

Master's-Prepared Novice?

Commentary from a New Master's-Prepared Graduate

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Registered nurses prepared at the master's level are needed to improve health outcomes of Canadians, enhance nursing curricula and contribute to the further development of the nursing discipline. Although master's-prepared graduates are vital to the sustainability of the nursing profession, there is a limited body of research aimed at understanding their unique needs. As a new master's-prepared graduate, I hope to expand this body of knowledge by offering insight into the experiences and expectations of this cohort.

Master's-prepared graduates enter the workplace and assume roles as expert clinicians, educators and leaders. Many leave academia with a wide depth and breadth of knowledge, but have difficulty transitioning to new professional roles (Klich-Heartt 2010). This disparity likely stems from the fact that although master's-prepared graduates have rich learning experiences within academia, many have limited field experience in the advanced roles they are expected to practise. Thus, adopting a preceptorship model of orientation, similar to Ontario's New Graduate Initiative, may provide master's-prepared graduates with the organizational support needed to successfully transition to their new professional roles.

Preceptorship involves a one-to-one pairing of a practitioner with a less experienced learner who is striving to achieve a set of mutually defined learning objectives (Bourbonnais and Kerr 2007). Most healthcare organizations in Ontario use a structured preceptorship model of orientation to transition novice baccalaureate nurses to the workplace (HealthForceOntario 2006). However, orientation programs for novice master's-prepared nurses are inconsistent, ranging from brief, informal programs to extended, formal programs. As a result of this lack of consistency, the unique learning needs of master's-prepared nurses have been unidentified and unmet. Offering master's-prepared graduates a funded preceptorship model of orientation, in addition to formal mentorship, may provide the professional guidance necessary to identify learning needs and personal support needed for successful transition to the complex role of master's-prepared registered nurse.

Mentorship involves a voluntary, mutually beneficial and usually long-term professional relationship in which an experienced leader supports the maturation of a less-experienced person (CNA 2004). Facilitating the development of a mentoring relationship between master's-prepared graduates and nurse leaders will ultimately nurture the professional growth of all parties involved. It is through this ongoing relationship that master's-prepared graduates will likely identify with the attitudes and behaviours needed for professional socialization, organizational acclimation and excellence.

The retention of master's-prepared graduates is fundamental for the profession of nursing. Nursing leaders within all realms of practice must recognize the unique needs of master's-prepared graduates and respond in a timely manner. The culmination of comprehensive orientation, preceptorship and mentorship, although not a novel idea in nursing, has not yet been provided to many master's-prepared graduates. By incorporating these strategies, we just might come one step closer to helping master's-prepared nurses acclimate to new organizational settings, transition to advanced roles and close the elusive practice–education chasm.

References

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