elements were the patient's personality and diagnosis. In both cases the nurse's perception of these elements influenced directly the type and quantity of nurse involvement. For example, one nurse dis-

cussed "nuisance" patients such as "demented old ladies" and how she tended to minimize these patients when they "wasted" her hours. Another nurse reported that if she felt that a patient would condemn or ridicule her, she would not attempt to use aesthetics as a means to connect with the patient. Other patient-related conditions that influenced nurses' involvement included acuity and the patient's personal focus or agenda.

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The health care system's culture, norms, and rewards are examples of system-related conditions of practice. For many nurses, the amount and type of their patient involvement were influenced by their perception of how their system tolerated various approaches to nursing practice. Whereas some systems allow creativity and flexibility in practice, others demand a stricter and more rigid approach, thereby limiting one's opportunity to engage in nontraditional approaches. Other system-related conditions included lack of system rewards, role and job expectations, treatment modalities, resources, and time constraints.

Prominent among the nurse-related conditions of practice were the nurses' emotional and physical states. Many nurses cited their emotional reactions to patients as determining the type and quantity of their involvement. These reactions ranged from disgust to empathy or were expressed as the impact

of the more global awareness of their own mortality. One's physical state, especially exhaustion, also compromised the type of involvement. As many nurses noted, involvement takes both thought and energy. Other nurse-related conditions were the nurse's own sense of internal reward, experience-based and education-based knowledge, and one's intuition.

The final set of conditions of practice that emerged was profession-related conditions. These were least well articulated by the nurses. Issues such as standards of care and legal-ethical standards were rarely discussed from a professional purview but rather from a patient or personal perspective.

Nurses who scored high on the ALECS subscales exhibited practice approaches that were qualitatively different than those who scored low. High scorers tended to attribute broader meaning and perspectives to the conditions of practice and to view them more as challenges rather than barriers. High scorers also tended to assume some type of proactive approach to trigger events and to enact the applied liberal education competencies to facilitate a broader and more hopeful vision.

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The model presented here is based on a series of studies conducted to explore the influence of liberal education on professional practice and, more specifically, on interviews conducted with 17 nurses who scored in the top and bottom third on subscales of the ALECS, an instrument designed to measure utilization of liberal education in practice. The number of nurses interviewed was small, and the researchers



caution that the proposed model is still emerging and requires additional investigation. However, the foundational conceptual and methodological work and other recent literature citing the need for practitioners who are able to deal with ambiguity, uncertainty, rapid change, cultural differences, and value conflicts support the competencies and model set forth in this article.

Liberal education was operationalized in these studies as the six applied liberal education competencies. The researchers expect that there are more applied liberal education competencies that need to be identified and examined. In addition, it should be noted that liberal education, as conceptualized in this article, is not considered to be specific coursework but rather to be any type of educational experience that expanded nurses' knowledge, perspectives, attitudes, and motivations. Nurses provided examples of liberally educating experiences that included travel, media, cultural events, self-study, and family experiences in addition to coursework in the traditional arts and sciences. All of these contributed to a freeing of the spirit evident in nurses who tended to become proactively involved in practice situations. This suggests that nurse

educators might reconsider their ideas about what constitutes liberal education and integrate nontraditional experiences in teaching programs. As posited in this article, liberal education influences nurses' involvement in practice situations, including the extent and type of involvement. Liberal education also influences nurses' perceptions of and responses to the conditions of practice that can affect involvement. Risk taking, experimentation, involvement, analysis of values, establishing broad directions in the absence of clear outcomes, and approaching all of this from a sound theoretical base capture the essence of liberally educated practice. This is transformed into action through the utilization of the applied liberal education competencies.

Most analyses of nursing education and practice have focused on traditional roles and functions such as patient teaching, care planning, or therapeutics. In the search to understand the influence of liberal education on practice, it has become evident that it may be through exploring the specific mechanisms by which knowledge and ways of knowing are transformed into action that we will be better able to analyze, teach, and implement the practice of our discipline.

## REFERENCES

1. *Involvement in Learning: Realizing the Potential of American Higher Education*. Washington, DC: National Institute of Education, 1984.
2. *Integrity in the College Curriculum: A Report to the Academic Community*. Washington, DC: Association of American Colleges, 1985.
3. Newman JH. *The Idea of a University*. Notre Dame, Ind: Notre Dame Press, 1982.
4. Whitehead AN. *The Aims of Education*. New York, NY: The Free Press, 1929.
5. Brubacher JS. *On the Philosophy of Higher Education*. San Francisco, Calif: Jossey-Bass, 1982.
6. Winter DG, McClelland DC, Steward AJ. *A New Case for the Liberal Arts*. San Francisco, Calif: Jossey-Bass, 1988.
7. McGrath EJ. *Liberal Education in the Professions*. New York, NY: Teacher's College, Columbia University, 1959.
8. Bowen HR. *Investment in Learning*. San Francisco, Calif: Jossey-Bass, 1977.
9. Gamson ZF. *Liberating Education*. San Francisco, Calif: Jossey-Bass, 1984.

10. Newell LJ. The healing arts and the liberal arts in concert. In: Armour RA, Fuhrmann BS, eds. *Integrating Liberal and Professional Education*. San Francisco, Calif: Jossey-Bass, 1989.
11. Conrad CI, Wyer JC. *Liberal Education in Transition (AAHE-ERIC Research Report No 3)*. Washington, DC: American Association of Higher Education, 1980.
12. Brown EL. *Nursing for the Future*. New York, NY: Russell Sage Foundation, 1948.
13. Brown EL. Preparation for nursing. *Am J Nurs*. 1965;65(9):70-73.
14. *Essentials of College and University Education for Professional Nursing: Final Report*. Washington, DC: American Association of Colleges of Nursing; 1986.
15. Bottoms MS. *Competencies of Liberal and Professional Education and Registered Nurses' Behavior*. Madison, Wisc: University of Wisconsin, 1983. Dissertation.
16. *Competencies of Graduates of Nursing Programs*. New York, NY: National League for Nursing, 1979.
17. DeBack V, Mentowski M. Does the baccalaureate make a difference? Differentiating nurse performance by education and experience. *J Nurs Educ*. 1986;25(7):275-285.
18. Stark JS, Lowther MA. *Strengthening the Ties That Bind: Integrating Undergraduate Liberal and Professional Study*. Ann Arbor, Mich: The University of Michigan, 1988.
19. Hagerty BMK. *Measuring Nurses' Use of Applied Liberal Education Competencies in Professional Nursing Practice*. Ann Arbor, Mich: University of Michigan, 1989. Dissertation.
20. Bevis EM. New directions for a new age. In: *Curriculum Revolution: Mandate for Change*. New York, NY: National League for Nursing, 1988.
21. Donaldson SK. Let us not abandon the humanities. *Nurs Outlook*. 1983;31(1):40-43.
22. Peplau HE. The art and science of nursing: Similarities, differences, and relations. *Nurs Sci Q*. 1988;1(1):8-15.
23. Watson J. The lost art of nursing. *Nurs Forum*. 1981;20:244-249.
24. Shön DA. *Educating the Reflective Practitioner*. San Francisco, Calif: Jossey-Bass, 1987.