

# Rephrasing the Question

**Mary Ellen Gurnham, RN, MN**

Chief Nursing Officer and Executive Director,  
Learning Capital District Health Authority  
Halifax, NS

**Donner and Waddell's (2011)** paper has raised more questions for me than answers. I find it interesting that these authors avoided using the terminology of “advanced nursing practice.” Focusing the dialogue on master’s preparation acknowledges the variety of leadership roles. In *Toward 2020: Visions for Nursing*, Villeneuve and MacDonald (2006) argue that postgraduate education in nursing and a variety of other fields is necessary to support the profession and inter-professional practice.

Donner and Waddell ask about our understanding of the needs of master’s graduates and their expectations. I would phrase the question differently. Do current leaders in the system understand where and how to employ master’s-prepared nurses? Are we currently creating a context that allows master’s-prepared nurses to work to their optimal scope of practice? What is the work of the master’s-prepared nurse?

The authors discuss the motivation or focus of nurses pursuing master’s degrees and the impact of master’s-prepared nurses entering into an established workforce. Their comments seem to suggest that the system has an obligation to create positions for master’s-prepared nurses. Can the system afford this?

Early in my career there was talk of creating clinical ladders that supported the variety of educational preparation nurses bring to patient care. Although laudable in theory, these structures did not create a system of differentiated practice and

instead became structured by human resources practices. In our unionized environments, qualifications for roles are embedded in descriptions and drive how roles are compensated. Decisions about minimum specifications are driven by the industry standard, the complexity of the job and ability to recruit. There are a considerably smaller number of positions that require a master's degree.

As more nurses pursue postgraduate education, will that result in more roles requiring a master's degree as a minimum qualification? On what basis will these decisions be made? Are we at risk of "creeping credentialism"?

Many reports have discussed the underutilization of nurses and other health professionals. Across the country, work is being done on "models of care," role clarification, optimizing scope of practice and inter-professional practice. This work has tended to focus on registered nurses (diploma- and baccalaureate-prepared), licensed practical nurses and assistive personnel. As a profession, is it time for nursing to rethink the intra-professional practice and leadership model? Does the current conceptualization of advanced practice serve our patients, families, communities, the broader system and the profession?

The authors postulate that nursing education and the work environment need to become more nurse-centric. There is a need to become more intentional in how we assist nurses to plan their career paths. We talk about succession planning, but have not developed very effective models.

Thank you for inviting me into this dialogue. I look forward to continuing the conversation.

## References

- Donner, G.J. and J. Waddell. "Are We Paying Enough Attention to Clarifying Our Vision for Master's-Prepared Nurses and Ensuring That Educational Programs and Workplaces Are Prepared to Help Achieve That Vision? An Invitation to Engage in an Important Conversation." *Canadian Journal of Nursing Leadership* 24(2): 26–30.
- Villeneuve, M. and J. MacDonald. 2006. *Toward 2020: Visions for Nursing*. Ottawa: Canadian Nurses Association.