DEBREW, JACQUELINE KAYLER, Ph.D. Perceptions and Meanings of Liberal Education: A Qualitative Comparison of Two Types of Nursing Graduates. (2008) Directed by Dr. David F. Ayers and Dr. Deborah J. Taub. 126 pp.

The purpose of this study was to understand (a) how BSN graduates perceive the relationship between their liberal education experiences in college and nursing practice; (b) how RN-BSN graduates and pre-licensure BSN graduates differ in these perceptions; (c) what meanings practicing BSN nurses assign to their liberal education experiences in college; and, (d) how RN-BSN and pre-licensure BSN graduates differ in the meanings they assign to liberal education. Using content analysis, the researcher attempted to answer these questions through electronic questionnaires which gathered critical incidents and other data from participants who graduated from two types of nursing programs: RN-BSN and pre-licensure baccalaureate programs. Findings of this study demonstrated that both pre-licensure graduates and RN-BSN graduates perceive that their liberal educations are useful to nursing practice. Furthermore, the graduates from both types of programs believe that their liberal educations have led to both personal and professional gains. In addition, the graduates also held similar meanings about their liberal educations, which were overall positive. Findings of this study should help educators understand the value participants place on the bachelor’s of science in nursing degree, which will in turn affect curricula and course development for nursing programs.
PERCEPTIONS AND MEANINGS OF LIBERAL EDUCATION:
A QUALITATIVE COMPARISON OF TWO TYPES
OF NURSING GRADUATES

by

Jacqueline Kayler DeBrew

A Dissertation Submitted to
the Faculty of The Graduate School at
The University of North Carolina at Greensboro
in Partial Fulfillment
of the Requirements for the Degree
Doctor of Philosophy

Greensboro
2008

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Committee Co-Chair

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Committee Co-Chair
This work is dedicated to those who supported, encouraged, and believed in me throughout this process. To my husband, Clint, thank you for your constant support that was felt in many ways and for allowing me to fulfill a goal that sometimes interfered with our family life. To my children, Kayler and Caleb Lee, thank you for your understanding when writing took me away from soccer games and field trips, and the other important events in your lives. To my parents, Jack and Claudette, thank you for teaching me to value education and for encouraging me to set my goals high. To my classmate, Jennifer, thank you for your sympathetic words, listening ears, and entertaining emails. To my colleagues, thank you for the words of encouragement and supportive advice. Finally, to my students, both past and present, thank you for inspiring me to return to school and for giving me a reason to complete this study.
This dissertation has been approved by the following committee of the Faculty of The Graduate School at The University of North Carolina at Greensboro.

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CHAPTER I
INTRODUCTION

Statement of the Problem

*The Essentials of Baccalaureate Education for Professional Nursing*

*Practice* (American Association of Colleges of Nursing, 1998), which defines the expectations of a new baccalaureate prepared nurse, includes liberal education as a desired outcome of BSN graduates. Liberal education is thought to provide the professional nurse with the necessary skills to practice nursing such as critical thinking, effective communication, collaboration with others, appreciation of diversity, and integration of knowledge from science and humanities in order to solve problems. According to the American Association of Colleges of Nursing (AACN), liberal education prepares future nurses to broaden their scope of practice by providing them “with a better understanding of the cultural, political, economic, and social issues that affect patients and influence health care delivery” (American Association of Colleges of Nursing, 2003, para. 4). Additionally, liberal education helps current students make connections between prior learning and new clinical situations (American Association of Colleges of Nursing, 1998). In short, liberal education enhances professional practice.

Although it is evident that liberal education enhances practice, we know very little about how liberal education enhances practice. In order to address this gap in the
literature, the following question will be addressed in this study: how do BSN graduates perceive the relationship between their liberal education experiences in college and nursing practice? This question is complicated by the fact that the BSN may be achieved in two ways. On one hand, a BSN may be earned in totality through a baccalaureate-granting college or university. On the other hand, the BSN may be earned through a RN-BSN program. Also known as RN completion programs, RN-BSN programs enable the licensed registered nurse with a diploma or associate degree to complete a baccalaureate degree in nursing. Each type of program entails a liberal education component; however, the pursuit of liberal education occurs differently for students in the two types of programs. Whereas in the BSN program, liberal education and nursing education are integrated throughout the degree program, in the RN-BSN program these courses are completed in a somewhat disconnected way. That is, RN-BSN students typically enter the BSN program having completed the majority of their nursing coursework. Their focus at the baccalaureate-granting institution, therefore, is on meeting the liberal education requirements for the BSN. This difference in the liberal education experience suggests that differences may exist in the ways that RN-BSN students and BSN students draw from their liberal education backgrounds in their nursing practices, and this issue will be addressed in this study by the following question: how do RN-BSN graduates and pre-licensure graduates differ in how they perceive the relationship between their liberal education experiences in college and nursing practice?

Merely completing course work in liberal education may not guarantee that desired outcomes of liberal education are met, however. Because their liberal education
and professional courses are not completed in an integrated fashion, it may be difficult for RN-BSN students to draw meaningful connections among learning achieved through liberal education and clinical experiences. The lack of integration may also make it difficult for RN-BSN students to understand the meaning of liberal education coursework, which may affect involvement and effort, thereby diminishing liberal education gains. This possibility leads to the following questions: what meanings do practicing BSN nurses assign to their liberal education and how do the RN-BSN and pre-licensure BSN graduates differ in the meanings they assign to liberal education?

In sum, offering various educational paths to one goal meets the needs of different types of learners, yet it sets the stage for potential disparities to emerge. Given the association between liberal education and professional nursing, it is critical to understand the similarities and differences in how RN-BSN and BSN graduates draw from their liberal education backgrounds to solve problems in nursing practice. The purpose of this study is to understand (a) how BSN graduates perceive the relationship between their liberal education experiences in college and nursing practice; (b) how RN-BSN graduates and pre-licensure BSN graduates differ in these perceptions (c) what meanings practicing BSN nurses assign to their liberal education experiences in college; and, (d) how RN-BSN and pre-licensure BSN graduates differ in the meanings they assign to liberal education.

**Context**

Several experts have reported the societal value of baccalaureate-prepared nurses. Aiken, Clarke, Cheung, Sloane, and Silber (2003) found lower surgical patient mortality
rates in hospitals that employed a high percentage of nurses with bachelor’s degrees or higher compared to hospitals with small numbers of BSN prepared nurses. Estabrooks, Midodzi, Cummings, Ricker, and Giovannetti (2005) supported the findings of Aiken and her colleagues in finding that higher educational levels of nurses were associated with lowered mortality in hospitals. In a survey of Ohio nurses, Delgado (2002) found that most disciplinary actions and practice violations were among RNs with the least amount of educational preparation. These collective findings demonstrate the importance of the BSN, and indirectly support the need for RN-BSN programs as a way to increase the number of BSN prepared nurses in this country. Offering various educational paths to one goal meets the needs of different types of learners, yet leads to the need to understand how these paths contribute to the overall goal of professional nursing programs. Therefore, a better understanding of RN-BSN programs is needed in order to understand if these programs are successfully educating students to acquire the standards and characteristics of a baccalaureate prepared nurse.

**Theoretical Framework**

*Liberal Education*

Prior research has shown that misconceptions exist in regards to the meaning of liberal education. Hersh (1997) found in a survey that most high school students (86%) and most parents of these future college students (73%) could not define liberal education. Likewise, Hagerty and Early (1993) found that RN-BSN students had difficulty defining the term as well. The term is often thought to have political connotations (Association of American Colleges and Universities, 2002), and in nursing
education, in particular, there has historically been disagreement on how to define the term (Hagerty & Early; Zaborowska, 1995). However, a report published by the Association of American Colleges and Universities (2002) attempts to clarify the meaning of a liberal education by providing the definition as follows: “A philosophy of education that empowers individuals, liberates the mind from ignorance, and cultivates social responsibility” (p. 43). The report concludes that a liberal education is the appropriate way to prepare learners for the challenges that will be faced in the twenty-first century because it is this type of education that teaches students to communicate, interpret research, be creative, handle change, appreciate diversity, and work collaboratively.

More specifically, through a large cooperative study by leaders in higher education, the following outcomes have been identified as a necessary part of a college education for all undergraduate majors: knowledge of human culture and the natural world to include sciences, mathematics, humanities, and arts; intellectual and practical skills to include written and oral communication; critical and creative thinking, quantitative and informative literacy, teamwork, and integration of learning; and, individual and social responsibility to include civic engagement, ethical reasoning, intercultural knowledge and actions, and inclination for lifelong learning (Association of American Colleges and Universities, 2005). These outcomes are thought to be necessary for college graduates to live and work in a world that is changing rapidly. Yet, according to the report, these outcomes will be difficult to measure in the present system of higher education.
While leaders in nursing education did not define the term liberal education it is said to be an essential component in the preparation of professional nurses (AACN, 1998) and its value is clearly defined. *The Essentials of Baccalaureate Education for Professional Nursing Practice* (American Association of Colleges of Nursing, 1998), which defines the expectations of a new baccalaureate prepared nurse, states that a liberal education provides “. . . a solid foundation . . .” for nursing practice (p. 7). Most of the outcomes developed by the AACU are similar to the outcomes found in the *Essentials* document, with the emphasis again being on critical thinking skills, effective communication, collaboration with others, appreciation of diversity, and integration of knowledge from science and humanities in order to problem-solve.

According to the AACN (1998), a liberal education as part of the professional nursing education curriculum is obtained through courses in the arts, sciences, and humanities, as well as through nursing courses. In addition, it is believed that interaction and collaboration with students in a variety of disciplines further contributes to the liberal education experience, therefore, emphasizing the importance of the general education courses offered in colleges and universities today.

**Research Questions**

The following research questions guided this study:

1. How do BSN graduates perceive the relationship between their liberal education experiences in college and nursing practice?

2. How do RN-BSN graduates and pre-licensure BSN graduates differ in these perceptions?
3. What meanings do practicing BSN nurses assign to their liberal education experiences in college?

4. How do RN-BSN and pre-licensure BSN graduates differ in the meanings they assign to liberal education?

**Operational Definitions**

Definitions of the following words have been included in order to clarify commonly used terms in the study: liberal education, practicing nurses, pre-licensure students, and RN-BSN students. Their definitions have been taken from the literature, as well as from professional practice, in order to fit the applicability of the study.

**Liberal Education**

The definition of liberal education, for the purposes of this research study, has been taken from *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 1998). Liberal education is “…an integrated educational experience, recognized and valued as an ongoing, life-long process. Courses in the arts, sciences, and humanities provide a forum for the study of values, ethical principles, and the physical world as well as opportunities to reflect and apply knowledge gained to professional practice” (AACN, 1998, p. 7). While specific course requirements will vary, the AACN asserts that nursing students benefit from the general education core adopted by most colleges and universities and that the interaction and collaboration with students and faculty in other disciplines is a beneficial aspect of liberal learning. Therefore, the researcher has identified non-nursing courses taken while in college to obtain the Baccalaureate of Science in Nursing (BSN) as liberal education courses.
**Practicing Nurses**

Practicing nurses will be defined as nurses who are employed full or part-time in a nursing position. For this study, the practicing nurses will have a minimum of six months of work experience as a registered nurse.

**Pre-licensure Students**

Pre-licensure students are defined as students who are enrolled in a traditional BSN program, indicating that they do not have a license to practice as a registered nurse, and have not received a prior nursing degree.

**RN-BSN Students**

RN-BSN students are defined as students who enter a BSN program with a nursing license and a prior nursing degree, either an associate’s degree in nursing (ADN) or a diploma in nursing.
CHAPTER II
REVIEW OF RELATED LITERATURE AND CONCEPTUAL FRAMEWORK

Introduction

The purpose of this study is to understand (a) how BSN graduates perceive the relationship between their liberal education experiences in college and nursing practice; (b) how RN-BSN graduates and pre-licensure BSN graduates differ in these perceptions (c) what meanings practicing BSN nurses assign to their liberal education experiences in college; and, (d) how RN-BSN and pre-licensure BSN graduates differ in the meanings they assign to liberal education.

The following literature review will provide an overview of liberal education and nursing education, and the interconnectedness that exists between them. The chosen literature is reviewed in an attempt to demonstrate the need for this study, and to identify and explain the variables in the study.

Liberal Education

Philosophy of Liberal Education

Liberal education is a framework of knowledge based in the arts, sciences, and humanities (AACN, 1998) that is intended to provide learners with a basic core of knowledge (Mayhew, 1960). This broad-based knowledge (AACN) prepares learners with an expanded perspective and “…an education which habituates [learners] to judge, to evaluate, and to act in light of such a perspective (Ducasse, 1944, para 10). Liberal
education is also believed to be an education for the “non-vocational” aspects of life (Mayhew, 1960, p. 7).

Liberal education is a necessary aspect of higher education because, in addition to affording students with a basic core of knowledge (Mayhew, 1960), a liberal education instills the “…values, attitudes, and knowledge and skills that will equip [students] to live rightly and well in a free society” (The President’s Commission Higher Education for Democracy, 1947, The Need for General Education Section, para. 1). Acquired through an integrated educational experience, these attributes and skills include the ability to think critically and effectively (AACN, 1998; Conant, 1945) by gaining an “…openness of mind . . .” (Freedman, 2003, p. 57) and by becoming “…skeptical of the dominant modes of thought.” (Freedman, 2003, p. 62). A liberal education also affords the ability to communicate thoughts and ideas effectively through written and spoken exchanges as well as to make ethically based decisions through the utilization of prior knowledge and experiences while taking into account alternative viewpoints (AACN; Conant). By acquiring these traits and skills, learners have received the foundation necessary for responsible citizenship (Conant; Mayhew) and lifelong learning (AACN).

**Outcomes of Liberal Education**

Through the scholarly writings and professional publications on the topic of liberal education, desired attributes can be assembled to create a descriptive picture of the traits of a liberally educated person. These outcomes have been identified as essential learning outcomes of an undergraduate education (AAC&U, 2007).
The most commonly cited outcomes of liberal education through examining the literature were found to be as follows: effective communication through both written and spoken means (AACN, 1998; Boyer, 1990; Conant, 1945; Gaff, 1995); knowledge of diverse cultures (AACN; Boyer; Gaff; Hersh, 1997); critical thinking and problem solving skills (AACN; Gaff; Hersh); knowledge of personal values and ethics (AACN; Boyer; Conant; Gaff; Hersh); global thinking (AACN; Boyer); ability to integrate knowledge into new situations (AACN; Gaff); and, a recognition of the importance of lifelong learning (AACN; Hersh). These outcomes were consistently found in the literature and demonstrate that there is consensus as to what the outcomes of liberal education are.

In an attempt to clarify and communicate these outcomes, the AAC&U (2007) provides a succinct summary of these previously mentioned outcomes in the following excerpt:

Knowledge of human cultures and the physical and natural world; intellectual and practical skills, including inquiry and analysis, critical and creative thinking, written and oral communication, quantitative literacy, information literacy, teamwork and problem solving; personal and social responsibility, including civic knowledge and engagement—local and global, intercultural knowledge and competence, ethical reasoning and action, foundations and skills for lifelong learning; and, integrative learning, including synthesis and advanced accomplishment across general and specialized studies. (p. 12)

According to the AAC&U (2007) and affirmed by the prior literature, these outcomes are desired of all undergraduate majors. These outcomes are thought to be necessary for college graduates to live and work in a world that is changing rapidly.
History of Liberal Education in the United States

The early colleges. The liberal education curriculum in the United States has its historical roots in Ancient Greece (Flannery & Newstad, 1998). The quest for truth and knowledge led the ancient Greeks to create learning circles, which prepared learners for higher education. A curriculum was then established, which consisted of nine disciplines. Later evolution of this curriculum resulted in what is now called the seven pillars of wisdom. The seven pillars of wisdom were divided into two categories: the trivium, which consisted of logic, grammar, and rhetoric; and the quadrivium, which consisted of mathematics, geometry, music, and astronomy.

The liberal education curriculum was viewed as the foundation of the educational process (Flannery & Newstad, 1998). The mere essence of the term liberal implies that in order to be free from oppression, both figuratively and literally, the learner must engage in this coursework prior to beginning practical work or a skilled trade. The tradition of liberal education further implies that life experience is not needed to understand what is taught, but rather that these beliefs are ideal for young people who have no prior experiences upon which to base the knowledge. The earliest colleges in the United States including, Harvard, William & Mary, and Yale, adhered to a liberal education curriculum that differed little from the standard curriculum of the Middle Ages. The first two years of college were spent learning the classical languages, Latin and Greek, as well as rhetoric and grammar. The final years were spent in philosophy, arithmetic, and religion. The primary mission of the earliest colleges was to educate ministers (Geiger, 2005).
However, knowledge revolutions created by the works of Sir Isaac Newton and John Locke, led to curricular changes in the early colleges. While the classical languages and authors were still the basis of the curriculum, courses in physics, chemistry, anatomy, and advanced mathematics were added to the educational experience. This rapid addition of varied courses led to the opportunity for students to select courses which were of interest to them (Bastedo, 2005).

An American curriculum. The Revolutionary War led to further curricular changes in the early American colleges. It was during the post-war period that the number of colleges grew in the United States. It was also during this time that the shift from religious to secular purposes occurred. In addition, courses in American History were added. However, the rapid growth in the number of colleges and universities, as well as the societal changes which were occurring as a result of the war, led to a wide range of courses and curricula offered by American colleges. In response to this chaotic state of higher education, the faculty at Yale published a report in 1828 that defended an educational philosophy in America based upon classical education. The Yale Report, as it became known, called for colleges to provide a broad-based educational groundwork that develops the minds of students, rather than simply allowing students to rely on memorization. The report named the courses which would provide this mental stimulation, including: mathematics, physical sciences, ancient literature, English, logic, and, rhetoric (Rudolph, 1977).

The Morrill Land-Grant Act. Curricular changes occurred once again in America’s colleges and universities after the passage of the Morrill Land-Grant Act of
1862 which impacted the traditional liberal education curriculum. With this new legislation, college curricula began to focus more on vocational education, and less on the classic, traditional curricula. This change in higher education led to the viewpoint that a college education was not only for the purposes of preparing citizens, but also a way to prepare learners with practical educational knowledge. During this time period with more emphasis placed on the utility of the college education, liberal education courses were still important aspects of the college curriculum being viewed as a way to provide learners with the basic knowledge that all students should have regardless of chosen careers (Bisesi, 1982).

The research university opens. Following the German model of higher education, Johns Hopkins University opened in 1876 in the United States. While initially opened as a graduate school only, it became the first research university in America. It also became the first institution to utilize the concept of the academic major, which meant that students would take concentrated courses in a particular subject matter (Rudolph, 1977). The opening of Johns Hopkins led to an increased emphasis on scientific inquiry at the college level (Geiger, 2005), as well an increase in the selection of courses offered students (Bisesi, 1982). This new emphasis on science, as well as the new opportunity for students to concentrate their interests in certain courses and choose free electives, led to a decreased emphasis on liberal education courses and their place in the college curriculum.

The general education movement. The changes occurring in higher education in the early 1900’s began to provide American colleges and universities with a unique
identity. And while some standardization began to occur, such as the requirement of a high school diploma for admission to a university, a great deal of specialization occurred as well. The growth of universities during this time period led to an increase in specialization and compartmentalization due to the elective curriculum that was in place in most universities (Geiger, 2005). The specialization, along with the addition of many new majors and professional degrees, created once again a lack of consistency among graduates in terms of knowledge gained while in college.

Proponents of liberal education disagreed with the lack of a common curriculum for undergraduates and the emphasis on specialization at the undergraduate level. Led by Robert Hutchins in 1919, the faculty of the University of Chicago proposed a model for general education for undergraduates that would decrease the amount of specialization found in the undergraduate curriculum. In addition, the plan was designed to decrease the emphasis on research placed in the undergraduate curriculum. The plan consisted of four divisions in which students must choose courses. The divisions were: biological sciences, physical sciences, social sciences, and humanities. The general education plan also divided the faculty teaching responsibilities in terms of undergraduate faculty and graduate faculty (Bisesi, 1982).

Still, after many years of undergraduate education being viewed as too specialized and utilizing a curriculum that was disjointed as a result of an elective system, the faculty at Harvard came together to design a model of undergraduate education in the United States. *General Education in a Free Society*, also known as the *Harvard Redbook*, was published in 1945 and became the model for general education programs in the country.
The plan denounced specialization for the undergraduate and laid out a plan that was based upon the historical foundations of the classic liberal education: required courses in humanities, social sciences, and natural sciences (Bisesi, 1982).

The *Harvard Redbook* found support from the federal government only two years later with the introduction of The Truman Commission on Higher Education. The Truman Commission on Higher Education stated that “... college programs are not contributing adequately to the quality of students’ adult lives either as workers or citizens” (The President’s Commission Higher Education for Democracy, 1947, The Need for General Education Section, para. 1). The writers of the report stated concern because the “…unity of liberal education has been splintered by overspecialization (The President’s Commission Higher Education for Democracy, 1947, The Need for General Education Section, para. 1). The Truman Commission helped to clarify the role of higher education in society (Gallagher, 1995). An additional contribution of the Truman Commission on Higher Education was that the term general education became commonplace and was identified as an interchangeable term with liberal education (AAC&U, 2002).

**The latter part of the twentieth century.** The latter part of the 20th century saw a decreased emphasis once again on the liberal education aspect of the curriculum for the undergraduate student. The decreased emphasis is attributed to the increased specialization of faculty in higher education, who found greater reward in conducting research and less in teaching general education courses. In addition, faculty aligned themselves more with their departments and professions, and less with their university,
further weakening the delivery of the general education courses offered to undergraduate students (Bisesi, 1982).

Overall, the 1960’s until the present time has witnessed a college curriculum that has responded to the social and economic climate of the country. For example, the student protest movements of the 1960’s resulted in a less prescriptive curricula on college campuses in a response to the students’ dissent. Consequently, unemployment in the late 1970’s and 1980’s led to an increased demand of colleges and universities to prepare students to acquire the skills necessary to be an active member of the workforce moving once again away from a liberally based education to a vocational preparation education (Geiger, 2005; Lind, 2006). Therefore, it is evident that the undergraduate curriculum, while based historically on the philosophy of liberal education, is a cyclical process that remains dynamic as it responds to the needs of the learners.

Contemporary Nature of Liberal Education

Despite the curricular trends in the history of higher education which demonstrate times when liberal education is valued in higher education, and other times when liberal education is not, liberal education is still important in higher education today. A report published by the Association of American Colleges and Universities (2002) establishes that a liberal education is the appropriate way to prepare learners for the challenges that will be faced in the 21st century because it is this type of education that teaches students to communicate, interpret research, be creative, handle change, appreciate diversity, and work collaboratively. And while liberal education is still viewed as the basis of an undergraduate education,
there are still controversies that exist today about the manner in which a liberal education is delivered.

*Liberal arts colleges.* The liberal arts college in the United States is a unique aspect of the higher educational system in America. Typically small in the number of enrolled students, the liberal arts college offers students a communal type of learning experience not often found in the large research universities. These colleges allow students to interact closely not only with their fellow students, but also their faculty (Hersh, 1997). This interaction and involvement in college is important in ensuring that the outcomes of a liberal education are being met. Involvement and effort put forth in coursework as well as out-of-class activities are necessary contributors to educational gains (Astin, 1984; Kuh, Pace, & Vesper, 1997) and the atmosphere of the typical liberal arts college supports these behaviors.

However, recent researchers have discovered that the liberal education outcomes, once thought to be more readily acquired in the small liberal arts colleges, are also being met in the large research universities. Pace and Connolly (2000) found that liberal education outcomes, as measured by the College Student Experience Questionnaire, have increased over the years in students at research universities to a level that is similar to the findings of students in liberal arts colleges. Clark (1997) points out that the best liberal arts colleges in the country utilize research as a teaching strategy with undergraduate students because the process itself provides opportunities for critical thinking and promotes habits of
mind. Therefore, research universities are demonstrating that it is possible to instill the outcomes of liberal education in their students, perhaps not merely in spite of research activities, but possibly because of research activities.

**Professional education.** As mentioned previously, higher education experienced a trend in the 1970’s and 1980’s which moved away from liberal education and towards vocational education (Geiger, 2005; Lind, 2006). This trend continues today and is often attributed to the consumerist attitude of students towards higher education. Hersh (1997) believes that Americans apply a cost-benefit analysis to decisions made about higher education, and, therefore, have as a priority an immediate financial reward as a benefit to the completion of college, such as the reward found in immediate employment. The argument exists in higher education that the increased emphasis on vocational or professional education has led to a loss of a broad based curriculum, such as the one offered by a liberal education (Labaree, 2006).

However, a counter viewpoint to the argument that liberal education is suffering at the expense of professional education was posed by Labaree (2006) who asserts that professional education has become liberalized, rather than liberal education becoming professionalized. Historically, professional education took place through apprenticeships and on-the-job training. However, the Morrill Land-Grant Act was the impetus that started the trend of moving professional education from the apprenticeship to the university. Throughout the 20th century, more professions, including nursing, have liberalized professional education, which, of
course, has resulted in resistance and complaint from those who disagree with the notion of providing professional education in the university.

Lee Shulman, President of the Carnegie Foundation for the Advancement of Teaching, (2005) has studied this higher education controversy and has concluded that the learning that must be acquired to become a member of a profession is the type of learning that comes from a liberal education. By spending time with students enrolled in professional programs, such as medicine and law, Shulman discovered that the ability to acquire new knowledge and skills, make responsible decisions, and act with integrity in applied professional situations are all characteristics that describe a liberally educated person.

Baccalaureate nursing education is an example of how the attributes of liberal education can be utilized to teach the skills required of the profession. Arnold (2006) believes that allied health sciences, including nursing, are model programs which demonstrate the integration of liberal education into the major. Nursing education, according to Arnold, holds as its strength the out-of-the-classroom clinical component, which allows students to apply new knowledge and think critically to problem solve and make decisions.

The following sections discuss nursing education, including the historical events that have shaped nursing as a profession, as well as the role that liberal education plays in nursing education today.
Nursing Education

History of Nursing Education in the United States

The history of nursing education in the United States is complex and sometimes cumbersome to understand, due primarily to the lack of consensus about the minimum education required for practicing nurses. Through this historical account, the need to further investigate various types of nursing educations, as proposed in this research, becomes strengthened.

Nursing education in the United States was officially started in 1873 with the establishment of the first diploma school. These early schools were based on Nightingale’s model of nursing education, however, differed somewhat because the schools fell under the control of the hospital administration. Nightingale had always been an advocate of independent practice for nurses (Van Ort, 1985).

These diploma programs varied greatly in the curriculum. Some were one-year programs, while others were two-year programs. In 1917, the publication Standard Curriculum for Schools of Nursing made an attempt to fuse the programs and provide some consistency in the curricula (Van Ort, 1985).

The Creation of the Bachelor of Science in Nursing

The 1920’s were truly revolutionary in regards to the changes that resulted in nursing education. In 1923, the Nursing and Nursing Education in the United States publication made several suggestions for the improvement of nursing education, the most surprising being the recommendation that schools of nursing should not be under the authority of hospital administration. The Bachelor of Science in Nursing was created
shortly thereafter in 1924, with the first university-based nursing program being established at Yale University. Offering a Bachelor of Nursing degree, it was the first program in the U. S. to be autonomous in regards to having its own department head (Van Ort, 1985).

**RN-BSN Programs**

Also known as RN completion programs, RN-BSN programs are nursing programs designed for the licensed registered nurse with a diploma or associate’s degree to return to school in order to complete a baccalaureate degree in nursing. Although RNs were seeking bachelor’s degrees prior to the 1980’s, a thorough review of the literature shows that it was during this time that schools of nursing began adapting their existing pre-licensure programs to meet the needs of the nursing student who was also a registered nurse. In 1980, 146 RN-BSN programs existed (Galliford, 1980). Today, there are currently 629 programs in the U. S. (Amos, 2007). The way in which these programs developed varies greatly.

Some RN-BSN programs were created by simply modifying existing courses to make them more appropriate for the RN student, yet still requiring the same courses taken by the pre-licensure students (Garvey, 1983). Other programs used alternative ways to give the RN-BSN student credit for their previous nursing courses by using creative methods such as portfolios (Oechsle, Volden, & Lambeth, 1990), professional case studies (Hall, 2003), and learning contracts (Waddell & Stephens, 2000). However, it became the most common practice to give the students credit for their previous nursing courses through articulation agreements (Kish, Newsome, Dattilo, & Roberts, 1997;
McHugh, 1991; Young, 1996) and through challenge exams (MacLean, Knoll, & Kinney, 1985).

The more recent trends in RN-BSN education have focused on curricular modifications designed to meet the needs of adult learners. Examples include learning opportunities such as student-selected clinical sites (Davidhizar & Vance, 1999) and online delivery for the RN-BSN courses (Bentley, Cook, Davis, Murphy, & Berding, 2003; Huston, Shovein, Damazo, & Fox, 2001). The literature demonstrates an ongoing desire to make these programs accessible and doable for the RN-BSN student.

**RN-BSN programs and liberal education.** When returning to school, RN-BSN students spend the majority of their time fulfilling the liberal education requirements of their college or university. While some schools require these courses to be completed prior to entering the nursing school, others allow concurrent enrollment with the nursing courses. Most schools require an average of 60 hours in liberal education requirements (DeBrew & Wallace, 2006). In addition, some schools mandate which liberal education requirements students must take, while others allow the students to complete a required number of credit hours in any liberal education courses they choose. This is in sharp contrast to pre-licensure BSN programs, which are quite standardized in their requirements.

Prior research findings show that RN-BSN graduates are acquiring the characteristics of a liberally educated person, yet these are often indirect findings, rather than primary purposes for the studies. Ritchie, Evans, MacNeil, and Micsinszki (2005) found indirectly that RN-BSN programs contributed to the participants’ self-esteem,
assertiveness, and overall communication skills. One respondent stated the program “... made her a better person, but not a better nurse” (p. 8). Similarly, Zuzelo (2001) found that RN-BSN graduates perceived their newly obtained degree as having no impact on their nursing practice. However, the same participants also believed that the BSN degree had made them more accepting of diversity, more aware of nursing research, better communicators, better leaders, and overall more holistic in their nursing practice. Clearly, the graduates did recognize benefits from the BSN degree, yet were unable to recognize how these benefits affected their personal and professional lives. Furthermore, because these were indirect findings, little is known about the type of program and curricular requirements for these students.

**Pre-licensure BSN Programs**

Today in the U. S. there are 674 pre-licensure BSN programs. These programs are designed for high school graduates with no previous nursing experience (Amos, 2007). Applicants typically spend their first two years of college in liberal education courses and the last two years in nursing courses.

**Pre-licensure BSN programs and liberal education.** Unlike the RN-BSN curricula, pre-licensure BSN curricula are fairly standard because all nursing graduates take the same licensing exam in order to become a registered nurse. A typical nursing curriculum consists of two years of courses in the natural and social sciences followed by two years of nursing courses in the following: pediatrics, maternity, mental health, community health, leadership and management, and medical-surgical care (Amos, 2007).
The Essentials of Baccalaureate Education for Professional Nursing Practice
(American Association of Colleges of Nursing, 1998), which defines the expectations of a new baccalaureate prepared nurse, was written to be a framework for nursing educators about what knowledge, skills, and attributes are essential to a baccalaureate nursing program. First written in 1986, it was revised in 1998 to reflect changes in technology and patient demographic changes which nurses will face in the 21\textsuperscript{st} century. Liberal education is one of the essential pieces of a baccalaureate nursing education. However, a study by Leen (1990) found that few schools of nursing were meeting the liberal education outcomes that were described in the 1986 Essentials document.

Outcomes of Liberal Education and Nursing Practice

The primary focus of this study is to understand the perceptions practicing nurses have regarding their utilization of liberal education in nursing practice. A review of prior research on this topic demonstrates the need to further investigate how liberal education outcomes are demonstrated by practicing nurses. Bottoms (1988) investigated the ability of nursing graduates from different types of programs to apply liberal education competencies in their personal and professional lives. Graduates from baccalaureate programs were more likely to apply these competencies in their professional and personal lives than graduates from associate degree and diploma nursing programs. Overall, nursing graduates were able to apply liberal education competencies in their personal lives more than in their professional lives. These findings demonstrate that nursing students may have difficulty understanding how a liberal education contributes to professionalism and other nursing outcomes.
An apparent problem that exists with liberal education is that learners fail to see the connection between liberal education courses and courses in the majors. This is a potential problem with RN-BSN students who spend the majority of their time while completing the BSN taking liberal education courses, which may appear to have no direct correlation to nursing coursework.

One reason students may fail to see the connection in liberal education courses and nursing courses is that nursing curricula rely on elective courses to provide liberal learning, rather than integrating liberal education into nursing courses. Hermann (2004) found through the examination of nursing course syllabi that few courses demonstrated liberal education competencies and activities that contributed to liberal education goals. Most integration occurred in introductory nursing courses, while little occurred in upper level nursing courses. Integrating concepts of liberal education in all courses would help students understand the connections in their personal and professional lives.

However, nursing students may not be the only college students who have difficulty making the connections of liberal education and personal and professional competencies. Zaborowska (1995) found that senior baccalaureate nursing students reported significant progress towards academic goals, but less progress toward liberal education goals. However, these findings were similar to non-nursing majors in the general college population, who also reported progress toward academic goals, but not toward liberal education goals. Zaborowska (1995) states that a foundation in liberal education is necessary for “long-term professional competence” (p. 160).
Perhaps the competencies of liberal education take time to develop, and therefore cannot be seen in current college students. Through their qualitative research, Hagerty and Early (1993) found that practicing nurses were able to articulate that many of the desired characteristics of a liberally educated person were now incorporated into their nursing practice. These nurses viewed the benefits of their education as enabling them to move from a task-oriented viewpoint to a more holistic viewpoint. Others found that their liberal education made them better communicators, verbally and through writing. Other perceived benefits that these nurses alluded to were an appreciation for cultural diversity, an understanding of legal and ethical issues, and the importance of self-examination and reflection. Gillis, MacLellan, and Perry (1998) found that the benefits of a liberal education could be seen over time in the professional practice of RN-BSN students; therefore, time after degree completion should be examined.

Liberal Education Outcomes Examined for this Research Study

Based on the literature, with a primary emphasis on the liberal education outcomes described by the AACN (1998), the following outcomes of liberal education guided the data collection and analysis of this research study. These outcomes reflect the historical and current literature on liberal education, as well as the prior experiences of the researcher and her professional experience in undergraduate nursing education.

Cultural Competence

Having an understanding of cultural diversity has been identified as a desired outcome of liberal education (AACN, 1998; AAC&U, 2007; Boyer, 1990; Gaff, 1995). Becoming more aware and accepting of diverse cultures is a recent trend in liberal
education and is a response to the changing demographics that are occurring in the United States at this time (Boyer, 1990; Gaff, 1995).

**Professional Values, Skills, and Knowledge**

Professional values, skills, and knowledge require an understanding of the knowledge and skill base required of that profession and an ability to demonstrate their usage in specific situations (AACN, 1998). This knowledge and skill set comes from the integration of existing knowledge, as well as the integration of new knowledge (Gaff, 1995). The ability to acquire new knowledge and skills, make responsible decisions, and act with integrity in applied professional situations are all characteristics that describe a liberally educated person (Shulman, 2005).

**Critical Thinking**

Critical thinking is a commonly cited outcome of liberal education (AACN, 1998; Gaff, 1995; Hersh, 1997), and it is one of the most desired outcomes as well. Critical thinking is said to be the basis for clinical decision making (AACN, 1998). Furthermore, critical thinking skills allow learners to problem solve creatively (Hersh, 1997).

**Global Thinking**

Global thinking is another outcome that is reflective of the current trends in today’s society (Boyer, 1990). Having a global knowledge base allows the learner to integrate varying perspectives into professional situations (AACN, 1998). Global thinking is also an important aspect of citizenship, which is also identified with liberal education outcomes (Conant, 1945).
**Effective Communication**

Effective communication, through written and spoken means, is another commonly cited outcome of liberal education (AACN, 1998; Boyer, 1990; Conant, 1945; Gaff, 1995). Gaff (1995) identifies communication as a fundamental skill and notes that in recent years there has been a greater emphasis on writing and speaking skills as a part of general education requirements. Effective communication is necessary in both the professional and personal aspects of one’s life.

**Ethical Reasoning**

Ethical reasoning, to include ethical decision making and knowledge of one’s own values, is historically a desired liberal education outcome (AACN, 1998; Boyer, 1990; Conant, 1945; Gaff, 1995; Hersh, 1997). According to Gaff (1995), ethical reasoning through liberal education is not designed to change a student’s belief system, but rather to provide students with the skills necessary to make ethical decisions by discussing them intelligently and understanding all of the viewpoints.

**Lifelong Learners**

A commitment to lifelong learning is a desired outcome of liberal education (AACN, 1998; Hersh, 1997). With the rapid changes occurring today in technology and other aspects of society, learners must have the ability to continue learning throughout their lifetimes.

**Others**

As shown in the review of literature, liberal education is a dynamic philosophy that reflects current societal and educational trends. Therefore, while the previously
mentioned outcomes guided the data analysis in this study, the researcher has not disregarded the possibility that other outcomes could have been discovered.

**Gaps in the Literature**

The review of current literature and research demonstrates that more research is needed to understand the perceptions and meanings nursing graduates have towards their liberal educations. With the recommendation of the National Advisory Council on Nurse Education and Practice (NACNEP) to advocate that by the year 2010 at least two-thirds of the nursing workforce be prepared minimally at the baccalaureate level, alternative educational routes must exist. One of these alternatives is the RN-BSN program; however, more research is needed to determine if these programs are meeting the needs of the learner, as well as producing the desired outcomes established by the university and the AACN. The current research on this topic is quite dated, with the majority of the research findings being greater than ten years old. Furthermore, the current research demonstrates a need to examine BSN graduates, rather than current students, in order to understand how liberal education gains develop over time.

**Conceptual Framework**

To further explain the conceptual framework, a graphic description is provided (see Figure 1.1). The figure demonstrates the variables being investigated in this study: liberal education and how RN-BSN graduates and pre-licensure graduates perceive the benefit on nursing practice and how these variables create the meanings that the graduates have of the BSN degree.
Figure 1. Conceptual Framework

Liberal Education Outcomes
1. Cultural competence
2. Professional values/skills/knowledge
3. Critical thinking
4. Global thinking
5. Effective communication
6. Ethical reasoning
7. Lifelong learners
8. ?

Relationship to Nursing Practice

Perception?

Meaning?

RN-BSN Graduates

Pre-licensure Graduates
CHAPTER III

METHODOLOGY

The purpose of this study was to understand (a) how BSN graduates perceive the relationship between their liberal education experiences in college and nursing practice; (b) how RN-BSN graduates and pre-licensure BSN graduates differ in these perceptions (c) what meanings practicing BSN nurses assign to their liberal education experiences in college; and, (d) how RN-BSN and pre-licensure BSN graduates differ in the meanings they assign to liberal education.

The Qualitative Research Paradigm

Qualitative methods were utilized for this research study. Qualitative research, as defined by Creswell (2005) is

a type of educational research in which the researcher relies on the views of participants, asks broad, general questions, collects data consisting largely of words (or texts) from participants, describes and analyzes these words for themes, and conducts the inquiry in a subjective, biased manner. (p. 39)

Qualitative research provides an alternative to traditional quantitative research methods, allowing researchers to understand the participants’ viewpoints and meanings they hold about educational issues (Creswell, 2005). This method is appropriate for this research study because the researcher seeks to understand the perceptions and meanings practicing BSN nurses assign to their liberal education and its utility to professional practice, as well as their personal lives.
Although qualitative methods have been used for over 100 years in disciplines such as anthropology, they have been used in education only since the late 1960’s (Creswell, 2005). Early qualitative studies focused mainly on the researcher’s viewpoint, rather than the participants’ views. However, alternative approaches soon developed which emphasized the importance of the participants’ views, giving researchers another option for conducting studies which utilized varying perspectives rather than traditional quantitative methods. Further evolution of qualitative methods has led to the emergence of different types of research designs such as case study, grounded theory, and narrative.

While the design may vary in qualitative research, there are characteristics that all qualitative studies have in common. Qualitative methods are interactive and typically rely on the viewpoints of the participants as the primary data source. It also characteristically takes place in the natural setting, such as the participant’s home. The data collected often come from a variety of sources such as interviews, emails, documents, and even sounds and pictures. Furthermore, qualitative methods are emergent and involve interpretation. The data collection process may continually change throughout the study based on the findings that come into view, and the interpretations of the findings are subject to the values and biases of the researcher (Creswell, 2003).

**Critical Incident Technique**

The researcher used critical incident technique, as well as open-ended written interviews, to collect data for this study. Both educational and nursing researchers have found the critical incident technique to be an appropriate method of data collection because the technique provides insight into behaviors and habits of people in a
professional setting (Alastuey, Justice, Weeks, & Hardy, 2005; Norman, Redfern, Tomalin, & Oliver, 1992). First described by Flanagan in 1954, CIT has its roots in research studies that were conducted with the armed forces during World War II. The technique has become more widely used since the 1980s when the use of qualitative methods regained popularity in the social sciences (Norman et al., 1992).

According to Flanagan (1954),

The critical incident technique consists of a set of procedures for collecting direct observations of human behavior in such a way as to facilitate their potential usefulness in solving practical problems and developing broad psychological principles. The critical incident technique outlines procedures for collecting observed incidents having special significance and meeting systematically defined criteria. (p. 327)

Flanagan further describes the critical incident technique (CIT) as a “flexible set of principles” rather than a “rigid set of rules” (p. 335). This description has applicability to this study, which utilizes a modified form of critical incident technique in combination with other data collection methods.

The basic process for the CIT, according to Flanagan (1954) includes identification of the general aims of the study, focus on a specific activity; plans to obtain the critical incidents which will be analyzed; collection of the critical incidents from the participants; analysis of the data; and interpretation and reporting of the findings. Flanagan describes incident as “... any observable human activity that is sufficiently complete in itself to permit inferences and predictions to be made about the person performing the act” (p. 327). However, the procedure has evolved and changed over the years to include more methods of data collection than simply observations. Amabile and
Gryskiewicz (1987), for example, collected data through semi-structured interviews, and Alastuey et al. (2005) utilized online and written surveys to study the reasons individuals enter and complete a teacher education program demonstrating an alternative way to collect data than traditional observations.

The CIT has applicability in a variety of settings as well. Amabile and Gryskiewicz (1987) gathered critical incidents to understand how creativity was utilized by employees of a research and development laboratory. Through their storytelling, scientists in the Amabile and Gryskiewicz study were able to describe characteristics of creativity that occurred in a particular work environment. Keating (2002) utilized the CIT when studying nursing practice in three diverse nursing settings: neonatal intensive care, palliative care, and care of the demented older adult. She found that the CIT allowed flexibility and versatility in the procedures and that it was adaptable in multiple settings. An added benefit of the CIT was the reflective nature of the questions, which allowed the nurses participating in the study to think about their own nursing practice and the interventions that worked or that did not work when providing care for patients. Radford (2006) gathered critical incidents from children who utilized the services of a public library, in order to effectively describe a patron’s perception of a successful library visit. These studies demonstrate the versatility and range of the critical incident technique both in the setting of the research, but also in terms of the purpose of the research.

The previously mentioned studies also demonstrate the evolution that has occurred in the critical incident technique over time. Originally, Flanagan (1954) gathered incidents by observing subjects complete a task. However, more recent studies
have relied on participant interviews by asking them to recall a memorable incident, rather than observing the actual incident (Alastuey et al., 2005; Amabile & Gryskiewicz, 1987; Keating, 2002; Radford, 2006). Furthermore, these researchers also utilized content analysis as a technique to code the collected data and discover themes, which was also utilized in previous CIT studies (Alastuey et al.; Amabile & Gryskiewicz; Radford).

**The researcher’s role.** In qualitative research, the involvement of the researcher in data collection and analysis is usually looked upon as a benefit, rather than a threat to the validity of the study. Researchers are not able to separate their personal lives from their research; therefore, qualitative methods allow these experiences to bring insight to the study (Maxwell, 1996). In regards to this study, the researcher’s knowledge of the study population, as well as personal knowledge of the nursing program from which participants graduated, provided a level of understanding that someone without a similar background would not have had.

**Participants**

The participants for this study were baccalaureate graduates from a large school of nursing in the southeastern United States. At the time of this study, the public university enrolled approximately 17,000 students, and was classified by The Carnegie Foundation as a comprehensive doctoral institution with high research activity. The school of nursing at this university has both undergraduate and graduate programs, offering the BSN, MSN, and Ph.D. in nursing. The BSN program includes both a pre-licensure and RN-BSN program. The pre-licensure program has approximately 1,971 students enrolled, while the RN-BSN program has 190 students enrolled. The RN-BSN
program is offered on campus, as well as at two outreach locations. The participants were
selected from this program for two reasons: first, because this school utilizes a nursing
curriculum for the RN-BSN program that is different from the pre-licensure BSN
program curriculum; and second, because the researcher is a faculty member in the
school of nursing and has extensive knowledge of the curriculum and the students.

Criteria for inclusion in this study, in addition to having a baccalaureate degree,
was having a current valid license to practice as a registered nurse in a U. S. state, having
graduated between the years 2002-2006, and having at least six months experience as a
registered nurse. The researcher chose to include graduates of multiple class years in
order to provide a better representation of the program, and perhaps account for any
curricular changes that might have occurred in the school and the university. Graduates
who were licensed practical nurses (LPNs) prior to degree completion were excluded
from the study due to the effects that their earlier educational preparation and work
experiences may have on the findings of this study.

The researcher obtained permission to conduct the study from the university’s
office of alumni affairs. The Office of Alumni Affairs, in order to maintain
confidentiality, sent 535 recruitment letters via email to all members of the graduating
classes from the years 2002-2006, for which valid email addresses were available. The
recruitment letters invited the graduates to complete an electronic questionnaire by
accessing a secure website. The link to the website was provided in the email sent by the
alumni affairs office. The electronic letters included the purpose and overview of the
study, as well as necessary contact information should the participants have questions.
As an incentive, participants had the option of being included in a drawing for one of eight $25 gift cards to an online bookstore. At the completion of the online questionnaire, participants could enter the drawing by clicking on a hyperlink which appeared at the end of the completed questionnaire. The researcher did not know the identity of the participants who chose to enter into the drawing.

**Human Participants Protection**

Protection of human participants was completed in accordance with the guidelines for research at the University of North Carolina at Greensboro and was verified by receiving Institutional Review Board approval prior to beginning data collection. Participants were informed by email of the purpose of the study as well as their rights as a research subject, including confidentiality and the right to discontinue the questionnaire at any time. There were no identified risks to participants in this study. Participation in the study was voluntary and consent was assumed by completion of the questionnaire. It was estimated that it would take 30 minutes to complete this questionnaire, with the participants submitting less than two pages of written text.

**Data Collection**

The researcher collected data through electronic questionnaires, which included demographic items, such as program type, years of practice as a registered nurse, practice setting, gender, and approximate age. The questionnaire, through semi-structured interview questions, also prompted participants to reflect upon their non-nursing courses taken in college (See Appendix A). The electronic questionnaire also encouraged participants to describe a specific event in practice that enabled them to solve a problem
and to utilize their liberal education backgrounds. The responses to the questionnaires provided data about the meanings the participants’ assigned to liberal education. These data were considered in answering research question three. The questionnaire was developed with the assistance of a qualitative researcher who had previous experience with critical incident technique, as well as a nurse educator who was familiar with the curriculum of the program from which the participants attended. Questionnaire items included positive and negative aspects of non-nursing courses taken while in college. As suggested by Flanagan (1954), the positive items were placed before the negative items in order to elicit more responses from the participants.

Advantages of collecting data using the electronic questionnaire included providing participants with a non-intimidating manner in which to articulate their thoughts. Furthermore, the electronic questionnaire provided the researcher with written data from participants in a short amount of time. Disadvantages included the time required of the participants to complete an electronic questionnaire, and inability of the researcher to redirect participants and clarify unclear items, as would be possible with face to face interviews.

The researcher utilized an online surveying engine to administer the electronic questionnaire, as well as collect the completed questionnaires. The participants were not identified by the online surveying engine. The Office of Alumni Affairs sent reminder emails to the entire population at two and three weeks after the initial recruitment letters were sent.
Data Analysis

The researcher’s first step in data analysis for this study began by placing the electronic questionnaire responses into two groups: pre-licensure graduates and RN-BSN graduates. This was done to allow comparisons to be made, as stated in research questions two and four. The researcher then completed an exploratory analysis of the participants’ responses in order to gain a better understanding of the responses as a whole (Creswell, 2005). The researcher explored the data by reading the responses of each questionnaire as they were received. This helped the researcher gather an overall sense of the data, as well as to assess whether or not the survey items were being completed by the participants. Each questionnaire was subjected to multiple rounds of analysis and coding in order to look for themes. The researcher constantly compared the findings throughout the data analysis.

The researcher’s second step in data analysis consisted of a contextual analysis of the data. Content analysis in qualitative research involves using a set of codes to determine similarities and differences in the collected data (Morgan, 1993). The conceptual framework for this study, including liberal education outcomes, and nursing education provided the theoretical lens in which the findings were analyzed. Specifically, the following liberal education outcomes guided the researcher’s analysis in this study: cultural competence; professional values, skills, and knowledge; critical thinking; global thinking; effective communication; ethical reasoning; lifelong learners; and others yet to be discovered. Therefore, as the completed surveys were explored and analyzed, the researcher sought to identify responses that included these outcomes of liberal education,
which were previously defined. In vivo codes, or actual words used by the participants (Creswell, 2005), were used to create the coding scheme. The coding scheme was created after reading through the first 10-15 surveys, in which it was determined that similar responses were being stated. Similar words from the participants were used to create the coding scheme, which was utilized to code the remaining questionnaires. As new codes were discovered that supported the outcomes of liberal education, these were added to the coding scheme. Further explanation of coding and data analysis for each research question, as well as the demographic findings, is discussed in the following sections.

Analysis is also demonstrated in the following table (see Table 1).

**Research Question One**

Research question one is as follows: how do BSN graduates perceive the relationship between their liberal education experiences in college and nursing practice? Research question one was answered by analyzing participant responses to item numbers three, four, and six on the electronic questionnaire. These items are shown in the crosswalk (see Table 1).

Item three and item four were contextually analyzed collectively by coding the responses in order to discover emergent themes (Creswell, 2005). The conceptual framework guided the coding because the researcher was looking for responses that included components of the outcomes of liberal education and nursing education. The researcher then examined text segments from questionnaire items three and four individually and assigned a code. The researcher used in vivo coding in the initial analysis of text segments.
### Table 1

**Crosswalk**

<table>
<thead>
<tr>
<th>Item two: what does having a liberal education mean to you?</th>
<th>Item three, how do you find your liberal education courses (non-nursing courses) that you took in college helpful to your nursing practice today?</th>
<th>Item four, tell me about a liberal education class (a non-nursing course) that you took while in college that you believe helps you now in nursing practice?</th>
<th>Item six: Tell me about a specific time you were able to solve a problem in nursing practice using knowledge and skills gained through your BSN degree. Why do you think this knowledge helped you solve this problem? How did you feel about this incident and what it meant about your nursing practice?</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

How do RN-BSN graduates and pre-licensure graduates perceive the relationship between their liberal education experiences in college and nursing practice?

How do RN-BSN graduates and pre-licensure BSN graduates differ in their perceptions of how they draw from their liberal education backgrounds in nursing practice?

What meanings do practicing BSN nurses assign to their liberal education?

X

How do the RN-BSN and pre-licensure BSN graduates differ in the meanings they assign to liberal education?
For the pre-licensure graduates, the following codes were assigned: connection to people, relate to people, understand development, organize thoughts, communication with others, skills, think outside the box, global knowledge, well-rounded, critical thinking, cultural knowledge, ethics/values, more educated person, and, coursework. For RN-BSN graduates, the following codes were assigned: cultural knowledge, better patient care, helped with education/professional pursuits, not directly helpful to practice, but helped in some way; gain of a new skill, professional collaboration/skills, personal benefits, critical thinking, well-rounded/broader perspective, communication/making connections, writing, ethical knowledge, and courses that were helpful. The codes were reviewed for similarities and commonalities and combined into broad themes that answer the research question. The themes were named with the conceptual framework in mind. That is, outcomes of liberal education and nursing education contributed to the naming of the themes. Contrary evidence, or text segments that did not directly support the conceptual framework and were in opposition to other data (Creswell, 2005), were included in the coding in order to understand both positive and negative perspectives held by the participants. Codes for the contrary evidence were as follows: waste of time and not helpful.

Item six was designed to generate critical incidents from the participants. When using critical incident technique, analysis begins by identifying a frame of reference (Flanagan, 1954, p. 344), which, for the purposes of this study, was item six, which stated:
Tell me about a specific time you were able to solve a problem in nursing practice using knowledge and skills gained through your BSN degree. Why do you think this knowledge helped you solve this problem? How did you feel about this incident and what it meant about your nursing practice?

The next step of data analysis of the critical incidents involved, as previously mentioned, a contextual analysis of the responses of the participants to item six. The researcher used content analysis in a similar fashion used by prior researchers to analyze critical incidents (Alastuey et al., 2005; Amabile & Gryskiewicz, 1987; Radford, 2006). Because the participants were asked to retell a memorable event in nursing practice, the entire response to item six was analyzed collectively, rather than breaking down each text segment or sentence found in the responses. The same coding scheme utilized for items three and four was used to code item six. The researcher discovered the following codes among the pre-licensure graduates: communication with family/coworkers, critical thinking, patient care, and, cultural knowledge. The codes for the RN-BSN graduates were: critical thinking and professional decisions. The codes were then combined to create broad themes, which were based on the conceptual framework of liberal education outcomes and nursing education.

Critical incidents are often elicited by observations and interviews. In this study, however, the critical incidents were gathered by a written, open-ended questionnaire, thereby, relying less on the researcher’s perception of the incident, and entirely on the participants’ perceptions to restate the incident. Therefore, the critical incidents gathered in this study contribute to the data needed to answer research question one by providing actual nursing practice incidents, coupled with participant perceptions of how the
problem described in the incident was perceived to be solved by the participants’ educational backgrounds. This supports the rationale of the researcher to use a modified version of CIT for the purposes of this study. In addition to a specific practice example being retold, the participants also shared their feelings and beliefs about the situation and how they perceived their educations have enabled them to handle the situation.

**Research Question Two**

Research question two is as follows: how do RN-BSN graduates and pre-licensure BSN graduates differ in their perceptions of how they draw from their liberal education backgrounds in nursing practice? Research question two was answered by comparing the responses of the RN-BSN graduates and the pre-licensure graduates. The researcher reviewed the themes which emerged for the pre-licensure graduates and compared them to the themes which emerged for the RN-BSN graduates. The researcher compared the themes which emerged for each group of participants for similarities and differences, as well as the number of themes which emerged.

**Research Question Three**

Research question three is as follows: what meanings do practicing BSN nurses assign to their liberal education experiences in college? Research question three was answered by analyzing the responses to questionnaire item number two. The conceptual framework guided the coding because the researcher was looking for responses that included components of the philosophy and outcomes of liberal education. The researcher then examined text segments from questionnaire item two individually and assigned a code. The researcher used in vivo coding in the initial analysis of text segments. For the
pre-licensure graduates, the following codes were assigned: global thinking, well-rounded, broad spectrum of knowledge/thinking outside the box, courses outside of nursing, career opportunities, and, more knowledgeable. For RN-BSN graduates, the following codes were assigned: opportunity to advance, open mind, well-rounded, exposure to courses other than nursing, and, global perspectives. The codes were then reviewed for similarities and commonalities and combined into broad themes that answer the research question. The themes were named with the conceptual framework in mind. That is, outcomes of liberal education and nursing education contributed to the naming of the themes. Contrary evidence, or text segments that did not directly support the conceptual framework and were in opposition to other data, (Creswell, 2005) were included in the coding in order to understand differing perspectives held by the participants. Codes for the contrary evidence were as follows: time consuming, interesting, but not related to nursing; and, means nothing/unable to define.

**Research Question Four**

Research question four was as follows: how do RN-BSN and pre-licensure BSN graduates differ in the meanings they assign to liberal education? Research question four was answered by comparing the responses of the RN-BSN graduates and the pre-licensure graduates from question three. The researcher reviewed the themes which emerged for the pre-licensure graduates and compared them to the themes which emerged for the RN-BSN graduates. The researcher compared the themes which emerged for each group of participants for similarities and differences, as well as number of themes which emerged.
**Demographic Data**

Demographic data from the questionnaires were used to describe the participants. Frequency tables were generated to understand the demographic profile of the participants, including gender, age, years of practice, program type and practice setting. Demographic findings were also utilized to determine if any demographic patterns were evident within the themes which were discovered. This was done by reviewing the gender, age, years of practice, program type, and practice setting of the participants collectively. Program type comparisons were made by separating the questionnaires into two groups based on program type in the initial steps of data analysis. Because there was little variation among the gender and practice settings of the participants, it was determined that patterns could not be determined based on these demographics. Furthermore, there was little variation among the pre-licensure graduates in terms of years of practice and age, therefore, it was determined that no conclusions could be made based on these demographics. The researcher did critically examine the demographics of age and years of experience among the responses of the RN-BSN graduates by examining patterns in the extreme cases. However, once again, similarities in the demographic findings did not lead to any further need to analyze for emergent patterns.

**Validity Measures**

Measures to ensure validity include steps that are taken to guarantee that the findings are truthful and reportable (Creswell, 2003). For this research study, one method to ensure this was to gather rich, descriptive data (Maxwell, 1996). For this study, responses were gathered from a large number of participants, in comparison to traditional
qualitative studies, which increases the amount of data gathered. Furthermore, the fact that the participants were able to write their own stories and responses also ensures that the data are factual and not transcribed incorrectly.

A second method of validity, as suggested by Flanagan (1954), was to have another qualified person make independent judgments of the critical incidents. This person was asked to review the incidents and sort them into the identified categories, which would validate the category selection of the primary researcher. Further analysis would be required if some incidents were found not to fit in the established categories (Norman et al., 1992). For the purposes of this research study, a second person reviewed all of the data, not just the critical incidents and gave input into the coding process. When the second reviewer raised questions about the text segments which were coded by the researcher, discussion occurred until 100% agreement was reached.

Summary

The following research questions guided this qualitative research study: (a) how do BSN graduates perceive the relationship between their liberal education experiences in college and nursing practice; (b) how do RN-BSN graduates and pre-licensure BSN graduates differ in these perceptions (c) what meanings do practicing BSN nurses assign to their liberal education experiences in college; and, (d) how do RN-BSN and pre-licensure BSN graduates differ in the meanings they assign to liberal education. Investigating the importance and utility of the Bachelor’s of Science in Nursing degree to graduates is beneficial to nurse educators and future students enrolled in both pre-licensure and RN-BSN nursing programs. Findings of this study will help educators
understand the meanings participants place on the bachelor’s of science in nursing degree, which will in turn affect curricula and course development for nursing programs.
CHAPTER IV
RESULTS

The purpose of this study was to understand (a) how BSN graduates perceive the relationship between their liberal education experiences in college and nursing practice; (b) how RN-BSN graduates and pre-licensure BSN graduates differ in these perceptions; (c) what meanings practicing BSN nurses assign to their liberal education experiences in college; and, (d) how RN-BSN and pre-licensure BSN graduates differ in the meanings they assign to liberal education.

Demographics

Initial analysis of the data began by examining the demographic findings, as well as the overall response rate of the electronic questionnaire (see Table 2). A total of 128 electronic questionnaires were returned through surveymonkey.com to the researcher. Of this number, 36 were incomplete, three were excluded because the participants were previously employed as LPNs, one was excluded because the participant had only been a registered nurse for four months, and one was excluded because the participant did not graduate between the years of 2002-2006, leaving a total of 87 usable questionnaires. The participants were composed of 52 RN-BSN graduates (60%) and 35 pre-licensure graduates (40%) and one MSN graduate. However, the MSN graduate based her responses on her years in the RN-BSN program.
Table 2

Demographics of Participants

<table>
<thead>
<tr>
<th>Type of graduate</th>
<th>Total usable survey</th>
<th>Program location</th>
<th>Prior degree</th>
<th>Gender</th>
<th>Age</th>
<th>Years of practice</th>
<th>Practice settings</th>
<th>Primary role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-licensure</td>
<td>35</td>
<td>n/a</td>
<td>AD: 1 (3%)</td>
<td>Female: 33 (94%)</td>
<td>18-25: 14 (40%)</td>
<td>1-5.5 yrs.</td>
<td>Hospital: 27 (80%)</td>
<td>Patient care: 32 (94%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>BS/BA: 6 (17%)</td>
<td>Male: 2 (6%)</td>
<td>26-34: 18 (51%)</td>
<td>Mode: 2.5 (17%)</td>
<td>MD office: 3 (9%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>MBA: 1 (3%)</td>
<td></td>
<td>35-44: 1 (3%)</td>
<td>Mean: 3 yrs.</td>
<td>Health Dept.: 2 (6%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>45-54: 2 (6%)</td>
<td></td>
<td>Outpatient clinic: 1 (3%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>≥55: 0</td>
<td></td>
<td>Other: 1 (3%)</td>
<td></td>
</tr>
</tbody>
</table>

| RN-BSN           | 52                  | Campus: 30 (58%) | ADN: 43 (83%) | Female: 50 (96%) | 18-25: 1 (1.9%) | Range: 2-40 yrs. | Hospital: 33 (64%) | Patient care: 34 (65%) |
|                  |                     | Outreach: 20 (39%) | Diploma: 5 (10%) | Male: 2 (4%) | 26-34: 13 (25%) | Mode: 8/10 yrs. (7.7%) | MD office: 3 (6%) |
|                  |                     |                  | BS: 1 (1.9%) |        | 35-44: 15 (28.8%) | Mean: 14 yrs. | Home care: 3 (6%) |
|                  |                     |                  |              |        | 45-54: 18 (34.6%) |                  | School of Nursing: 1 (2%) |
|                  |                     |                  |              |        | ≥55: 5 (9.6%) |                  | Outpatient clinic: 3 (6%) |

|                  |                     |                  |              |        |                  |                  | Other: (6%) |
|                  |                     |                  |              |        |                  |                  | Urgent care: 1 |
|                  |                     |                  |              |        |                  |                  | Hospice: 1 |
|                  |                     |                  |              |        |                  |                  | Case management: 1 |
|                  |                     |                  |              |        |                  |                  | School nurse: 1 |
|                  |                     |                  |              |        |                  |                  | Early intervention: 1 |
|                  |                     |                  |              |        |                  |                  | Occupational health: 1 |
|                  |                     |                  |              |        |                  |                  | Disease management company: 1 |
|                  |                     |                  |              |        |                  |                  | Graduate student: 1 |

|                  |                     |                  |              |        |                  |                  | Data collection: 1 |
|                  |                     |                  |              |        |                  |                  | Healing touch practitioner: 1 |
The majority of the RN-BSN graduates completed the campus program (58%); and, 20 of those that responded completed an off campus program (39%). Prior degrees were held by 57 of the participants, with the most common degree being an Associate’s Degree in Nursing or ADN (50%). Other prior degrees held by the participants were Bachelor’s of Science or Arts (8%), a Diploma in nursing (6%), and MBA (1%).

The participants were overwhelmingly female (95%) with only four male graduates (5%) responding to the electronic questionnaire. The ages of the participants had more variance, however, with the majority (36%) reporting to be 26-34. The years of practice as a registered nurse for the participants ranged from 1 to 40 years. The majority of the participants worked in hospitals (70%) and their primary work responsibility was patient care (77%).

Comparing the demographic findings of the pre-licensure graduates and the RN-BSN graduates was done through comparing the percentages for each demographic characteristic. Gender, practice settings, and primary work responsibility yielded similar results; however, differences were found in prior degree, age, and years of practice. As expected, the majority of RN-BSN graduates had prior degrees, usually an ADN, while the pre-licensure graduates did not. In addition, the majority of pre-licensure graduates were younger (18-25) when compared to the RN-BSN graduates (45-54), but, as expected, the RN-BSN graduates had more years of experience as a registered nurse (mean= 14 years) when compared to the pre-licensure graduates (mean=3 years). A table demonstrating the demographics for each group is shown in Table 2.
Research Question One

Research question one was as follows: how do BSN graduates perceive the relationship between their liberal education experiences in college and nursing practice? It was answered by analyzing item numbers three, four, and six on the electronic questionnaire. These items were included in the questionnaire to learn more about the utility of liberal education courses in nursing practice. The following sections explain the findings for research question one.

Pre-licensure Graduates’ Themes

Themes which emerged for the pre-licensure graduates were analyzed first for question one per the methods discussed in chapter three. The responses were found to be quite eloquently stated in terms of the perceived benefits of liberal education coursework to nursing practice. The following themes emerged from the analysis of the data: Ability to communicate and relate to people, global thinking and well-rounded knowledge base, academic growth, and acceptance of diversity. Contrary evidence has also been included in order to understand the differing opinions of the graduates. Table 3 gives the frequency counts for the previously mentioned themes (see Table 3). A more complete description of the themes is also provided.

Ability to communicate and relate to people. The most commonly cited theme, Ability to Communicate and Relate to People, was evident among these graduates in a variety of situations: co-workers, patients, families, and other disciplines. Specific examples are as follows:
An English course that I took my freshman year required us to present our papers to the class. This helped with forming a speech and thinking about what needed to be said before presenting it. This possibly has helped with my communication with physicians and report to other nurses [sic].

Communication: it gave me the ability to communicate on different levels with the family and one-on-one experiences with the client.

Public speaking helped me to become more comfortable with speaking in front of large groups of people.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to communicate and relate to people (patients, coworkers, and others)</td>
<td>28</td>
</tr>
<tr>
<td>Global thinking and well-rounded knowledge base</td>
<td>13</td>
</tr>
<tr>
<td>Academic growth</td>
<td>13</td>
</tr>
<tr>
<td>Acceptance of diversity</td>
<td>12</td>
</tr>
<tr>
<td>Contrary evidence</td>
<td>6</td>
</tr>
</tbody>
</table>

These pre-licensure graduates demonstrate through their responses that they believe that their liberal educations have improved their communication skills with their patients and families, as well as with their co-workers and other disciplines in healthcare. These participants perceive that their liberal education courses have made them effective communicators in everyday working situations, as well as in more formal types of
speaking engagements. Each of these participants attributed their new communication skills to specific liberal education courses, including: English, Communication, and Public Speaking. They not only relay that they feel effective in their communication, but they also appear knowledgeable in the process of communication, which includes contemplating what will be said before it is actually communicated to another person.

Other participants stated the following:

I can relate with people better. I have something that I can put patients and family at ease with. We all feel better when we have some connection, some "familiarity" with the people caring for us or our family. Even if my knowledge is rusty or minimal on a topic, it allows people a way to connect and expand a relationship outside of the present situation.

Working in a NICU, I work with the parents of critically ill infants. Having the ability to talk with those parents about topics other than just how sick their infant is has often helped me in developing a trusting bond with them. I feel that it has also helped me to try to ease some of the stress that they feel during the sometimes extensive hospital stays that their infant may have.

I feel that I can relate to people on a number of topics other than healthcare.

These pre-licensure participants use words like “relate” and “connect” when describing their communication skills, which impart a deeper meaning of communication than simply speaking or writing thoughts. These participants appear to utilize communication with their patients and families as a way to build trust, alleviate stress, and ultimately form a relationship with their patients. They also find it important to engage patients and families in topics that interest them and perhaps take their minds off of the illness or condition which is requiring nursing care. It is evident that knowledge from their liberal
educations has provided them with communication skills that can be used to provide
nursing care on a more professional level than simply completing tasks and skills.

**Global thinking and well-rounded knowledge base.** Global Thinking and Well-rounded Knowledge Base was perceived by the pre-licensure graduates as being useful to their nursing practice. Using words like “global knowledge” and “well-rounded,” these participants perceive that their liberal educations have helped them consider things in a holistic way. Examples of responses are:

I think they helped me to think outside of the box, be more open-minded, and see the big picture in my nursing practice.

It helped me to be a more globally knowledgeable person. This helps me gather and apply new information in the ever developing field of nursing.

Becoming a global thinker is a desired outcome of liberal education, and it seems that these participants believe that they have met this outcome. By using terms like “thinking outside of the box,” and “seeing the big picture” it seems that these graduates are able to integrate varying perspectives into their professional practice of nursing. In addition, these participants recognize that global knowledge is often associated with change and new knowledge, and therefore, an important aspect in nursing practice. The previous responses indicate that the participants understand global thinking as broadening one’s perspective and approaching situations in a holistic manner.

Graduates also describe being well-rounded as a result of their educations. Their responses are as follows:
Helpful in the aspect that I am a more rounded person as a result

It gave me a well-rounded education, not so “tunnel-vision.”

I don't think so. Though I am well-rounded

These responses demonstrate that the pre-licensure participants perceive a relationship between being well-rounded and nursing practice. Some participants also indicate that being well-rounded is beneficial to them as a person. Additionally, even the participant that feels that his/her liberal education is not helpful in practice, also adds that it has made him/her well-rounded. While these participants provide no specific examples of how being well-rounded has been helpful in nursing, it may be best understood by the participant who states, “It gave me a well-rounded education, not so ‘tunnel-vision.’” By this statement, it can be implied that nursing practice situations are approached with a more holistic viewpoint.

**Academic growth.** Academic growth was another theme among the pre-licensure graduates. Many participants spoke in general of the benefits of their liberal education coursework to their nursing practice, while others mentioned specific courses and the benefits they provide to them in practice. Examples of responses are as follows:

they just made me a more educated person. Yes [they were helpful]

Yoga is helpful in nursing because it helps me to remember body mechanics when working 12 hour shifts.

I really think that my family theory class was probably the most helpful to me in my practice today. Family is such a central part of healthcare, that it's hard to think that it's not emphasized more in the nursing curriculum.

**NUTRITION WAS A GREAT HELP**
Microbiology and Anatomy and Physiology have helped me to better understand the body and disease processes.

These responses demonstrate that academic growth was achieved by a wide variety of courses taken while in college. Respondents also demonstrated the contributions of these courses to aspects of their nursing practice, both personal gains and professional gains. While some participants cite courses that are commonly associated with required nursing knowledge, such as the sciences and nutrition, others mention courses that might not seem as relevant to nursing, such as Yoga and Family Theory. These responses demonstrate that the learners were able to find applicable knowledge to nursing practice from these courses.

**Acceptance of diversity.** Feeling culturally competent while providing care was another common theme among the pre-licensure graduates. These participants demonstrate the importance of understanding other cultural beliefs and practices in order to provide appropriate care. Specific examples are as follows:

Human Development and Family Studies. I take care of the infants of families that come from many different cultures and socio-economical situations. Having an understanding of how different cultures deal with crisis, grief, and loss of control has helped me when trying to empower them to participate in the care of their infant during the hospitalization experience.

I think my religion class helps, because I can better understand patients and their beliefs. Their belief system affects their health practices.

Anthropology- My practice involves studying people and the way culture shapes their feelings, actions and interaction in society.
These statements by the pre-licensure participants demonstrate that being accepting of differing beliefs is a perceived gain from their liberal educations. These participants were able to identify particular courses which gave them a better understanding of cultural beliefs and practices, such as Human Development, Religion, and Anthropology. Furthermore, these participants understand the relationship that culture and beliefs have on health practices, as well as issues surrounding death and loss.

Other responses included:

I became more culturally competent after completing my BSN. I am more tolerant of others and have more patience.

allows me to see my patients in a more holistic manner; many classes were not related to nursing specifically however were related to interpersonal activities and understanding cultures beyond my own.

These participants do not target specific courses, but rather attribute the entire educational experience to becoming more culturally competent. These participants experienced some personal changes by stating that they are more tolerant and have a new ability to acknowledge the beliefs that may be different from their own.

Contrary evidence. Contrary evidence has been included in order to demonstrate data that did not support the findings. Contrary evidence was necessary to help the researcher understand the negative viewpoints held by the participants. Examples of contrary findings, which are in contrast to other responses for research question one, are as follows:
No. I think most of them were a waste of time.

not meaningful

not very helpful. A foreign language would have been helpful [sic]

To be honest, not that much.

These responses indicate that these participants find no benefit in their liberal education coursework in their nursing practice. However, even those that stated their liberal education coursework was not meaningful still included positive statements elsewhere in their questionnaire responses. For example, one participant responded as follows:

I do not find them helpful at all! The only exceptions were prerequisites like micro, A & P, etc.

However, this same respondent answers elsewhere on the survey as follows:

The critical thinking skills help me anticipate and prevent bad outcomes in my patients.

Another example of inconsistencies in the contrary evidence is shown when one pre-licensure participant states that she does not find liberal education courses helpful in nursing practice, yet then goes on to say:

I use my knowledge [gained through the BSN] everyday in the ICU. . . . It seems that the participants who made these responses are able to verbalize liberal education gains, yet do not attribute these gains to their liberal education courses.
RN-BSN Graduates’ Themes

For research question one, the RN-BSN responses were analyzed in the same manner as the pre-licensure graduates. Again, the graduates’ responses were found to be well stated and honest in regards to their use of their liberal educations in practice. The categories that emerged were also similar to the ones that were discovered in the pre-licensure responses. The categories that emerged were as follows (see Table 4):

Table 4

<table>
<thead>
<tr>
<th>Research Question One: RN-BSN Graduates’ Themes about Relationship of Liberal Education Courses to Nursing Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme</td>
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<tr>
<td>Professional/Personal Growth</td>
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<tr>
<td>Ability to communicate and relate to people (patients, coworkers, and others)</td>
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<tr>
<td>Acceptance of diversity</td>
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<tr>
<td>Academic growth</td>
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<tr>
<td>Global thinking and well-rounded knowledge base</td>
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<tr>
<td>Contrary evidence</td>
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</table>

Professional/personal growth. Professional and personal growth was the predominant theme among the RN-BSN graduate responses. These graduates seem to speak to the attributes of the professional nurse through their responses, which spoke to the acquisition of skills such as relating to other disciplines, organizational skills, and
competence with computers. Furthermore, personal gains are also mentioned by these graduates. Examples of their responses are:

Statistics has helped in my pursuit of my MHA/MBA and in understanding trends. IT has helped with writing reports and utilizing Excel.

I took the elective Computers in Nursing and felt that this was the most beneficial class I took during my whole experience at [college]. This class helped me to understand computer basics and benefited me in nursing and life in general.

English - helped with upper management nursing pursuit. Enjoyed learning a requirement, yet not all about nursing

Some of the courses I can relate back to learning but I think it mostly opened different perspectives and ideas to help when relating to other disciplines

These RN-BSN responses demonstrate professional gains, such as computer skills and collaboration with other disciplines. The responses also speak to skills gained which provided the opportunity for career advancement, as well as knowledge needed to pursue further education.

Other responses which were more indicative of personal gains were as follows:

Earning my BSN equipped me with many tools that I use not only in my practice as a nurse but also in my everyday life. It provided me with knowledge and valuable information to successfully solve many problems and situations that arise daily in the work place and at home. It has helped to make me a more sensitive and caring individual.

I really don't find them helpful at all honestly. The additional classes simply helped to open my mind to other aspects of the world besides nursing.

Most helpful. I took a wonderful course related to cinema. Since then I haven't looked at a movie the same.
Clearly these graduates have received personal gains from their liberal educations. One respondent has found that she utilizes new skills from her BSN in her everyday life and at home by stating that she has become more sensitive and caring. Even the participant that stated, “I really don’t find them helpful at all . . .,” concluded her remarks that the coursework has helped to “open her mind,” which is certainly a personal gain, even though the participant may not acknowledge this gain.

**Ability to communicate and relate to people (patients, co-workers, and others).**

The RN-BSN graduates cited improved communication with patients and co-workers as a benefit of the BSN degree. Examples of responses are as follows:

- I am able to be conversant on a number of subjects, which often is helpful in making a connection with patients and their families.
- You are able to relate to others better and understand others better.

These responses seem to reflect a deeper type of communication than simply speaking or writing in an articulate way. These graduates used words like “relate to” and “connect with” to describe how they utilize their new communication skills. These participants also acknowledge that an aspect of communication is understanding varying perspectives.

Other responses included:

- It gives me a broader knowledge base when talking with staff and patients. If one is more aware of the world, the arts, and history people will give you more respect when you as a nurse are looking for credibility [sic].
- I took a social problems class that enables me to understand where some people are coming from that I work with.
- Help my writing and comprehension.
These graduates find that their liberal educations have benefited them in their interactions with patients and families, as well as in their interactions with co-workers. One participant seemed to find a new sense of self-respect by implying that she felt more credible by having knowledge of history and the arts. Finally, one participant mentions writing as another form of improved communication as a result of a liberal education.

**Acceptance of diversity.** Being more accepting of diversity and increasing their cultural competence for the RN-BSN participants also appeared to be deeper than merely being knowledgeable of other cultures. These responses indicate that the RN-BSNs had a change in their attitudes and feelings about diverse cultural groups and were not just knowledgeable, but more accepting of them:

My Non Western Religion course is helpful when I have taken care of persons of non christian faiths. I feel I have a better understanding of the whole person and the family [sic].

my anthropology courses were a direct benefit in working with different cultures and being more culturally aware/cognizant.

Non-Western Religion provided exposure to religions and cultural practices that may be encountered while providing nursing care to patients.

I took American History - 20th century. I am more knowledgeable about how the events of that time frame affect our lives today. I am also better able to relate to patients / families from earlier generations because I am more familiar with the culture and events that they have experienced.

The course that I took that was most helpful was religion in America. This has enlightened me as to differences and similairties in relions that we face today in our practice [sic].

Native American Cultures made me so aware of how and why different cultures develop and function.
These responses demonstrate that these RN-BSN graduates found a variety of liberal education courses contributed to their new sense of cultural competence and an overall feeling of being more accepting of others. It was also noteworthy that courses such as American History and Religion in America were cited as beneficial in developing cultural competence, as these are not the typical courses cited to increase cultural awareness among students.

While most of the RN-BSN participants cited cultural competence as a benefit to patient care, the following participant offered a more personal benefit:

American History, Reconstruction to the present. As a Yankee living in the south, I have a better understanding of southern culture after this course.

This participant has found a personal benefit relating to cultural competence, which can also affect his interactions with patients, families, and co-workers.

**Academic growth.** Academic growth was another theme that emerged among the RN-BSN graduates. These participants responded by providing specific examples of coursework that has been beneficial to them in practice, with most of them not providing examples of how they have contributed to their practice. Examples of responses are as follows:

Foreign language, Religion

ethics, computers

Introductory Statistics
Chemistry and statistics

Women's Studies - Nursing is a predominat female profession [sic]

Because more information was not provided, it is not possible to understand how each of these courses has been beneficial to practice, however, it is worth noting which courses were perceived as helpful.

*Global thinking and well-rounded knowledge base*. Global Thinking and Well-rounded Knowledge Base was also perceived by the RN-BSN graduates as being useful to their nursing practice. Using words like “broader outlook” and “well-rounded,” these participants perceive that their liberal educations have helped them see things in a holistic way. Examples of responses are:

- I find it helpful in that I am a more rounded and knowledgable [sic] person
- Helpful in the aspect that I am a more rounded person as a result
- All the Psychology courses, English, Statistics are helpful for a rounded perspective.
- It helped with general education, provided a broader outlook into the world past and future.
- Overall- broader outlook
  - good for me made me more well-rounded
  - Helped to broaden my mind and stir up other intrests [sic].

These responses show that their liberal education courses have opened their minds and broadened their knowledge base, which apparently is perceived as a benefit to these
nurses. In addition, it is evident that these participants felt that having a broad perspective stimulated them to become interested in other things pertinent to nursing.

One participant expressed her thoughts as follows:

ADN gave me good bedside skills/prioritization etc. BSN program broadened my understanding of the bigger picture. Introduced me to more history of nursing thus appreciating how far we have come in nursing and research - the complexity and need for more of it. I respect the profession for more than just compassion at the bedside [sic].

This participant seems to be suggesting that her prior nursing education was task oriented and skill focused, while her BSN was more holistic and provided an expanded knowledge base. However, not all participants found direct professional gains, but cited personal gains. An example of this perspective is as follows:

They all help in some way. I took an Art History Course, which did not help in nursing, but allowed me to expand my brain in other ways. (It's all good)

This participant states that her knowledge base has expanded through a specific liberal education course. And while she does not see a relationship to nursing practice, she clearly finds that it is beneficial to her.

Contrary evidence. Contrary evidence has been included in order to demonstrate data that did not support the findings. As mentioned previously, contrary evidence is helpful to the researcher in understanding the negative viewpoints held by the participants. Examples of contrary findings are as follows:

Most were not extremely helpful with regard to nursing practice.
Can't say that there was one that I can think of that I use in my nursing practice.

I am not sure that there is a direct relationship.

Can't think of one.

Limited application

I do not find they help with nursing at all right now. I have not even used my stats class I had to take.

They are not helpful at all.

I don't think there was one.

Not helpful at all. I never use any of the non nursing classes.

Clearly, there were some graduates who felt that the liberal education coursework has had no benefit to them, either professionally or personally. However, some of the participants who had contrary statements also had positive comments within their questionnaire. For example, when one participant was asked how liberal education has affected nursing practice the participant writes:

Doesn't affect it

However, the same participant reports that the communication course taken while in college is now helpful in nursing practice. So, some of the RN-BSN graduates, similar to the pre-licensure graduates, are able to verbalize liberal education gains, yet do not attribute these gains to their liberal education courses.
Critical Incidents

Questionnaire item six gathered the critical incidents, which further validated the findings for research question one. An incident is defined as a “. . . memorable aspect of an event or experience” (Radford, 2006, p. 46). Of the completed electronic questionnaires (88) it was discovered that only 69 participants chose to answer the following item: Tell me about a specific time that you were able to solve a problem in nursing practice using knowledge and skill gained through your BSN degree. Why do you think this knowledge helped you solve this problem? How did you feel about this incident and what it meant about your nursing practice? This item was designed to gather the critical incident from the participants. However, as stated previously, many participants skipped this item and for those that did answer it, very few participants provided an actual incident. The majority (49) answered with a broad comment such as:

I feel that I answer questions everyday with the knowledge that I gained through my BSN. I believe the program taught me how to critically think and I am able to look at the whole picture and not at just parts.

However, the participants who did share a critical incident (20) were able to recall a memorable event in their nursing practice. These incidents were categorized by program type and then further analyzed for emergent themes. The themes which emerged were similar to the previous themes which emerged for research question one. Further explanation of critical incident themes and examples of critical incidents which were obtained are included.
Pre-licensure Graduates’ Critical Incidents

Ability to relate and communicate with patients, families, co-workers, and others. As previously mentioned, the pre-licensure graduates felt that their liberal educations have helped them to become better communicators and more adept at relating to patients, families, co-workers, and others, such as physicians. Specific examples to support this theme are as follows:

We had a patient that was incredibly ill and very, very unstable. He was a pt. that had been admitted to our unit as an overflow from another type of critical care... After caring for the pt. for several nights, and getting to know his case and his family, the nurse manager from [another unit] wanted the pt. transferred to them so that they had a critical patient that was "complex." The day shift RN and resp. therapist had told them it was a poor idea, but they planned the move anyway. I was able to give solid, rational reasons why the pt. should not be moved. Continuity of care, PEEP, medical instability. These were all pointed out professionally and argued intelligently to show that the pt.’s outcome greatly outweighed the purely administrative decision they were trying to make. The ability to identify the real cause for the move, to argue intelligently, to give rationale supporting my decisions and nursing diagnosis were all skills that were learned as a BSN student . . . [sic].

The pre-licensure graduate was able to retell a patient situation in which he/she utilized communication skills to advocate for the needs of the patient, which he/she perceived to be compromised due to an administrative decision. It is interesting to note that this graduate uses the words “argued intelligently,” which suggests that he/she had more than a simple conversation requiring basic skills, but rather a complex debate which required that he/she utilized professional communication skills to meet the needs of the patient.

Another example, which involves family communication, is as follows:
I was the primary nurse for an infant . . . during [its] hospitalization. The parents of the infant were in their late teens and the mother did multiple drugs during her pregnancy. The infant became extremely sick [the] last few weeks of life and was on maximum support. The parents of the infant were very involved in [the] care and the mother was dealing with extreme guilt over the drug use during her pregnancy. Although the infant was on maximum support, it was the general feeling of the neonatal team that the best ethical choice for care would be to withdraw support. The parents would not consent due to their guilt. The mother of the infant said that she did not want her baby do die because of the bad decisions that she had made. In this situation, I used information that I learned during my BSN degree to understand the grieving process that this family was going through. These parents had never had a chance to hold their infant during the many months of hospitalization, they were never able to dress [the baby], give [the baby] a bath, or do any of the things that are expected by the parents of a newborn. I talked with the parents about things that could be done to keep their [baby] comfortable and allow them to hold [the baby]. We were able to silence the monitors and switch the infant to a different ventilator so the parents could hold their [baby]. The mother was able to hold [the baby] as [it] passed away. After the baby passed, the mom wanted to give [the baby] a bath and dress [the baby] before taking [the baby] to hold…. By using the information that I learned about the grieving process during my degree, I was able to talk with the parents about their specific concerns related to discontinuing life support and help them to come up with solutions that would make the situation more bearable for them as well as help them make the best decision for their infant. After the infant passed and [the] parents were able to spend some time alone with [the baby] . . . [the] parents thanked me for talking with them and arranging for them to hold their [baby] before [the baby] died. I felt that I did help the parents make the best decision for their [baby]. This situation has always been an example to me of how my patient is the entire family of the infant I am providing care for. I feel that I provided the best nursing care I could for this family, and I feel that my educational background gave me insight as to how to talk with them about their concerns related to the end of life experience/care that their [baby] was given [sic].

This graduate’s story tells of the importance of using communication skills with parents of a dying newborn. The participant clearly attributes the communication expertise needed to provide end of life care for this family to prior educational preparation. It is also evident that the participant felt a sense of pride from this encounter when the
participant states that the parents expressed gratitude which resulted in a feeling of confidence about the care provided the infant and the family.

Another pre-licensure graduate provides an incident in which it was necessary to utilize knowledge to effectively communicate with a physician, who was perceived to be difficult to work with. This participant’s incident is as follows:

I work alongside a doctor that has been in general surgical practice for [many years] and [the surgeon] is burnt out. [The surgeon] is cynical, sarcastic, angry and very angry. Did I mention Angry? [The surgeon] enjoys tormenting people: nurses, doctors, patients’ families and patients. No one is exempt from [the] antics. [The surgeon] uses ugly tones, shouts at people and tosses instruments onto trays in a dangerous manner. If these qualities were not bad enough, [the surgeon’s] impatience and aggression make it even more difficult to work [with]...

The particular incident that occurred where I solved a problem using the knowledge I gained from my BSN education involves this doctor. [The surgeon] was on one of his rampages walking beside a patient in a stretcher. The anesthesiologist was pushing the stretcher while the general surgeon was shouting out an order of Zosyn to the nurse anesthetist. [The surgeon] not only shouted it out, [but] continued to shout it numerous times and not because no one heard...

"Zosyn, zosyn, zosyn, zosyn, zosyn, zosyn, zosyn, zosyn, zosyn, zosyn, zosyn," [the surgeon] shouted. [The surgeon] has this habit of repeating things continually in rapid fire succession. [The surgeon] says the same word over and over. Another example is [the surgeon] will call for a needle but [the surgeon] says it like this, "needle, needle, needle, needle, needle, needle, needle . . ." twenty to fifty times. . . . Well on this particular incident mentioned above regarding the zosyn, I quietly walked over…and said, "Echolalia!" That was all I said. It silenced [the surgeon]. I simply acknowledged that [the surgeon] had a condition that the psychology books had a label for and [the surgeon] no longer does that around me. [The] reaction to my comment was [the surgeon] laughed and then gave me a knowing smile. I instantly contributed the success of that incident, [the surgeon] no longer torments me in that manner, to the knowledge I obtained from my BSN psych. experience. It was me recognizing the condition, knowing the proper terminology, calling it what it was, and bring it to [the surgeon’s] attention that helped . . . stop it. How I felt about this was relief and gratitude.
This graduate was able to utilize prior knowledge to identify the cause of a co-worker’s behavior, which was found to be disruptive. The participant describes an incident which required a confrontation with someone with negative behaviors, and in this situation, that person was a physician. It is interesting that the participant used only one word to communicate, yet perceives very effective results.

These pre-licensure graduates explain through specific nursing practice incidents the usefulness of their degrees to their nursing practice. It is apparent that the ability to communicate is acknowledged as an important skill in their practices, and also a skill that was acquired through their educational experiences.

**Critical thinking.** Some of the pre-licensure graduates explicitly stated that critical thinking was necessary to solve problems in their nursing practice, while others simply imply that critical thinking skills were used. Nonetheless, the following responses indicate the use of critical thinking skills in nursing practice, which is perceived by the participants as being acquired while in their BSN programs. The following responses explicitly state critical thinking skills as a perceived educational gain:

I went on a "gut" feeling that I had when I knew that something was not right by observing the patient and gathering data in the client's chart (nursing instinct). This knowledge helped me solve the problem because I used my critical thinking skills that I was taught in nursing school to solve the problem. I felt good about this incident because I was right and it gave me more confidence (especially since I was a new grad).

Critical thinking skills and knowledge of basic physiology helped me assess a patient that had a GI bleed. The patient had not been bleeding since admission (3 days) so the GI docs cleared her. [The patient] was on telemetry and I noticed the patient having tachycardia. I immediately went to check the patient to be sure the patient was not just moving around in bed. The patient did not call, but was having heavy rectal bleeding. [The patient] had filled an adult diaper. The MD
was paged. [The patient] was given a bolus of fluid, and started blood transfusion on [the] way to surgery. This knowledge made me feel competent and more comfortable as nurse knowing I can recognize when a pt needs help, even when they don't call. [sic]
I had a patient in the ICU who was a floor status. She was not hooked up onto the monitor, but her vital signs were bad. So I hooked her up to the monitor to assess her. Two minutes later she went into v fib. Without that critical thinking component of placing on monitor and assessing, CPR would have been delayed.

These participants describe incidents in patient care in which critical thinking was required. They also convey a sense of pride and confidence felt through the use of their critical thinking skills, particularly since these graduates are relatively new nurses without prior nursing experience.

Other participants did not use the term critical thinking, but describe situations in which critical thinking skills were necessary to provide complex patient care. Examples are as follows:

In a respiratory distress situation with a patient seizing! I felt prepared through my clinical experiences and training at my place of employment.

I have many patients that come back to the CCU from cath lab with many IV medications and various lines coming out of them. It is always a challenge to find what medication is running through each IV and getting everything sorted out. My BSN education told me to check compatibility of IV medications because some medications can crystallize in the line when ran together. By knowing this I can prevent losing a good IV in my patients by running compatible medications together and running other medications elsewhere. This means I can save myself time and effort by sorting things out from the beginning and I can save my patient an extra stick from a lost IV. This means, in my practice, I stay organized and always put my patient's comfort first.

There has been many many times I have encountered situations that are very tough. I think my education [in college] taught me to think "outside the box." Recently I had a patient who required a "spacer" in the use of her asthma medications. This plastic devices are very costly and outside this patients means. By thinking "outside the box," the patient and I constructed one with a toilet paper
tube, some flexible plastic and tape. Our home-made spacer wasn't beautiful, but it got the job done. These types of experiences make me realize that my practice as a nurse is to "meet the patient where they are."

These graduates attribute their ability to think critically to their baccalaureate nursing educations. Furthermore, they believe that critical thinking affects not only their nursing practice by making them more organized and efficient, but also enables them to provide better patient care.

These specific critical incidents demonstrate the utility of critical thinking to nursing practice. It is evident that these incidents, which describe the use of decision making skills in nursing practice, are examples that critical thinking developed as a result of a college education.

Acceptance of diversity. Further supporting the findings previously mentioned, pre-licensure graduates provided critical incidents that demonstrated an increased sense of cultural competence, which was demonstrated through their interactions with their patients and co-workers. Examples are as follows:

recently a Hispanic patient had use cupping to relieve his back pain and had bruising from the use of the healing method. I was able to educated my coworkers on this alternative healing method used by this culture. An awareness had been obtain ed through education. [sic]

I had a client who was hispanic, he knew a little english and I knew a little spanish. I was able to use the cultural information in order to problem solve when I was not understanding the patient. I feel that I communicated the best way I could and I think my abilies to communicate are getting better. [sic]

These examples demonstrate an awareness of cultural belief systems, as well as the confidence to make others aware of the need to be more culturally competent. These
participants describe improved patient care, as well as the ability to problem solve utilizing the cultural knowledge gained while in the BSN program.

**RN-BSN Graduates’ Critical Incidents**

*Professional decision making/critical thinking.* RN-BSN graduates provided critical incidents that spoke of an increased ability to think critically and make professional decisions. Examples of these incidents are as follows:

> Working in the community I learned how to be professional and how to make decisions. With the community nursing background this knowledge gives me some background knowledge. There was an incident where I had to rely on the knowledge I had to help me assess resources for a family and to call DSS for safety reasons. [sic]

> To support the need for a new medical office I took the lead to convince others through a proposal based on my knowledge as the subject matter expert. My nursing practice is now housed in a very spacious modern setting with 2 treatment rooms and an office. Perhaps I did benefit from that Philosophy class after all. I think Deming helped my out on this one. [sic]

> I was able to help my director (who does not have her BSN) deal with a management problem. The leadership/management class that I took was what I drew my basis for and also was able to show her what current literature said about the topic

> We had an employee that was sleeping on the job. This problem might not be patient related, but it became a big problem. The classes that I took helped me handle this professionally and follow my chain of command.

> I had two patients in the same night that the families decided to withdraw on. Scheduled at 9pm and 11pm. One family was loving and told the patient they loved her and it was okay for her to go. It was a very peaceful death and in the room you could feel the love the family had. The second withdrawl was a complete contrast. The family was screaming, crying, and yelling at the patient DON"T GO MAMA. The room was filled with anxiety. I feel that my BSN helped me understand the diffence in grieving process. I am currently writing an article for hopeful publication on this experience. It will address family dynamics, grief process and end-of-life. I have shared this experince with my co-workers
and nurse manager. My BSN is helping me compose a professional article for admittance to apply for publication [sic].

Staffing issues as a charge nurse. I learned the dynamics of staffing based on a hospital wide system versus floor so I was able to make for informed decisions when faced with having to reduce or reassign nurses. I feel like being able to understand and deal with this dilemma abled me to a team member of the nursing profession. I was also able to explain my reasoning to other nurses [sic].

These RN-BSN graduates describe times when they were able to make professional decisions or carry out professional actions as a result of their BSN educations. These incidents describe professional decision making with patients and co-workers. They also represent professional behaviors that are typically associated with experienced nurses, such as research utilization and submitting for publication to scholarly journals.

Other examples, which describe examples of critical thinking, are as follows:

My BSN provided me with research knowledge. In school nursing, I am trying to develop statistics on the pregnant and parenting students in my school. Instead of always hearing, "boy we have a lot of pregnant girls," I am trying to show why we may have an increase in pregnancies and what we could possibly do to improve the statistics. I am even looking at the father's info as well.

I used my assessment class to buff up on my skills of checking patients in when I am seeing a new patient. I had a patient with a abscess and it was in an area that was not common and I was able to give the name of the area it was in because I had just covered that in my class [sic].

Using critical thinking skills and patience I was able to provide instructions for using an Insulin Pen to a blind man. Applying critical thinking skills and concentrating on an individual's abilities rather than limitations has always been a focus of quality nursing care. This was repeatedly encouraged throughout the RN-BSN program. I was personally and professionally encouraged by the experience especially because I had colleagues who discouraged me from even trying. This gentleman lived alone with no family members who lived even close by. He was able with the help of a friend who lived in his apartment building to keep clinic appointments and grocery shopping. He very much wanted to be able to self-administer his own medications. With his strong desire for self-care, I had to try
to help provide him instructions. He was successful and at his latest clinic visit was self-injecting Insulin four times per day according to his physician’s orders.

These participants retell incidents in which their critical thinking skills and professional decision making led to improved patient care and advocacy for the patient’s needs. It is interesting to note that two of these incidents demonstrate that the nurses were attempting to rectify a problem, even without the support of co-workers, rather than simply adhering to the status quo and not responding to the problems at hand.

The RN-BSN graduates, through their retelling of specific nursing practice events, documented the behaviors of the professional nurse, including critical thinking, leadership decision making, and patient care. Some of the participants even mentioned professional behaviors which are often attributed to very experienced nurses, such as publication in professional journals and research utilization. The RN-BSN graduates seem to make the connection between the ability to think critically and make professional decisions as a result of their BSN educations.

The critical incidents gathered for both groups of graduates were utilized to further support the findings for research question one. The incidents helped the researcher understand the utility of a liberal education in nursing practice.

**Research Question Two**

Research question two was as follows: how do RN-BSN graduates and pre-licensure BSN graduates differ in their perceptions of how they draw from their liberal education backgrounds in nursing practice? Research question two was answered by comparing the themes which emerged for the two groups of participants: pre-licensure
graduates and RN-BSN graduates. Comparing the themes resulted in surprising similarities. The themes found in both groups of graduates were the same, with the exception being two additional themes found in the RN-BSN graduates: Professional/Personal Growth and Professional Decision Making/Critical Thinking (see Table 5).

**Table 5**

*Comparison of Themes from Research Question One: Relationship of Liberal Education Courses to Nursing Practice*

<table>
<thead>
<tr>
<th>Pre-licensure Themes (5)</th>
<th>RN-BSN Themes (6)</th>
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<tbody>
<tr>
<td>Ability to communicate and relate to people (patients, coworkers, and others)</td>
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<td>Acceptance of diversity</td>
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<tr>
<td>Critical thinking</td>
<td>Professional decision making/critical thinking</td>
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<td></td>
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Both groups of graduates had contrary evidence that was identified by the researcher. However, in both groups of graduates, participants who provided contrary evidence in their responses also provided positive responses as well.

**Research Question Three**

Research question three was as follows: what meanings do practicing BSN nurses assign to their liberal educations? This question was answered in similar fashion as research question one: participant responses were coded and analyzed by hand for emergent themes. The following section further explains the results for research question three.

**Pre-licensure Categories**

Two categories emerged for the pre-licensure graduate participants. Overwhelmingly, the most reported theme was that the meanings of their liberal educations if that it has made them well-rounded and able to think globally (Global Thinking and Well-rounded Knowledge). Other participants’ meanings led to the beliefs that their liberal education has made them more educated and given them better career opportunities (A Way to Advance and Improve Self) (see Table 6).

**Global thinking and well-rounded knowledge base.** An overall theme among the pre-licensure graduates was that their liberal education has made them well-rounded and led to thinking globally. Participants also stated that their liberal educations have helped to broaden their horizons and think outside of the box.
Table 6

*Research Question Three: Pre-licensure Themes about Meanings Assigned to Liberal Education*

<table>
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<th>Theme</th>
<th>Frequency</th>
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<tr>
<td>Global Thinking and Well-rounded Knowledge Base</td>
<td>30</td>
</tr>
<tr>
<td>A Way to Advance and Improve Self</td>
<td>6</td>
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These participants seem to support the idea through their comments that it is important to have a broad base of knowledge and understand aspects of the world other than nursing.

Specific examples of these comments are:

It means that I have an understanding of the world I live in and my place in it. It means that I was presented information and ideas that not only helped shape me as a person, but challenged my desire to be a nurse. I chose nursing as I learned about a miriad [sic] of topics, most of them very interesting and exciting on some scale. If I had found something that was more enticing, I could have easily changed my goals, my major, my path. I chose nursing even with hundreds of other options.

I feel that it has allowed me to participate in conversations and understand a variety of topics, not only nursing.

I am well-rounded, not just in nursing.

Having a liberal education made me more well-rounded, and more knowledgable [sic] about the world around me.

Well-rounded study

Rather than the curricullum being focused on nursing, I was required to take other huamnities courses ... english, arts, history, etc. [sic]
Having exposure to a wide range of topics and experiences that do not overtly relate to nursing.

Being exposed to education not strictly related to nursing in an effort to produce well-rounded graduates.

These comments support the philosophy of liberal education, which is to provide a well-rounded education for learners so they are more equipped to function in a global society. It is evident that these graduates feel that being well-rounded and having a broad knowledge base is an important attribute in nursing. However, it also seems that these participants recognize the personal benefit of being well-rounded and feel that they have acquired this from their educations.

**A way to advance and improve self.** Some of the pre-licensure participants recognized that one of the roles of the liberal education was to provide a full educational experience and assist them to have better career opportunities. These participants responded as follows:

better career opportunities

That I was ready to apply to the MSN program at [the university] 2 months after graduation with my BSN.

Makes me a more well-rounded individual and provides the opportunity to easily continue my education or advance my career.

Power and success

These responses, which focus on career and educational advancements, support the trend that preparing learners for their careers and providing advancement opportunities is a purpose of the university. However, this sentiment was only held by six of the pre-
licensure participants, and, therefore, does not appear to be the feelings of the majority of the participants.

*Pre-licensure contrary evidence.* Few pre-licensure participants negatively valued their liberal educations, as demonstrated by the contrary evidence. The contrary evidence was as follows:

**MORE TIME PUT INTO EARNING MY DEGREE**

It means that I was taught by a bunch of liberals. This was in non-nursing courses.

One participant’s comment supports the idea that liberal education has political connotations, however, it is unclear whether or not this participant took the survey seriously because the participant also answered in the following way when asked which liberal education course was helpful to practice:

PE: I took bowling . . . it helps me play my Wii.

While these participants had negative comments, there were other comments on their questionnaires that were positive. It is also important to note that these were the only two negative findings for research question three in regards to the pre-licensure graduates. Therefore, the majority of the pre-licensure graduates were able to articulate the meanings of their liberal educations to the researcher.

*RN-BSN Categories*

Two themes emerged among the RN-BSN graduate participants. These themes were the same themes that emerged for the pre-licensure graduates (see Table 7).
Table 7

Research Question Three: RN-BSN Themes about Meanings Assigned to Liberal Education

<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global Thinking and Well-rounded Knowledge Base</td>
<td>31</td>
</tr>
<tr>
<td>A Way to Advance and Improve Self</td>
<td>10</td>
</tr>
</tbody>
</table>

Global thinking and well-rounded knowledge base. Similar to the pre-licensure graduates, the RN-BSN graduates also found that their liberal educations have made them well-rounded and given them broader perspectives. Specific examples are as follows:

Well-rounded education

Broadens outlook, not focused on clinical practice

broad based, well-rounded.

I feel that having a liberal education means that I am receiving an education that is well-rounded and diverse.

These participants state that their liberal educations have provided them a well-rounded experience, which has led to a widened perspective.

Other participants speak to the development of a more global point of view. These responses are as follows:

Nursing draws from many areas. The liberal courses helped me to develop a more global view of life. Cultural competency is a word I see frequently. Without our liberal courses I feel that it is easy to develop a skewed view of life.
An appreciation for the diversity in the world, especially as it relates to health care. Health care encompasses much more than the physical body. It is about the whole person and the environment in which the person is involved. Having a liberal education opens your eyes to a broader world [sic].

These participants have discovered a new global viewpoint, which appears to be a positive gain for them. It is evident that they are able to see the importance of this global viewpoint in their nursing practices by recognizing that nursing is a holistic profession.

The following participants have found personal benefit in their well-rounded liberal educations. These participants respond as follows:

Being broad-minded, open to new ideas. I had the opportunity to interact with (and learn from) people who were NOT in health care and gain new insight from their perspectives.

I have found that they were really helpful. They add balance and richness to my life.

With a liberal arts degree I believe your degree encompasses so much more and goes far beyond the vocational information from a 2 year program. You are exposed to fine arts and history.

These participants have found that their liberal educations have broadened their perspectives and led to a different way of thinking about their practices and their own lives. Terms such as “opens your eyes to a broader world” demonstrates that changes had occurred as a result of their educations.

A way to advance and improve self. The idea that earning a bachelor’s degree would open doors and provide more choices is historically thought of as a motivator for the RN to return to school. It appears that that idea is still true, as shown by the responses of the RN-BSN graduates:
Advancement and Wider perspective

Better employment opportunities, good role model for my children

More money

More career mobility and marketability as well as personal fulfillment.

opportunity to advance in my position

These RN-BSN participants believe that their liberal educations have provided them with more career opportunities and the ability to advance in their jobs. However, these participants also state personal gains in addition to career gains, such as being a good role model and a sense of personal fulfillment. Incidentally, none of these responses indicate that career moves were actually made or more money was earned, but their responses indicate that the potential is there.

Other participants found that they had more educational opportunities after the completion of their BSN. These participants stated:

I have continued on with my education and am now completing my doctorate

The opportunity to advance to a higher level of education thereafter

It means that I have a broader understanding of why we do things as nurses and how the medical system operates in general. I received my ADN prior to my BSN and that program prepared me very well for the "how" of nursing practice. Having a BS also allows me to continue my education in whatever direction I desire [sic].

I am the only university graduate in my family and I am very proud. This has opened a lot of doors for me [sic].

Again, the potential and desire for further education is evident among these participants, and they clearly attribute this to earning the BSN. These graduates also seem to recognize
the difference in their prior educational degrees, the ADN, and their new degree, the BSN, and have an appreciation for both.

Personal satisfaction and the potential for professional advancement were evident in the responses of these graduates. These graduates demonstrate that the meaning of the BSN has personal and professional implications.

**RN-BSN contrary evidence.** Similar to the pre-licensure participants, few RN-BSN participants negatively valued their liberal educations, as demonstrated by the few negative responses. Specific responses were as follows:

- Interesting - do not think it makes me a better nurse
- Not much. I deal with the public and many different cultural sets but this has not made my job easier.
- It just comes with the Nursing Degree

Clearly, some RN-BSN graduates had responses that contradicted the other findings in this study. However, the contrary findings were very few and most of the participants were able to also state positive statements elsewhere in the questionnaire. For example, one participant states:

- Nothing. I don't see that it has changed anything. I simply have the satisfaction that I have checked off one of the goals on my list.

Yet, elsewhere in the questionnaire, this graduate discussing two non-nursing courses that are helpful in nursing practice and “life in general.” This particular participant also begins
the questionnaire with a very negative comment about the first nursing course taken in
the program which almost caused the participant to withdraw from the program.
Therefore, it is possible that this graduate was utilizing the questionnaire as a way to vent
frustration about a particular course.

In addition, some of the comments, while they appear to be negative, could
perhaps be viewed as positive if the opportunity for more elaboration were allowed by the
participant. For example, one participant appears to have a negative viewpoint of liberal
education by stating:

Having learned a little bit of everything. The majority of it having nothing to do
with nursing!

However, by stating “Having learned a little bit of everything” the participant indicates
receiving a broad base of knowledge from the completed liberal education.

**Research Question Four**

Research question four was as follows: How do RN-BSN and pre-licensure BSN
graduates differ in the meanings they assign to liberal education? Research question four
was answered by comparing the themes which emerged for the two groups of
participants: pre-licensure graduates and RN-BSN graduates from research question
three. The meanings placed on the liberal education coursework appear to have resulted
in very similar findings among the pre-licensure graduates and the RN-BSN graduates.
Both groups overwhelmingly believed that their liberal educations made them “well-
rounded” and enabled them to think “outside of the box.” Both also expressed the belief
that their horizons were broadened and that they were more global thinkers. The two
groups also found personal gains from their liberal education coursework, such as better career opportunities and having the opportunity to advance professionally (see Table 8).

Table 8

Comparison of Themes from Research Question Three about Meanings Assigned to Liberal Education

<table>
<thead>
<tr>
<th>Pre-licensure Themes (2)</th>
<th>RN-BSN Themes (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global Thinking and Well-rounded Knowledge Base</td>
<td>Global Thinking and Well-rounded Knowledge Base</td>
</tr>
<tr>
<td>A Way to Advance and Improve Self</td>
<td>A Way to Advance and Improve Self</td>
</tr>
</tbody>
</table>

In terms of contrary findings, both the pre-licensure graduates and RN-BSN graduates had negative feelings about their liberal education coursework; however, these feelings were not held by the majority of participants. For those that felt negative, most seem to feel that the liberal education coursework had no relevance to nursing practice; therefore, it was a “waste of time.”

Miscellaneous Findings

Because the electronic questionnaire used asked the participants to tell about a non-nursing course that has been helpful to nursing practice, as well as not helpful to nursing practice, some participants simply stated the name of a course without elaboration. The surprising information discovered, however, was that for the number of
courses found not to be helpful, there seemed to be an equal number that found the same course helpful. The table below demonstrates these findings (see Table 9).

**Table 9**

*Comparison of Courses Found to be Helpful vs. Those Found Not to be Helpful*

<table>
<thead>
<tr>
<th>Liberal Education Courses Found to be Helpful</th>
<th>Liberal Education Courses Found Not to be Helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statistics</td>
<td>Statistics</td>
</tr>
<tr>
<td>Psychology</td>
<td>Music</td>
</tr>
<tr>
<td>Religion</td>
<td>Religion</td>
</tr>
<tr>
<td>Computers</td>
<td>Introduction to Film</td>
</tr>
<tr>
<td>Communications/Speech</td>
<td>Dance</td>
</tr>
<tr>
<td>Foreign Language</td>
<td>Non-Western Studies</td>
</tr>
<tr>
<td>Research</td>
<td>Child Development</td>
</tr>
<tr>
<td>English</td>
<td>Mythology</td>
</tr>
<tr>
<td>Sociology</td>
<td>Drama</td>
</tr>
<tr>
<td>Women’s Studies</td>
<td>Astronomy</td>
</tr>
<tr>
<td>Ethics</td>
<td>Anthropology</td>
</tr>
<tr>
<td>Art History</td>
<td>Art</td>
</tr>
<tr>
<td>Western Civilization</td>
<td>Western Civilization</td>
</tr>
<tr>
<td>Philosophy</td>
<td>Philosophy</td>
</tr>
<tr>
<td>Chemistry</td>
<td>Chemistry</td>
</tr>
<tr>
<td>Physics</td>
<td>History</td>
</tr>
</tbody>
</table>

**Summary**

The following research questions guided this qualitative study: (a) what perceptions do BSN graduates have regarding the ways they draw from their liberal education backgrounds in nursing practice; (b) how do RN-BSN graduates and pre-licensure BSN graduates differ in their perceptions of how they draw from their liberal
education backgrounds in nursing practice, and; (c) what meanings do practicing BSN nurses assign to their liberal education and (d) how do the RN-BSN and pre-licensure BSN graduates differ in the meanings they assign to liberal education. Data collection was completed through the use of electronic questionnaires, which gathered critical incidents, as well as other data from the graduates. Analysis was achieved using content analysis and comparison of the two groups of graduates.

**Research Question One**

For research question one, the following themes were discovered among the pre-licensure graduates: ability to communicate and relate to people, global thinking and well-rounded knowledge base, academic growth, and acceptance of diversity. The themes which emerged for the RN-BSN graduates were: professional/personal growth, ability to communicate and relate to people, base, acceptance of diversity academic growth, and global thinking and well-rounded knowledge.

Critical incidents were also analyzed for both groups of graduates in order to answer research question one. The results yielded the same themes for both groups of graduates: global thinking and well-rounded knowledge base, and a way to advance and improve self.

Contrary evidence was also analyzed in order to understand differing perspectives held by participants. These findings were not held by the majority of the participants, and in most cases, the negative responses also included positive responses.
Research Question Two

Research question two was answered by comparing the themes which emerged for both groups of graduates for research question one. Similarities were found among both groups, with the exception of an additional theme which emerged for the RN-BSN graduates: professional and personal growth. Both groups of graduates also had contrary findings, yet, in both groups, the negative comments were not held by the majority of the participants.

Research Question Three

Research question three was analyzed by qualitative coding and discerning the emergent themes. The themes which were revealed were the same for both groups of graduates, and they were as follows: Global thinking and well-rounded knowledge base, and a way to advance and improve self. These themes demonstrate the meaning placed on the BSN degree by these participants. Responses indicated that a well-rounded, broadened knowledge base was perceived as having occurred through their educational experiences.

Research Question Four

Research question four was answered by comparing the themes which emerged for both groups of graduates for research question three. The meanings placed on the liberal education coursework resulted in very similar findings among the pre-licensure graduates and the RN-BSN graduates.
CHAPTER V
CONCLUSIONS, RECOMMENDATIONS, AND IMPLICATIONS

The purpose of this study was to understand (a) how BSN graduates perceive the relationship between their liberal education experiences in college and nursing practice; (b) how RN-BSN graduates and pre-licensure BSN graduates differ in these perceptions (c) what meanings practicing BSN nurses assign to their liberal education experiences in college; and, (d) how RN-BSN and pre-licensure BSN graduates differ in the meanings they assign to liberal education. Using critical incident technique, as well as open-ended written interviews, the researcher was able to answer these questions from participants who graduated from two types of BSN programs: RN-BSN and pre-licensure baccalaureate programs. Findings of this study will help educators understand the value participants place on the bachelor’s of science in nursing degree, which will in turn affect curricula and course development for nursing programs.

Demographics

An examination of the demographic characteristics of the participants in this study shows consistency with prior demographic data, particularly in relation to gender, practice setting, and primary work responsibilities. According to Spratley et al. (2000), the majority of registered nurses in the United States was female, employed in acute care hospitals, and was direct patient caregivers. These characteristics are consistent with the
participants of this study; however, other demographic characteristics showed slight variations.

In terms of average ages, the demographic findings from Spratley et al. (2000) found the average age of graduates from nursing programs to be on an upward trend. This appears to be consistent with the pre-licensure graduates in this study whose reported ages, when taking into account the years since graduation, are slightly older than the traditional college student.

Yet, while the RN-BSN graduates also demonstrated an upward trend in the ages of the participants when compared to prior research, the ages of the majority of RN-BSN participants appeared to be much higher than prior findings. This study found the majority of RN-BSN participants to be between the ages of 45-54, while previous research found the majority of RN-BSN students to be in their mid-thirties (Eckhardt, 2002; Messmer, Miller, & Spruck, 1994; Oechsle et al., 1990; Trent, 1997). However, prior research examined students and not graduates; therefore, it is difficult to make comparisons.

Educational preparation was found to be inconsistent with prior research. The RN-BSN participants in this study completed an Associate’s Degree prior to enrolling in the BSN program, which is in contrast to earlier researchers who found that most RN-BSN students held Diplomas when entering the RN-BSN program (Messmer et al., 1994; Oechsle et al., 1990; Thurber, 1988). This demographic characteristic is important to note as prior educational preparation determines the number of college credit hours required of the RN-BSN student.
Years of practice as a registered nurse were predictable for the pre-licensure graduates, who were expected to have had no more than five years of nursing experience as a result of the population surveyed. Yet, there were few prior studies that included the years of practice for the registered nurse who enrolled in the RN-BSN program. An interesting characteristic in regards to years of practice for the RN was the range: 2.5-40 years, with the mode being 10 years. This characteristic shows that the RN-BSN participants in this study were extremely diverse in terms of years of practice. If this is true of other RN-BSN students, there is a need for educators to design curricula that meets the needs of practicing nurses with varied experiences.

**Research Question One**

Research question one is as follows: how do BSN graduates perceive the relationship between their liberal education experiences in college and nursing practice? Research question one was answered through the discovery of developing themes through the analysis of responses from both pre-licensure and RN-BSN graduates. Both groups of participants had positive perceptions of the utility of their liberal educations in nursing practice, as indicated by the themes which were revealed. In addition, the themes that emerged from the participants’ responses for research question one are supported by prior research findings, therefore, giving further credibility to the findings of this study. A more complete explanation of the categories follows.

**Ability to Communicate and Relate to People (Patients, Co-workers, and Others)**

The nursing graduates in this study, both pre-licensure and RN-BSN, overwhelmingly stated that their liberal educations made them better communicators with
patients, families, co-workers, and other members of the healthcare team. This communication was in multiple forms, including spoken, written, and even an increase in comprehension. Hagerty and Early (1993) also found that communication and ability to relate was an emergent theme in their study of liberal education outcomes and nurses. Furthermore, effective communication through both written and spoken means is consistently found in the literature as an attribute of liberal education (AACN, 1998; Boyer, 1990; Conant, 1945; Gaff, 1995).

**Global Thinking and Well-Rounded Knowledge Base**

Global thinking and having a well-rounded knowledge base is another outcome that is reflective of the current trends in today’s society (Boyer, 1990). Having a global knowledge base allows the learner to integrate varying perspectives into professional situations (AACN, 1998). The participants in this study define global thinking as having a broadened, holistic viewpoint. Participants credit this well-roundedness with giving them the ability to approach situations from more than one perspective, and to creatively come up with solutions to problems. Similarly, Hagerty and Early (1993) also found that a liberal education broadened the horizons of the participants in their study.

**Academic Growth**

Academic growth was an emergent theme for both the pre-licensure graduates and the RN-BSN graduates. This theme supports the work of Pascarella and Terenzini (1991) who found that one of the positive effects of college on learners is an increase in intellectual and psychological growth. The participants in this study spoke of the benefit of specific liberal education courses to their professional and personal lives. Some
participants were able to recall specific examples of how an individual course taken in college has contributed to their professional and personal lives, while others simply provided the name of a course perceived to be helpful to them. Because the RN-BSN graduates were found to cite academic growth as a benefit of their educations, this finding possibly negates the work of prior researchers who believe that in order to experience the gains of a college education, significant involvement in and out of the classroom is required (Astin, 1984; Kuh, Pace, & Vesper, 1997).

**Acceptance of Diversity**

Having an understanding of cultural diversity has been identified as a desired outcome of liberal education (AACN, 1998; AAC&U, 2007; Boyer, 1990; Gaff, 1995). Becoming more aware and accepting of diverse cultures is a recent trend in liberal education and is a response to the changing demographics that are occurring in the United States at this time (Boyer, 1990; Gaff, 1995). This outcome was demonstrated by the responses of the participants in this study.

Cultural knowledge, appreciation of diversity, and the ability to be non-judgmental was a shared theme for both groups of graduates. While both groups attributed their liberal educations to their newly acquired cultural competence, the RN-BSN graduates went even further and made comparisons to their previous nursing educations, citing that cultural competence was strangely absent. These findings support the findings of Delaney and Piscopo (2007) and Zuzelo (2001) who also found enhanced cultural knowledge as an emergent theme.
**Critical Thinking and Professional Decision Making**

Critical thinking is a commonly cited outcome of liberal education (AACN, 1998; Gaff, 1995; Hersh, 1997), and it is one of the most desired outcomes as well. Critical thinking is said to be the basis for clinical decision making (AACN, 1998). Furthermore, critical thinking skills allow learners to problem solve creatively (Hersh, 1997).

As previously stated, the pre-licensure graduates were more likely to explicitly state that their critical thinking skills were improved as a result of their liberal educations, than the RN-BSN graduates were. The RN-BSN graduates were more likely, through the use of critical incidents, to give a specific example in which critical thinking was demonstrated. Furthermore, the RN-BSN graduates seemed to credit their liberal educations with the ability to think critically and make professional decisions, rather than patient care decisions, although patient care examples were also included in the responses. Critical thinking among RN-BSN graduates coincides with the research of Brown et al. (2001) and Delaney and Piscopo (2007) who found that RN-BSN graduates perceived an increase in critical thinking after completing the BSN degree.

**Professional and Personal Growth**

Professional values, skills, and knowledge require an understanding of the knowledge and skill base required of that profession and an ability to demonstrate their usage in specific situations (AACN, 1998). This knowledge and skill set comes from the integration of existing knowledge, as well as the integration of new knowledge (Gaff, 1995). The ability to acquire new knowledge and skills, make
responsible decisions, and act with integrity in applied professional situations are all characteristics that describe a liberally educated person (Shulman, 2005).

Achieving professional and personal growth was a theme that emerged for the RN-BSN graduates. RN-BSN graduates seem to speak to the use of professional skills in their interactions with colleagues. Delaney and Piscopo (2007) and Zuzelo (2001) both found that professional growth was important to the participants in their studies of liberal education outcomes and RN-BSN graduates.

Personal gains such as career advancement, increased self-confidence, and learning for the sake of learning were findings that also emerged among the RN-BSN graduates. Prior research findings indicate that most RN-BSN students returned to school in order to advance their careers, and cited this as their primary objective in doing so (MacLean et al., 1985; Thurber, 1988). In comparison, the participants in this study did not overwhelmingly report personal gains as a benefit, and when they did, career advancement and monetary gain was rarely cited.

**Other Outcomes**

While many outcomes of liberal education were represented in the responses of the participants in this study, some emerged more frequently than others. One outcome that was not commonly cited among participants was ethical reasoning and decision making. According to Gaff (1995), ethical reasoning through liberal education is not designed to change a student’s belief system, but rather to provide students with the skills necessary to make ethical decisions by discussing them intelligently and understanding all of the viewpoints. The participants in this study rarely stated ethical decision making
as a perceived benefit of their liberal educations, even though it was often evident in their responses that ethical decision making skills had been used to problem solve in nursing practice. Because ethical reasoning and decision making is an essential aspect of nursing practice (AACN, 1998), it was surprising that this theme was not more prominent.

**Research Question Two**

Research question two was as follows: how do RN-BSN graduates and pre-licensure BSN graduates differ in their perceptions of how they draw from their liberal education backgrounds in nursing practice? This question was answered by comparing the responses of both the pre-licensure graduates and the RN-BSN graduates from research question one. Surprisingly, the responses were found to be quite similar, as evidenced by the similar themes which emerged. There are, however, reasons that this finding was not expected and is a new discovery. First of all, the differences in the acquisition of liberal education courses between the pre-licensure graduates and the RN-BSN graduates would seem to result in disparities between the two groups in regards to how this knowledge is used in practice. Pre-licensure students take their liberal education courses prior to their nursing courses, whereas RN-BSN students take their liberal education courses after the completion of their basic nursing courses. In addition, the pre-licensure students adhere to a prescribed curriculum that mandates which liberal education courses must be taken. In comparison, the RN-BSN students have more choices in terms of liberal education courses, and are allowed to choose their courses within the general education framework established by the university.
More importantly, this finding indicates a new contribution of knowledge to the existing research in the study of liberal education and practicing nurses because there was no prior research comparing the two types of graduates to one another in terms of benefits of a liberal education. In prior research, Bottoms (1988) did compare BSN, ADN, and Diploma graduates to understand liberal education competencies, but there was no distinction made in the BSN graduates as to whether or not they were pre-licensure or RN-BSN. The findings in this study show that the two types of graduates examined, pre-licensure and RN-BSN, perceive similar utility of their liberal educations and the relationship to nursing practice.

**Research Question Three**

Research question three was as follows: what meanings do practicing BSN nurses assign to their liberal educations? The meanings held by the participants about their liberal educations were found to be quite positively and eloquently stated, and supportive of the desired outcomes of a liberal education, as defined by the AAC&U (2007). A discussion of the themes which were discovered follows.

*Global Thinking and a Well-Rounded Knowledge Base*

Global thinking and a well-rounded knowledge base was an emergent theme for research question three, but, as previously stated, was also a theme for research question one. The belief that their horizons have been broadened by their liberal educations was supported in the work of nursing researchers Hagerty and Early (1993), but is also an important finding in relation to the outcomes of a liberal education. Global thinking and knowledge is one of the outcomes preferred from a liberal education, and it is believed to
occur through the exposure to a broad knowledge base from multiple disciplines (AAC&U, 2007). Therefore, the discovery of this theme contributes to both nursing and higher education literature.

A Way to Advance and Improve Self

The theme a way to advance and improve self was found to be very similar to the theme professional and personal growth. As previously stated, professional and personal growth was supported as a common theme of prior nursing research studies (Delaney & Piscopo, 2007; Zuzelo, 2001). However, these findings can go further to support the outcomes of liberal education as well, in particular, the outcome of lifelong learning (AACN, 1998; AAC&U, 2007; Hersh, 1997). A commitment to lifelong learning is a desired outcome of liberal education. With the rapid changes occurring today in technology and other aspects of society, learners must have the ability to continue learning throughout their lifetimes. Through the responses, participants relayed that they have become lifelong learners by stating that they have returned to graduate school, or by comments that they are able to engage in conversation in topics other than nursing, or by indicating that new interests have developed as a result of the degree.

Research Question Four

Research question four was as follows: how do the RN-BSN and pre-licensure BSN graduates differ in the meanings they assign to liberal education. Research question four was again answered by comparing the themes which emerged for the two groups of graduates from research question three. The themes which emerged for this research question were the same for both groups of participants, indicating that both pre-licensure
graduates and RN-BSN graduates have similar meanings assigned to their liberal educations. This finding demonstrates that graduates who obtained their liberal educations in very different ways are assigning similar meanings to this aspect of their educational experiences, which in turn, provides more evidence to support having multiple routes to the same degree.

**Critical Incident Technique . . . What Happened Here?**

Critical incident technique guided the methodology for this research study. As stated previously, the item designed to gather the critical incidents from participants was as follows: Tell me about a specific time that you were able to solve a problem in nursing practice using knowledge and skill gained through your BSN degree. Why do you think this knowledge helped you solve this problem? How did you feel about this incident and what it meant about your nursing practice? However, this particular item was skipped by a large number of participants, or answered in general terms, rather than providing specific incidents. In order to support the use of the critical incident technique as a valid method to collect data, the reasons that this item was skipped are in need of explanation.

One possible explanation is that the item was at the end of the questionnaire and participants who quickly completed the questionnaire might have felt this particular item was too lengthy to take the time to answer. Perhaps placing the item earlier in the questionnaire would have yielded a better response rate. Rearranging the items on the questionnaire, perhaps by placing the demographics at the end, might have yielded a better response to this item.
Another explanation is that the item was misunderstood by the participants, and, therefore, not answered. Evans and Mathur (2005) found that unclear instructions were a weakness of electronic questionnaires. One solution to this problem would have been to have piloted the tool prior to administration, and then followed up with personal interviews to understand how the participants interpreted that item.

Finally, the questionnaire item required reflection and thought by the participants, and may have been better suited for one-on-one interviews, rather than electronic questionnaires. However, if chosen to collect electronically, an ideal use for this item might have been to give the item to the participants after the questionnaire was completed and ask that they think about their responses, and then re-enter the questionnaire to complete. Another possibility would be to make the participants aware in the recruitment letter that they would be asked to retell a memorable event in nursing practice when they entered the survey. This step would have prompted the participants to begin thinking about an incident to share. More data are needed to understand why this item was not answered by the majority of the participants.

**Additional Findings**

Additional findings of this study that have not been previously mentioned, but are noteworthy, make new contributions to the existing literature. First, the responses of both the pre-licensure graduates and RN-BSN graduates were positive and quite complimentary of the curricula they completed. Even the participants that had negative comments, still made at least one other positive comment about their educational experiences. This is in contrast to the findings of MacLean et al. (1985) and Zuzelo
Another interesting finding was that the participants were quite articulate in discussing the meaning and value of liberal education. This finding was unexpected because of prior research findings. Hersh (1997) found in a survey that most high school students (86%) and most parents of these future college students (73%) could not define liberal education. Likewise, Hagerty and Early (1993) found that RN-BSN students had difficulty defining the term as well. The term is often thought to have political connotations (AACU, 2002), and in nursing education, in particular, there has historically been disagreement on how to define the term (Hagerty & Early, 1993; Zaborowska, 1995). Even though there has been difficulty defining the term and understanding the outcomes, these participants did not appear to have any difficulty in doing so.

Finally, the use of an electronic questionnaire to conduct qualitative research is another favorable outcome that resulted. The use of the internet proved to be an efficient way to reach a large number of participants with high convenience and flexibility and little cost. Using the internet for data collection produced quick returns of questionnaires. It also allowed participants, who were practicing nurses working varied shifts, to respond at their convenience in a confidential manner.

**Implications**

The findings of this study have implications to nursing faculty who plan and implement various types of nursing curricula, as well as to future nursing students,
particularly those who hold associate degrees, who may be contemplating a return to school to further their educations.

**Outcomes of Liberal Education**

The outcomes of liberal education found in the existing literature demonstrate consistency as to what characteristics are expected of college graduates. The most commonly cited outcomes of liberal education through examining the literature were found to be as follows: effective communication through both written and spoken means (AACN, 1998; Boyer, 1990; Conant, 1945; Gaff, 1995), as well as knowledge of personal values and ethics (AACN; Boyer; Conant; Gaff; Hersh, 1997). Other outcomes reflect the changing nature of higher education, such as critical thinking and problem solving skills (AACN; Gaff; Hersh); and, ability to integrate knowledge into new situations (AACN; Gaff). Finally, some of the outcomes reflect societal and world trends, such as: knowledge of diverse cultures (AACN; Boyer; Gaff; Hersh); global thinking (AACN, Boyer); and, recognition of the importance of lifelong learning (AACN; Hersh). These outcomes were consistently found in the literature and demonstrate that there is consensus as to the outcomes of liberal education.

In an attempt to clarify and communicate these outcomes, the AAC&U (2007) provides a succinct summary of these previously mentioned outcomes in the following excerpt:

Knowledge of human cultures and the physical and natural world; intellectual and practical skills, including inquiry and analysis, critical and creative thinking, written and oral communication, quantitative literacy, information literacy, teamwork and problem solving; personal and social responsibility, including civic knowledge and engagement—local and global, intercultural knowledge and
According to the AAC&U (2007) and affirmed by the prior literature, these outcomes are desired of *all* undergraduate majors. These outcomes are thought to be necessary for college graduates to live and work in a world that is changing rapidly.

The findings of this study indicate that both the pre-licensure BSN graduate and the RN-BSN graduate are meeting the outcomes intended for a liberal education. Each one of the attributes stated in the desired liberal education outcomes can be found in the responses given by the participants and are represented by the themes which emerged from both groups of graduates. Table 10 demonstrates the liberal education outcome and which theme indicated acquisition of that attribute. Overall, the two groups demonstrated equally that the outcomes of a liberal education are being met in accordance to the outcomes found in the scholarly literature.

According to the AAC&U (2005), the majority of existing research on liberal education outcomes consists of measuring the individual attributes, rather than the outcomes as a collective group, with the primary focus being measuring knowledge and intellectual skills. Therefore, important outcomes, particularly those that focus on individual and civic responsibility, have yet to be measured on a national scale. The findings of this study, which indicate that graduates are meeting these outcomes, are important contributions to the existing research. In addition, these findings are important to nurse educators who plan, implement, and teach in RN-BSN programs because they support the notion that multiple routes to the BSN yield consistent outcomes.
Table 10

*Pre-licensure and RN-BSN Themes Compared to Liberal Education Attributes*

<table>
<thead>
<tr>
<th>Pre-licensure Themes</th>
<th>Liberal education attribute</th>
<th>RN-BSN Themes</th>
<th>Liberal education attribute</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to Communicate and Relate to People</td>
<td>Written and oral communication; Teamwork and problem solving</td>
<td>Professional/Personal Growth</td>
<td>Inquiry and analysis; Intellectual and practical skills; Teamwork and problem solving; Foundation for lifelong learning</td>
</tr>
<tr>
<td>Academic Growth</td>
<td>Quantitative literacy; Intellectual and practical skills; Foundation for lifelong learning</td>
<td>Ability to Communicate and Relate to People</td>
<td>Written and oral communication; Teamwork and problem solving; ethical reasoning and action; information literacy</td>
</tr>
<tr>
<td>Acceptance of Diversity</td>
<td>Intercultural knowledge and competence; Knowledge of human cultures; ethical reasoning and action</td>
<td>Acceptance of Diversity</td>
<td>Intercultural knowledge and competence; Knowledge of human cultures</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Academic Growth</td>
<td>Quantitative literacy; Intellectual and practical skills; Foundation for lifelong learning</td>
</tr>
<tr>
<td>Global Thinking and Well-rounded</td>
<td>Personal and social responsibility—local and global; integrative learning, including synthesis and advanced accomplishment across general and specialized studies</td>
<td>Global Thinking and Well-rounded</td>
<td>Personal and social responsibility—local and global; integrative learning, including synthesis and advanced accomplishment across general and specialized studies</td>
</tr>
<tr>
<td>Critical Thinking</td>
<td>Critical and creative thinking</td>
<td>A Way to Advance and Improve Self</td>
<td>Foundation for lifelong learning</td>
</tr>
<tr>
<td>A Way to Advance and Improve Self</td>
<td>Foundation for lifelong learning</td>
<td>Professional Decision Making/Critical Thinking Skills</td>
<td>Critical and creative thinking; Intellectual and practical skills</td>
</tr>
</tbody>
</table>

*Outcomes of Liberal Education and Nursing Practice*

The primary focus of this study is to understand how the perceptions practicing nurses have about the utility of their liberal educations in nursing practice. The findings of this study show that practicing nursing utilize their liberal educations in nursing
practice in a way that is consistent with the outcomes established by the AAC&U and the AACN, as well as the other sources found in the literature. Furthermore, there appear to be no differences in the utility of a liberal education when comparing pre-licensure graduates to RN-BSN graduates.

The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 1998), which defines the expectations of a new baccalaureate prepared nurse, was written to be a framework for nursing educators about what knowledge, skills, and attributes are essential to a baccalaureate nursing program. Liberal education is one of the essential pieces of a baccalaureate nursing education. The Essentials document provides outcomes of a liberal education which are similar when compared to the outcomes of a liberal education found in the higher education literature. These outcomes are as follows: critical thinking, effective communication, collaboration, appreciation of diversity, integration of knowledge from sciences and humanities, and ethical decision making. As noted previously, these outcomes were indicated by the participants that they have been incorporated into their nursing practices.

Pre-licensure graduates. Prior research studies on this topic were more likely to focus on RN-BSN students or graduates, rather than pre-licensure students or graduates. While Bottoms (1988) and Zaborowska (1995) did study pre-licensure graduates and students respectively, the length of time since these studies were conducted warrant updating the literature. Therefore, the findings from this study that demonstrate that pre-licensure graduates are meeting the educational goals are worth noting and contribute new knowledge to the existing literature.
**RN-BSN graduates.** The findings that relate specifically to the RN-BSN graduates negate the findings of previous researchers who found that RN-BSN graduates believed that their BSN degree had no impact on their nursing practice (Ritchie et al., 2005; Zuzelo, 2001). In addition, prior research findings indicated that RN-BSN graduates were more likely to utilize their liberal educations in their personal lives, but not likely to incorporate their educations in their professional lives (Hagerty & Early, 1993). Clearly, the RN-BSN participants in this study were able to express not only the benefits of their degree in their personal lives, but also the utility to nursing practice.

**Support for the BSN.** The findings in this study demonstrate that the BSN makes a difference in nursing practice, as well as in the personal lives of the graduates. Furthermore, the findings demonstrate that various routes to the same degree result in similar outcomes. According to the American Association of Colleges of Nursing (AACN), liberal education prepares future nurses to broaden their scope of practice by providing them “with a better understanding of the cultural, political, economic, and social issues that affect patients and influence health care delivery” (AACN, 2003, para. 4). The responses from the participants in this study show that these desired characteristics are indeed being met and incorporated into nursing practice. This is an important finding for future RN-BSN students who might be considering furthering their educations and earning a BSN. Understanding the perceptions and meanings placed on the BSN by other graduates is important to communicate to potential students.

**Usefulness to nurse educators.** The findings of this study can be useful to nurse educators in their instruction with all students in a baccalaureate nursing program. First of
all, helping students understand the connection between non-nursing courses and nursing courses will help demonstrate the importance of liberal education to learners. One way to achieve this would be to hold students accountable for knowledge gained in their non-nursing courses by not re-teaching prior knowledge, but through assessing their knowledge through strategies that promote critical thinking, such as case studies.

Second, implementing assessment techniques in courses in order to utilize and build upon liberal education components would help students build skills which contribute to liberal education outcomes. For example, requiring students to complete scholarly papers and oral presentations helps demonstrate the importance of written and oral communication among baccalaureate students.

Finally, talking with students about the meaning and outcomes of liberal education, and why liberal education is a vital component of baccalaureate nursing education would help emphasize its importance with students. This could be achieved by sharing the *Essentials of Baccalaureate Education* with students, as well as using it as a guide to develop teaching strategies which further relay their importance.

**Limitations**

Limitations of this study include the research design, the sampling technique, and researcher bias. First of all, the research design, as previously noted, led to a poor response rate on one particular questionnaire item. Clarification of this item through pilot studies or follow-up participant interviews would be necessary if the study were to be replicated.
Second, the use of participants from only one school of nursing was also a limitation of this study. Increasing the population surveyed by incorporating other schools of nursing would add validity to the findings. However, the non-nursing courses taken by the RN-BSN participants were most likely taken at a variety of institutions, including other universities and community colleges. Therefore, it would have been beneficial to know where the non-nursing courses were taken for these participants.

Finally, researcher bias was also a limitation in that it was quite possible that the participants chose to respond to the questionnaire because they knew the researcher. However, as in qualitative research, researcher bias can be a positive influence, which could be true in this study if the high response rate was attributed to knowing the researcher.

**Future Directions**

There is still much to learn and discover about the benefits and usefulness of a liberal education to nursing practice. While this study contributes to the existing literature on this topic, which was dated, more research is needed. Because this study was qualitative in nature, outcomes measured quantitatively would help support the findings of this study. This study would assist in the development of an instrument which could be utilized to do that. Finally, further research to demonstrate the societal benefits of the BSN is also needed. Research that utilizes employers and patients and others who work with BSN prepared nurses would strengthen the argument that the BSN should be the minimum entry into practice.
Conclusion

The findings of this study have benefits not only to nursing education, but also to higher education, and even to society. First of all, the findings of this study make obvious that the BSN does matter. The participants provided responses that indicated that the baccalaureate degree is utilized in practice and has valued meaning among the nurses who possess the degree. Furthermore, the commonalities found among the two groups of participants also indicate that varied paths to the same degree yields similar outcomes.

For nurse educators, these findings reveal that RN-BSN programs are a valued aspect of nursing curricula and continued emphasis on these programs as a way to increase the number of baccalaureate prepared nurses is mandatory. In addition, nurse educators can also understand the utility of the BSN degree to pre-licensure graduates who typically are assumed to have met the desired outcomes as stated. Finally, nurse educators in baccalaureate programs are able to use these findings to demonstrate to their current students the usefulness of a liberal education to nursing practice and hopefully assist them in making the connections between non-nursing courses and nursing requirements.

Educators and administrators in higher education also benefit from the findings of this study. College attendance in the United States has increased rapidly over the past 40 years, and with that increase the diversity of the student body has also increased (AAC&U, 2002). However, many students believe that a college education is simply a step to a career, rather than an experience that has benefits in all aspects of one’s life. The findings of this study demonstrate otherwise, and it will be dependent on educators to
help students make this association. Furthermore, in order to help learners make the connections between coursework and the benefits of a liberal education, new strategies must be used in order to meet the needs of a diverse population.

The findings of this study also have benefits to society. The participants indicated that their nursing practice has benefited from their liberal educations, which means that their employers also benefit and the recipients of their nursing care benefit. The self-confidence and increased self-esteem reported by the participants as a result of their educations also has societal benefits in that they are likely to become more civic minded as a outcome (AAC&U, 2002).

In conclusion, the findings of this study indicate that both the pre-licensure BSN graduate and the RN-BSN graduate are meeting the outcomes intended for a liberal education. The participants of this study were able to state the usefulness of the BSN degree to their nursing practice, as well as the meaning of the degree to them personally. Findings show that the participants utilize their liberal educations in their nursing practices, and, therefore, have resulted in an increase in confidence as a nurse.

The findings of this study have benefits for nurses who are considering returning to school for the BSN, as well as current nursing students who are working towards the BSN. In addition, nurse educators will benefit from the findings, as they can assist in the planning and implementation of nursing curricula for two types of nursing programs: pre-licensure BSN and RN-BSN.
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Appendix

Electronic Interview Questionnaire

The following information will be used to describe the participants in this research study.

Please answer the following:

- Program completed in nursing:
  Pre-licensure (generic) BSN ________
  RN-BSN __________
  MSN______________

- If you completed the RN-BSN, were you
  On-campus_______
  Outreach (Airport or Hickory)_______

- Did you have a prior degree before entering the BSN program? (Associate, Diploma, LPN, other)
  Yes________ Degree_________________
  No__________

- How long have you practiced as a registered nurse?
  Number of years__________

Which best describes your practice setting?

Hospital_____ Department_________________

Home care agency_____ 

Physician’s office______

Outpatient clinic_______
Health Department________
School of Nursing_________
Other________________
Which best describes your primary responsibilities at work?
Patient care_______
Administration_______
Education___________
Other_______________
Which best describe you?
Male______ Female______
18-25______ 26-34______ 35-44______ 45-54______ over 55______
The following questions pertain to courses you took while in college completing the BSN and how they relate to your current nursing practice. Please answer the following:

1. What stands out in your mind when you think about the education you received for your BSN?

2. What does having a liberal education mean to you?

3. How do you find your liberal education courses (non-nursing courses) that you took in college helpful to your nursing practice today?
4. Tell me about a liberal education class (a non-nursing course) that you took while in college that you believe helps you now in nursing practice.

5. Tell me about a liberal education class (a non-nursing course) that you took while in college that you do not believe has helped you in nursing practice.

6. Tell me about a specific time you were able to solve a problem in nursing practice using knowledge and skills gained through your BSN degree. Why do you think this knowledge helped you solve this problem? How did you feel about this incident and what it meant about your nursing practice?