



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).

-
- 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
-

Table 2

Requirement 5.6.2: key aspects of practice (NMC, 2010).

-
- Communication, compassion and dignity
 - Emotional support
 - Equality, diversity, inclusiveness and rights
 - Identity, appearance and self-worth
 - Autonomy, independence and self-care
 - Public health and promoting health and wellbeing
 - Maintaining a safe environment
 - Eating, drinking, nutrition and hydration
 - Clinical observation, assessment, critical thinking and decision-making
 - Symptom management e.g. anxiety, anger, thirst, pain and breathlessness
 - Risk management
 - Information management
 - Supervising, leading, managing and promoting best practice
-

Promoting a liberal nursing education has often focussed upon developing, or reinstating, thematic strands of the 'liberal arts' (e.g. reading and life skills) and the 'humanities' to positions of previous significance (Levine, 1999). The 'arts' (e.g. literature, poetry, visual arts, music, architecture, theatre and dance) are significant cultural phenomena and can be compared to the 'humanities' (e.g. theories of literature, history, philosophy and theology) in their critical and analytical study of human experience (Edgar and Pattison, 2006).

The conception of action can serve as a linking theme between the arts and humanities. Serious engagement with the arts and humanities (e.g. reading literature or viewing a film) moves beyond detachment to evoke a human response that includes the potential for transformation (Wolterstorff, 1997). Within this context, the arts and humanities can contribute to the preparation of nurses for practice in complex and demanding health and social care settings.

The current position of liberal education within United Kingdom curricula present several distinctive, and even contradictory, features. One background factor is the 'vocational' understanding of nursing education and its delivery largely in 'professional' universities lacking strong 'liberal arts' traditions. In terms of the context of curriculum philosophy, Rolfe (2010b) observes that a 'truth' meta-narrative of the arts and humanities in intrinsic terms has largely been eclipsed by a dominant meta-narrative of 'emancipation' espoused by a scientific paradigm. Research is one area where 'hard' evidence from life, social and behavioural sciences is often preferred to so-called 'soft' evidence derived from the arts and humanities (Rolfe, 2010a). Whilst acknowledging the need for both paradigms to be present within the curriculum, a major concern is that a prevailing scientific paradigm may neglect the unique and experiential aspects of health care and nursing practice (Rolfe and Gardner, 2005).

In similar terms, Cash (2009) suggests that the business and enterprise cultures of National Health Service care and university contexts respectively may view a broad-based education for nurses as unnecessary, or even antithetical, to demands for technically sound practitioners acquiring and practising transferable skills.

Several American examples of liberal education offer different perspectives. Hermann (2004) observes that in discrete liberal arts courses, students often find it difficult to connect liberal themes to their wider learning needs. Factors behind such poor student learning integration include a lack of academic staff preparation, the content-driven aspect of many courses and a perception that 'core content' itself (e.g. interpersonal skills, the development of self and the recognition of contextual factors in health and social care) will adequately address the distinctive features of liberal education (Hermann, 2004).

Jensen and Curtis' (2008) study explores student learning in a psychosocial skills class using art, music, literature and film. Five main themes emerged from focus group interviews: 'an interesting hook', 'a deeper level of understanding', 'developing self-understanding', 'developing empathy' and 'increasing cultural awareness'. Although students faced challenges in integrating the humanities to other aspects of their learning, the conclusion drawn was that identified

themes were consistent with recognised educational outcomes (Jenson and Curtis, 2008, p. 7).

DeBrew (2010) notes that a Bachelor of Science (BSN) degree can be achieved either through a direct baccalaureate programme or via 'topping up' a registered nurse/bachelor of science degree in nursing (RN-BSN) programme. Both programmes contain liberal education components: the former in an integrated way *before* undertaking nursing courses and the latter *after* completion of nursing subject content.

Eighty-seven graduate participants from both cohorts reported, via a survey questionnaire, positive perceptions of the impact of liberal education upon their own nursing practice. The following themes were identified:

- ability to communicate and relate to others
- global thinking and well-rounded knowledge base
- academic growth
- acceptance of diversity
- critical thinking and professional decision-making
- professional and personal growth
- advancement and improvement of self

Varied perspectives from Europe, reflecting different nursing education traditions in each member state of the European Community, make generalisations difficult (Wells and Norman, 2009). Only Ireland offers an all-degree programme for nursing education. However, initiatives such as the Munich Declaration (2000) and the Bologna Agreement (European Commission, 2009), in its creation of a European Higher Education Area, offer the potential for liberal education to be developed out of progress made in the areas of inter-disciplinarity, cultural competence and lifelong learning.

Methods

The narratives presented here form the integral part of my PhD study entitled:

A narrative exploration of the relationship between reading literature and poetry and ethical practice: narratives of student nurses and nurse educators

Utilised as a methodology, narrative constructs the personal experiences of individuals into texts in which key aspects of 'human' time (in contrast to 'chronological' time)—events, plot, narrator purpose, meaning, coherence and reader interpretation—all feature prominently (Bruner, 1991). As personal narratives can reflect wider meta-narratives of culture, community and profession (Wilson et al., 2008), this methodology was considered appropriate for exploring the impact of reading literature and poetry on the promotion of a teleological ethic devoted to an 'end' (*telos*) of human flourishing in nursing practice (MacIntyre, 1984; Emmerich, 2011). Narrative's roots in the humanities themselves further enhanced its appropriateness as a working methodology for this study (Holloway and Freshwater, 2007).

These narratives were constructed from focus group and individual interviews conducted with eight student nurses (in two cohorts) and four nurse teachers studying and teaching respectively at the School of Nursing and Midwifery at Robert Gordon University in Aberdeen, Scotland. Narrative analysis centres upon the various ways in which an individual's narrative is constructed, told and re-told. In providing knowledge of personal, ethical and contextual types, narrative can offer multiple perspectives on a person's experience. Moreover, interpreting a narrative, via listening, transcribing, reading and analysis, will always be provisional and open. Although the availability of multiple narrative frameworks may indicate a lack of consensus in the field (Atkinson, 1997), the opportunity exists to make use of diverse approaches.

Construction of these narratives was based upon recognised approaches of narrative structural analysis (Labov and Waletzky, 1967) and narrative inquiry approach (Clandinin and Connolly, 2000). Labov and Waletzky's (1967) sociolinguistic approach, in considering texts in terms of 'narrative units', is a referential and evaluative approach in which the latter becomes the 'point' of the narrative. Texts are parsed into units as indicated in Table 3.

Clandinin and Connolly's (2000) three-dimensional space narrative structure draws from educational origins of pragmatism and experience. A broader aim of narrative inquiry links specific notions of interaction (personal and social) and continuity (time) with context. This is outlined in Table 4.

In utilising these two approaches, the narrative researcher becomes an involved, but reflexive, practitioner (Koch and Harrington, 1998). This participation includes identification of extended text, parsing this text via particular narrative frameworks, offering titles to participants' narratives and providing an interpretation of each narrative.

Full ethical approval for the study was obtained from national and local National Health Service ethics committees and from the School of Nursing and Midwifery ethics review panel at Robert Gordon University. Ethical principles, centring on autonomy, beneficence, non-maleficence and justice (Beauchamp and Childress, 2009), governed key design aspects of this research in terms of participant consent, confidentiality and anonymity. Utilising a narrative methodology, however, incorporates a wider ethical framework throughout an entire project characterised by an 'ethical attitude' (Josselson, 2007, 538). By helping people to narrate their experiences, the reflexive researcher adopts dispositions (virtues) of flexibility, openness, honesty and courage in carrying out the actions of interviewing, listening, transcribing, interpretation and reporting of findings (Pring, 2003).

Utilising a research journal enabled these dispositions to be practised by myself. The issue of 'continuing consent' (Ferguson et al., 1996, 707) of participants was addressed in an entry addressing the use of early findings in a conference presentation:

accepting that ethics goes beyond formalist decisions regarding consent, to what extent will it be ethical to reproduce excerpts of my students' narratives?

The outcome of this particular ethical deliberation centred upon only using those narratives for whom 'continuing consent' had been obtained from student participants themselves.

The evaluation of a research methodology is often addressed in scientific 'rigour' terms of objectivity, validity and reliability (Polit and Beck, 2006). Narrative methodology, in its recounting of a person's experience, may permit the application of different criteria in the areas of truth (verisimilitude), fidelity, authenticity, trustworthiness, coherence and reflexivity. To take truth as an example, it is possible to ask to what extent the narratives presented here resemble, reflect and incorporate wider cultural narratives exploring similar issues.

Rhona's narrative, *Discernment*, in its exploration of the educational experiences of mature students, may be offered as an example here. In addition, the criteria of researcher fidelity to original narratives were tested in this study by inviting participants to comment upon my initial interpretation of their narratives.

Table 3
Socio-linguistic narrative approach (Labov and Waletzky, 1967).

Abstract (optional)
Orientation
Complicating action
Evaluation
Resolution
Coda (optional)

Table 4
Three-dimensional space narrative structure (Clandinin and Connolly, 2000).

Interaction		Continuity			Situation
Personal	Social	Past	Present	Future	

Nevertheless, certain potential limitations of narratives need to be acknowledged (Woods, 2011). If it is recognised that all narratives are constructed, complex and drawn from wider social and cultural meta-narratives, then issues of truth and trustworthiness need to be addressed seriously. By highlighting a narrator's original purpose and intentionality, however, it is possible to accept the knowledge derived from narrative alongside other sources within an overall spirit of 'epistemological humility' (Bowen, 2010, 8).

The educational background to this research lies within my own teaching research and scholarship experience in using the arts and humanities within nursing degree programmes at Robert Gordon University. Between 2002 and 2009, a discrete arts and humanities module was offered to all students within the third year of a degree programme. Based upon a student choice of an 'arts' route in second year ('science' being the other route), modular content was developed upon foundation themes of art, narrative, interpretation, response, ethics and transformation of practice (McKie et al., 2008).

Narratives

Discernment

In this narrative, Rhona, a nurse teacher, explores the potential influence of liberal education on the interpersonal development of older ('mature') students.

Orientation

Mature students

I think older students
who have life experience
families and who have been
caring in other respects

Complicating action

Discernment

can link on to this 'art of nursing'
and can make a judgment
about when something is appropriate in care
and when its not

Patient contact

the use of touch or giving a patient a hug or other things
and not thinking strictly
about infection control

Evaluation

Vicarious experience

But to get that life experience
for younger students you can perhaps get that
from reading literature
or watching a film or seeing an example

Resolution

Different perspective

I think the older students
see it differently

One knowledge base of liberal education lies within the life experience of students themselves. Rhona's narrative suggests that drawing upon their own life experience may enable mature students to understand practice contexts and to help them to act with discernment. As well as a preparation for professional practice, a liberal education can also equip students to participate as responsible citizens within their wider communities (Nussbaum, 2010). In addition, Rhona's narrative also recognises that engagement with the arts and humanities may act as a valuable 'vicarious' experience for younger students presently lacking the breadth and depth of experience possessed by their older peers.

You've Got it for Life

In this narrative from Sam, a nurse teacher, the life-enhancing, as well as lifelong, potential of a liberal education, in placing significant responsibility on the student for their own learning, is contrasted to the limitations of an over-laden curriculum.

Orientation

Curriculum

If you are thinking about
filling up your curriculum
with information about normal physiology
abnormal physiology
and disease process

Complicating action

Curriculum overload

You can go on forever
because there's so much information out there
and you could easily fill it up and up
you could increase your courses
and make them longer and longer

Impossible

You'll never manage
to tell all you need to know at that moment in time

Evaluation

Student responsibility

They have to go out there
they've got to see the situation
they've got to go and read for themselves
as they progress through their careers

Resolution

Life

This sort of stuff
is something that once
you've got it you've got it for life

Understanding

Once you've got
an awareness of how people are
how you are and how you relate to them
your strengths and weaknesses
once you've got that
you can really help people

Sam's narrative suggests that if nurse teachers can resist institutional tendencies to overload the curriculum with ever-increasing 'relevant' content, students may benefit by encouraging them to take responsibility for their own learning. This is a key feature of student 'progression' in the recent educational standards (NMC, 2010, Annex 2.2). Furthermore, such contextualised learning may contribute to students' formative development in personal and relational ways ('Understanding').

Respect for Others

In this narrative, Morag, a nurse teacher, explores the ways in which liberal education can contribute to students' overall understanding of ethics.

Orientation

Respect for others

What is interesting
is that the feeling of people
doing the 'arts' route

Self and others

is the overwhelming response
about self and respect for others
is far stronger in the 'arts' route

Complicating action

Anonymous patients

They just treated people
with far more respect
whereas the others
it is still:
'Oh, that lady with whatever ailment was'
and 'third on the right'

Evaluation

Lack of personhood

A sort of putting together of illnesses
and individual perspectives
really weren't accommodated
even now

Resolution

Significance

And that was *very* interesting

Morag's narrative indicates the extent to which engagement with the arts and humanities, as one element of liberal education, may give breadth to students nurses' understanding of ethics often limited to addressing certain narrowly framed ethical 'problems' or 'dilemmas' (Harnett and Greaney, 2008). Instead, consideration can be given to wider issues of human flourishing (well-being), being human and response (Begley, 2003; Edgar and Pattison, 2006).

In the following three narratives, student nurse participants explore ways in which engagement with the arts and humanities has impacted upon their own understanding of nursing education.

Somebody Else's Narrative

Ruth's narrative explores how her own personal and professional engagement with the arts and humanities, by giving her a better understanding of human experience itself, led to her own practice of nursing being transformed.

Orientation

Recall

I don't know if you remember me
saying to you you brought in paintings
for us to look at

Complicating action

Confusion

And I'll tell you:
'I don't see the relevance of this painting
I don't see how they're related to nursing'
Then

Evaluation

Making the connection

But then when I started
looking at things differently
I do appreciate art
because I do paint
But I've never usually related
it to mental health nursing

Resolution

Other perspectives

But now its made me
look at things differently
Somebody else's perspective
I mean patient's perspective
or a relative or another carer
either nurses

Liberal education encourages students to appreciate the value of different ways of learning (Carr, 2009). Ruth's narrative suggests that by utilising different knowledge bases e.g. art (Baumann, 1999), students may understand practice in different ways. For nurse teachers, the challenge is to provide the educational contexts

which permit such creative and imaginative learning to develop (Warne and McAndrew, 2010).

Arts and Science

In this narrative, Linda outlines the significance for her own learning of drawing from the broad knowledge bases of 'arts' and 'science'.

Orientation

Complementary

I think you need
to do the arts and the science
they go hand in hand you can't do one
without the other

Complicating action

Change

But I do think
the arts are very important
and it's changed my perspective on practice

Resolution

Science

You need to understand
the 'science' side of things
as to how the body's working

A different perspective

But the arts help you
relate to patients and understand the patients
look at a situation differently

Linda's narrative attests to the importance of both scientific and arts bases being prominent within the curriculum. The holistic dimension of the arts ('a different perspective') can be placed alongside scientific knowledge 'as to how the body's working' ('science') to make appreciation of both essential.

You Cannot Become Complacent

This short narrative is constructed using Clandinin and Connolly's (2000) three-dimensional space narrative inquiry framework. Michelle questions overly optimistic assumptions about the enlightening and progressive effect of liberal education on *all* practitioners.

Interaction

Personal

It obviously works for me but it's what you take out of it

Social

You can't become complacent and you can't say:
'I don't like that therefore that is bad'

Continuity

Past

It would depend how you read into the words

Present

Take 'MacBeth':

MacBeth's quite a bloody play

so somebody who is enjoying this could say:

'I'm getting a buzz out of this, I'm enjoying this'

Future

And maybe fail to see what the play is actually saying.

Situation Learning context

The preparatory aspect of higher education suggests that its 'end' cannot be fully skilled and expert practitioners. No other health care profession appears to confer such expectations on its educational programmes and graduates in the way nursing does (Taylor et al., 2010). Nor do nurses, both students and those registered, always consistently act in honest, truthful and sensitive ways (Crigger and Godfrey, 2011). Whilst education can contribute to an end of human understanding, flourishing or well-being (however defined in nursing terms), it is surely mistaken to infer, or assume, that it can mandate it.

Discussion

In this section, these narratives, taken together via a process of 'narrative accrual' (Bruner, 1991), are discussed within the wider educational context of nursing education. Firstly, uncertainty exists about the place of the arts and humanities within higher education generally (Donoghue, 2008; Fins, 2010). Its advocates within nursing education constantly address the prospect of marginalisation via 'rationalist' and planned features of curriculum revalidation, efficiency monitoring and quality control. Maintaining the intrinsic and critically evaluative dimensions of the arts and humanities within such constraints is far from straightforward (Berube, 2003).

Nevertheless, Rhona's narrative *Discernment* suggests that it may be possible for nurse educators to provide liberal 'opportunities' for students within the curricula which have potential to impact upon their own nursing practice. The arts and humanities may also provide inter-professional education opportunities in health and social care education mandated by these new educational standards (NMC, 2010, R 5 7). In addition, by critically engaging with the arts and humanities themselves (Rolfe, 2010c), nurse teachers might be able to pursue alternative pedagogical practices of an 'ethical education' (Milligan and Woodley, 2010 p. 12) which challenge dominant curricular features of generality, impersonality, 'programmed' learning and predictability.

Secondly, liberal educationalists are committed to constructing broad curricula which are representative of a discipline's major subject areas. The liberal principle of encouraging students to take on reasonable levels of responsibility for their own personal and professional development (e.g. 'to go and read for themselves' in Sam's narrative *You've Got It for Life*) is often undermined by overloading tendencies derived from reactive demands of practice and education that curriculum content be 'relevant' and 'covered' (i.e. taught). As a result, the 'additive curriculum' immediately becomes out-of-date (Ironsides, 2004). 'Knowing what to resist' may become difficult for champions of liberal education to achieve (Languilli, 2000).

Thirdly, the broad knowledge base of liberal education may be demonstrated in the teaching of ethics. Addressing current and complex issues (e.g. embryonic cell research, aetiology and treatment of schizophrenia) may represent a key curricular linkage between science and the humanities (Skorton, 2010). Moreover, students' skills development in ethics often remains within a positivist paradigm

centred upon achievement of pre-set competencies (Standlich, 2007). Liberal education suggests that such competency frameworks (e.g. Code of Professional Conduct elements) may be too narrow to fully assess students' skills development in practice (Watson, 2002).

Morag's narrative *Respect for Others* indicates that these features may under-estimate key aspects of a more eclectic model of ethical competency incorporating elements of seeing, understanding, reflecting, being and doing (Gallagher, 2006).

Fourthly, the place of liberal education may be precarious within the 21st century university itself. Under the impetus of market forces (corporatism) and the demands of the 'enterprise university' (Cash, 2009), the notion of the university as an institution of higher learning nurturing the formative development of students within a context of dialogical and truthful exchange of ideas and practice, may be nostalgic at best (Rolfe, 2010a; Collini, 2012). Overtly assessment-driven educational cultures may lead students to marginalise subjects not delineated in formal course documentation. Nevertheless, as Michelle's narrative *You Cannot Become Complacent* indicates, liberal education can help student nurses to critically consider ethical aspects of nursing practice and apply these insights to their own personal and professional development (Jones-Devitt and Smith, 2007).

Conclusion

The advent of an all-graduate educational preparation for pre-registration nursing in the United Kingdom by 2013 is timely and urgent. Both (clinical) practice and (university-based) nursing education face the challenges of rapid social and cultural change, unpredictability and the demands of multiple political, technological, managerial and funding agendas. Important implications for nursing education in global terms are also presented here. The internationalisation of nursing practice, reflected in such educational standards as 'equality and diversity', 'structures, design and delivery of programmes' and 'practice learning opportunities' (NMC, 2010 R 1, 5, 6) suggests that a broad-based educational curriculum is essential for the preparation of all nurses (Law and Muir, 2006; Parker and McMillan, 2007; Salminen et al., 2010).

A graduate preparation for practice demands the close integration of practice and education. To educate student nurses to degree level is not an end in itself; rather it is a preparation for a career in which active learning will always be essential (Taylor et al., 2010). The potential benefits of a liberal education within a university context merit serious attention. The cultivation of 'graduate attributes' in students includes skills of critical thinking, practical wisdom, communication and working with others (Myrick et al., 2010). In view of the complex nature of professional nursing practice and its considerable demands upon practitioners *qua* human beings, a liberal education should be considered as essential in all graduate programmes. These narratives support a critical and nuanced engagement by student nurses with the arts and humanities as one way of promoting a liberal nursing education. It is therefore incumbent that curriculum planners, in using the NMC standards for pre-registration nursing (NMC, 2010), embed these features prominently in graduate programmes ahead of 2013.

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