

Renewing the Vision

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We must applaud Donner and Waddell (2011) for raising some thoughtful questions related to master's education in nursing. Although their paper raised several possible concerns, I would like to comment on the vision aspects of this issue and also suggest some questions. Do we have a shared vision for master's-prepared nurses in Canada? And who is responsible for creating that vision?

The 2006 position statement of the Canadian Association of Schools of Nursing states: "At the Master's level, students build upon the knowledge and skills acquired at the baccalaureate level. Emphasis is placed on developing ability to analyze, critique, and use research and theory to further nursing practice. Provision should also be made for examination of current issues in health care and the ethical values that influence decision-making" (CASN 2011). Most university schools of nursing support the notion that postgraduate education fosters critical thinking and the ability to problem-solve at an advanced level. It also advances students' ability to analyze and integrate theory and research and address issues significant to nursing as a profession. In this way, master's-prepared nurses will be able to initiate change within the context of the healthcare system and societal needs.

This is an inspiring vision for postgraduate education. But do we know if this vision is shared within all areas of the profession, including students and workplace leaders? As Donner and Waddell suggest, it may be time for more dialogue on this issue. Is there agreement that we want to “design a future that will maximize the potential of those [master’s-prepared] nurses to improve quality of patient care and participate in leading the system change we all say is needed” (Donner and Waddell 2011)?

If, indeed, a primary goal of master’s preparation is to prepare nurses for leading and participating in system change, what are the required competencies, and are graduates of master’s programs confident in the role of change agent? The vision as outlined by CASN calls for the development of broad competencies of scholarly inquiry, effective communication, collaboration and leadership rather than role-specific knowledge and skills. We need to prepare nurses with foundational competencies for system change and to assume the future roles that may evolve from it.

Martha Nussbaum (2010), a celebrated American philosopher, warns of the dangers of university education that is increasingly focused on teaching economically profitable skills, an approach that erodes students’ ability to question authority. She argues that, instead, it is better to teach students to think critically and become knowledgeable and empathetic citizens. Although Nussbaum is concerned about a decreasing emphasis on the liberal arts in university education, there is also a danger at the master’s level in nursing of becoming too focused on preparing nurses for specific organizational roles rather than for the broad leadership competencies they will need to face the future.

The significant increase in advanced practice roles in organizations has been a welcome development over the past decade, and universities have responded with education programs. However, rapid proliferation of new roles and organization-specific changes make it challenging for universities to respond with courses to meet a variety of specific practical needs. Is that what universities should be doing? Or, should we be preparing nurses with the tools for effective future leadership roles founded on the values of scholarly and innovative inquiry, relational leadership styles that emphasize collaboration and attention to honest and open dialogue, and advocacy in the health policy arena?

Among the recommendations of the recent Institute of Medicine report, *The Future of Nursing: Leading Change/Advancing Health*, was an interesting message that has relevance in this discussion: “nurses should be full partners, with physicians and other health care professionals, in redesigning health care” (IOM 2010: 4). In order to address system changes in Canada, nurses – including master’s-prepared nurses – must be equal partners in the process of change in organizations.

This means expanding the opportunities for nurses to participate in collaborative improvement efforts and policy changes. Master's-prepared nurses should have the requisite knowledge and competencies to be equal partners. But do we have the evidence that this goal is being met? And what would that evidence look like?

Perhaps, as Donner and Waddell have posed, we may need to do much more to create a renewed and shared vision for master's education and to help organizations, nursing colleagues and other healthcare professionals understand what they might expect from master's-prepared nurses.

References

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