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SOCIAL SELECTION AND PROFESSIONAL REGULATION FOR MASTER'S DEGREES FOR NURSES.

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ABSTRACT

Aim. The aim of the study was to understand the perspectives of two sets of stakeholders, namely clinical nursing providers and nursing academics, on how Registered Nurses should be selected for Master's degree programmes.

Background. The proliferation of taught Master's programmes has led to concerns about a lowering of standards. Even with the expansion of professional Master's programmes, they remain one of the least researched areas of higher education.

Method. The sampling strategy was a combination of convenience and snowball sampling. In-depth interviews were conducted with 15 stakeholders and data were subjected to thematic content analysis.

Findings. There were differences in service providers' and academics' perceptions of access to Master's level education for nurses. Service providers engaged in regulatory practices, as evidenced in the way in which potential candidates were judged to be suitable or not to undertake a Master's- level education. Academic participants, in contrast, tended to have far fewer concerns about the career plans of applicants and were more likely to invoke discourses of academic educational admission practices.

Conclusion.

The health services need highly skilled, educated workers whose abilities and knowledge make an impact on the provision of effective patient and client care. This level of education can be achieved through continuing education of the professions by taught Master's degrees. It is imperative that an effective partnerships between clinical service providers and academics are developed to promote understanding of their respective perceptions of admission to the degree.

KEY WORDS: Nursing education; professional regulation; social selection; work organisation; workforce issues; Master's degrees; interviews.

WHAT IS ALREADY KNOWN ABOUT THIS TOPIC

- ❑ Continuing education in nursing and other healthcare professions is increasingly being delivered by taught Master's degree programmes.
- ❑ Those undertaking taught Master's programmes are likely to be older, married with family commitments, working full-time, and therefore completing their degree on a part-time basis
- ❑ Many nurses undertaking Master's programmes study part-time and may not receive financial support from their employers.

WHAT THIS PAPER ADDS

- Service providers engaged in regulatory practices, potential candidates being judged to be suitable or not to undertake a Master's-level education.
- Academic participants had far fewer concerns about the career plans of applicants and were more likely to invoke discourses of academic educational admission practices.
- Effective partnerships between clinical service providers and nurse academics are needed to enhance Master's degree level education for nurses.

INTRODUCTION

Increasingly, as professional associations, employers and governments are introducing requirements for continuing professional education, the university sector is becoming involved in the development of programmes at postgraduate level especially through the development of professional Master's degrees (Eraut 1994; Skilbeck 2001). There is an increasing recognition of the importance of mid-career professional degrees with growing availability of educational programmes aimed at this demographic group. The overall aim of these programmes is to bring practising professionals into contact with new knowledge and ideas and to enable professionals develop specialist knowledge required for the world of work (Eraut 1994; Cervero 2000).

BACKGROUND

The educational programme for the delivery of further and continuing education to the professions is increasingly becoming the taught Master's degree. This has developed as the primary model owing to the increase in the number of professionals (for example teachers, engineers, psychologists and, more recently, nurses) now holding a first degree as a prerequisite for entry into their chosen profession. The taught Master's degree has been identified as a 'pivotal point' for emergent postgraduate education (Duke 1997:88): 'the taught masters provides a post-experience qualification of a partly vocational kind for those who wish to update, upgrade or diversify into new occupational fields' (Duke 1997: 88). For example, in Ireland where the study reported here was conducted, six higher education institutions currently deliver Master's in Nursing programmes. These share common features and variations relate to whether they are generic nursing Master's programmes, or whether students follow a particular strand such as nursing management or education.

It is also evident that taught Master's programmes are expanding in all areas of the university sector. Indeed, in Ireland, in the area of health sciences, graduate programmes in nursing, including Master's programmes, have been singularly responsible for the substantial growth of graduates in recent years (Higher Education Authority, 2006). However, this substantial growth is not without problems; as Knight (1997:2) points out, Master's programmes 'are élite programmes, showing signs of mimicking the massification that has marked baccalaureate programmes'. Furthermore the exponential growth in the numbers of students undertaking Master's degrees in nursing raises questions about the destination of these graduates, the impact of their degrees on professional practice and the outcomes being achieved. Even with the expansion of professional Master's programmes, they remain one of the least researched areas of higher education. There is little existing empirical evidence available on the specific issue that this paper addresses, as entry criteria – both academic and non-academic – to Master's programmes in nursing remain under-researched.

What we do know is that those undertaking taught Master's programmes in general (and not just in nursing) have a different profile to students in research Master's programmes. They are likely to be older, married with family commitments, working full-time, and therefore completing their degree on a part-time basis (Knight 1997; LaPidus 1997; Garner Wallace & 1997). The majority of nurses undertaking Master's programmes in Ireland are doing so part-time; a major survey of all graduates of masters degrees in nursing (from 2000-2005) across the 6 higher education institutions in Ireland that deliver such programmes found that over fifty-five per cent of students were fully or partially funded by the health service for the duration of their degree (Drennan 2007). This gives employers considerable power in determining who ultimately undertakes Master's degrees.

Gerrish *et al.* (2000, 2003), in a study of Master's in Nursing degrees in the United Kingdom, reported that market forces and the influence of

stakeholders, including managers and education purchasing consortia, negated the development of autonomy within Master's graduates and gave a purely functional focus to Master's programmes. This economic and functional hegemony was deemed detrimental both to the educational development of the student and the development of nursing practice. Gerrish *et al.* (2003) go as far as questioning the legitimacy that Master's in Nursing programmes have for the professional development of nursing due to the control that managers had over the programme.

The possession of credentials (such as a particular academic award) has traditionally been viewed as a central strategy by which occupational groups delimit access to rewards and privileges (Parkin 1979). While empirical evidence on issues surrounding who does Master's degrees in nursing is lacking, a rich theoretical field has developed since the earlier half of the 20th century in relation to entry to professions and the quest for occupational control over who moves through the ranks. Professions have traditionally been associated with exclusivity and with restricted access with each level reflecting more specific expertise (Freidson 1986, 2001). Friedson's (2001: 180) ideal-type of profession strongly features an occupationally-controlled labour market that demands training credentials for both entry and career mobility. In addition, Freidson's ideal type includes occupationally regulated educational endeavours separated from the labour market that determine the credentials; these are managed by academics who are also engaged in producing new knowledge (by research) in relation to the profession. A central feature of professions is occupational autonomy, or the liberty to pursue an agenda determined by the occupation for the advancement of a specific body of knowledge and skill and to command responsibility for the manner in which this knowledge is used. This, for Freidson (2001: 197), is the 'soul of professionalism'.

The Study

Aim

The aim of the study was to understand the perspectives of two sets of stakeholders, namely clinical nursing providers and nursing academics, on how Registered Nurses should be selected for Master's degree programmes.

Participants

The sampling strategy for the qualitative component of this study (upon which this article focuses) was a combination of convenience and snowball sampling; data were collected using in-depth interviews with fifteen key stakeholders. Using this strategy, participants are recruited on the basis of preconceived criteria according to the needs of the study (Morse 1991), with a particular focus on those most likely to be 'information-rich' about the topic (Patton 1990). The inclusion criteria were as follows: participants were to have had recent contact with graduates from Master's in Nursing programmes, to be in central positions in nursing education, clinical nursing or nursing management, and were to be knowledgeable about Master's level education. Those individuals who fitted these criteria and were deemed to be most likely to provide rich accounts of their perceptions on issues around Master's programmes were chosen. Their strategic positions in either the clinical sites or the university led the main researcher to believe (correctly, it transpired) that these individuals would provide information-rich accounts. Ten such individuals were approached directly and were already known to the interviewer (JD) in view of their work in nursing. A further 5 were selected using snowball sampling (Byrne 2004) that involved existing participants proposing another individual who fitted the criteria for inclusion. Ten participants were interviewed in 2006, and this was followed by 5 further interviews in 2007. The sample consisted of nursing academics at 3 different universities (8 respondents), clinical nurse managers at a senior level (2 participants), and nursing managers (directors and deputy directors of clinical sites) (5 participants). The first group were education-

providers without a direct clinical remit, while the latter two groups were involved in the management of clinical nursing care within the health services. In view of the nursing service provision orientation of the latter two groups (that will become clear as this article unfolds), we refer collectively to them as 'service providers.'

Data Collection

The topics of the interviews were determined by findings from the quantitative phase of the study and by issues identified in the literature (see Drennan 2007). The interview topic guide was tailored to capture participants' views of the following: the need for Master's programmes in nursing; the abilities that students develop arising from the programme; the influence of research on students and on the organisation; the impact of graduates on professional practice in the fields of management, education or clinical practice; the dissemination of knowledge following a Master's programme in nursing; the profile of students best suited to Master's degree in nursing; and structural supports needed by students undertaking a Master's degree in nursing. All interviews were between forty-five minutes and ninety minutes in length and were tape-recorded. All were conducted at participants' workplaces although each was given the option of being interviewed in a neutral or alternative venue.

Ethical Considerations

The study was approved by a human research ethics committee at the university. [Written informed consent was obtained prior to interview and participants were assured that their details would remain anonymous.](#)

Data Analysis

Thematic content analysis was chosen as the strategy of analysis (Patton 1990; Wilkinson 2004; Nieswiadomy 2008). This comprised of a number of steps: First, themes were identified using the process of key words in context. This involved identifying sections of text where a keyword or phrase appeared and developing themes around these. The interview guide also stimulated the development of themes, as a 'descriptive analytical framework for analysis' (Patton 1990:376). As the categories took shape, data were conceptualised in relation to existing theoretical perspectives.

FINDINGS

Service providers' perspectives on the type of candidate who should pursue a Master's level education

Service providers had strong views about who should hold a Master's level qualification, and had a great deal of control over decisions about whether prospective candidates would be supported or not in terms of flexible study time and the financing of such programmes:

I think equally, because staff now expect that they can just go from one course to the next, I think certainly if a person was working within a particular pathway [advanced practice or clinical] ... I think you would be more inclined to make time to release them [from work] with their studies and their work because at least then you know they have to work towards a clinical career path . . . otherwise I wouldn't (Service provider 3).

In the following narrative, the clinical director articulates her position that Master's in Nursing programmes should be for purposeful, occupational progression, and not merely for the sake of learning. Furthermore, she is

sceptical about the need to pursue a university education for the type of work required of clinical nurses, and discusses whether there is in fact a need for Master's level education for clinical work:

I think, in fact, less and less people are going for the [fast track primary] degree, which is great; we've had a real fall-off this year so I hope the same happens in Master's. I think it's crazy, people just going on and on for the sake of it. And there's a bit of that. And I think people get caught up in the university thing and learning, and they give out about it and but yet they really like it. And it is stimulating, but I think the question would be 'Why aren't you doing that in the workplace? Why do you need to go to university to do that?' (Service provider 2)

Determining the suitability of candidates deemed suitable for Master's level study also featured in the accounts of the service providers. While acknowledging the importance of academic capabilities, one service provider also described the additional factors that she would take into account when evaluating the suitability of a staff member to undertake a Master's programme. These included a person's psychological readiness, capabilities and attitude:

We'd also be looking for if they had poor sick leave, or why are you putting yourself under this stress and pressure, is this the right thing for you? We'd also be looking for academic capabilities, even though we're not educators. But you'd know somebody's capable and I know somebody that we had to kind of discourage because she just doesn't have the ability... Well, we thought that she was going to put herself under severe pressure and I think she thought that it was expected of her. She has a job, she's working at a level, she doesn't need a Master's for it, she's a bit of a self-perfectionist (Service provider 6).

Further evidence that the service providers monitored or kept a regulatory watch over (Walter et al 1995) the process of discriminating between those deemed to be worthy of support to undertake a Masters and those not, was their questioning the validity of requests to be supported on a Master's programme. The accounts of two service providers indicated their belief that prospective candidates for Master's programmes seemed to have surmised the primacy afforded to clinical pathways when they presented their cases for study leave or funding. According to the director quoted in the following extract, candidates might support their request by claiming a desire to remain in clinical practice; however, directors were not always convinced:

They're generally very focused on where they want to get to, so if they're pursuing a Master's pathway in education, I'd say to nurses, "Don't be fooling me now that you want to stay in clinical", because some will try and say it (Service provider 5).

Within the clinical environment, nursing roles, such as that of staff nurse, clinical nurse specialist (CNS) and advanced nurse practitioner (ANP) required particular qualifications, and those who pursued Master's degrees outside of the established structure tended to be viewed as threatening the social order of the organisation, especially in relation to promotion:

I don't believe you need a Master's for clinical nurse specialist. I think we have to be very careful of that . . . There are people that are pursuing Master's and have pursued Master's, and they feel that they must get promoted as a result of it. That can cause major problems. And that is there, that nurses feel "Well, I have my Master's – do something for me" (Service provider 1).

Indeed, one of the service providers referred to a database that she established to track the qualifications of staff so that they would be appropriately deployed within the organization.

Service providers' perspectives on the reasons why individual should pursue Master's degrees

Service providers' perspectives on who should hold a Master's qualification were strongly linked to their views on what a Master's in Nursing should achieve; in short, they were favourable to nurses doing a Master's degree where there was an obvious service need. Individuals who chose to 'free float' in the organisation without a clear clinical career pathway, or who pursued Master's education for the love of learning or for less tangible clinical benefits, were viewed with scepticism:

Interviewer: The first thing I want to ask is, 'Do you think it's worthwhile that nurses do a Master's degree?'

Response: Certainly, but not all nurses. I think it really depends on a service need rather than on an individual basis (Service provider 7).

For service providers, the benefits to the organisation needed to be clear and identifiable:

Well, if somebody's going to do a Master's in Nursing they have to sit down with their nurse manager and they have to fill out a form for continuing education... and identify the benefits (Service provider 5).

Service providers were most positive about funding staff in who were seeking to pursue a pathway towards specialist practice:

Now the areas that we're developing services in, you know, oncology, cardiology, care of the elderly and stroke units, that's a huge area ... if people emerge from those areas with the abilities or go on to do a Master's - fine you're going to stay in elderly, do your Master's in elderly care . . . Yes, the person that has a commitment to that area ... then fund them and give them every support they need, and then they can specialise in stroke care, rehabilitation, you know, all those things (Service provider 4).

The advanced nurse practitioner (ANP) role, achieved as an outcome of Master's level education (albeit by a minority of nurses with a Master's degree) dominated the narratives of clinically-based participants during the interviews. The value of the ANP pathway was viewed as greater than that of other pathway, and much greater than non-nursing Master's programmes (such as those in education or business administration). The emphasis was on the practical utility of the degree to clinical practice in particular:

Who needs the Master's? ... They definitely need the Master's if they are going to be accredited as an ANP, which is the pathway we're [the hospital] trying to get on to. Where it fits in with the education. I know a lot of people are doing Master's in education, MBAs and all of those. How relevant are they to nursing? I wouldn't say how relevant is the Master's in Nursing? I'd say it's the other way around. Because we don't have that need for such (a number) of people with education Master's because our primary thing is nursing (Service provider 5).

There were overlaps among service providers and academic participants in relation to the view that a Master's degree in nursing should develop a number of generic and research capabilities. These included critical thinking, research awareness, leadership abilities and the ability to critically apply what

was learned to professional practice. However, there were also discernible differences in what the two sets of stakeholders tended to emphasise.

Academics' perspectives on Master's programmes and the purpose of such programmes

In contrast to the regulation and control exercised by service providers over who pursued Master's degrees, academic participants tended to allow far more latitude about which nurses should be admitted to Master's programmes. Compared to service providers, the emphasis in their accounts centred on the academic capacity of potential students rather their occupational position or career trajectory. However, there was also diversity among academic participants, with some favouring a restricted approach to entry (as exemplified in the first quotation) and others a more open one (as exemplified in the second quotation):

I think that you have to select on the basis of who is capable and able to rise to the challenge academically . . . I don't mean select only the very best, because that would leave too many people out. But at least have some selection process that discriminates academically (Academic 8).

Interviewer: Do you think Master's programmes should be open to all nurses who apply?

Response: We are very flexible, we are very open, yes... Well, I think so far I'd have to say that we have probably taken anybody who has wanted to come if they had a [first] degree . . . I know we've taken people who have had third class degrees (lowest class of honours degree), and we took them with our eyes open, saying they need more support, and we allocated them really good supervisors, and we helped them a lot and they got through. And

we did it because our philosophy is, you know, education is for everybody (Academic 1).

The accommodating stance in the second extract might also be rooted as much in the need to fill programme places as in altruistic notion of equality of access:

But at the same time in the back of our heads we were saying there will come a time (when) we have too many applications and we are then going to go for our firsts, our 2.1s and our 2.2s (higher classes of first degree) in that order and that day will come . . . But our philosophy at the moment is open arms, bring them in, try and help them (Academic 1).

Indeed, the admission of those deemed less than qualified on academic grounds to fill places was reported by other academics:

We have had people who are actually weak students who should never have been taken on the programme and who limp over the line, which drains staff - you'd be exhausted supporting them. They should never have been admitted, but it all depends on the crop of applicants and there aren't enough with really good degrees (Academic 7).

We need to fill our places, so we sometimes have to admit students who need a lot of support (Academic 6).

With regard to the reasons why a Master's degree should be pursued, academic participants were far less concerned with mapping Master's graduates on to particular roles within an organization. In the quotation that follows, the academic participant dismissed the notion that additional

academic qualifications should be rigidly linked to job promotion. She drew on her own experience of completing a Master's degree and how the degree itself offered intrinsic as well as extrinsic benefits both to the student and to the health service:

I remember people said to me [on completion of my Master's], "Well, what are you going to get now?" Nothing... I get to keep my job. There's no reward and I find the response of this particular health service provider where the two students [who requested funding but were rejected] have come from very short sighted! They [service providers] might not see the relevance, but aren't they getting back a highly skilled individual? (Academic 2).

The same academic participant also who spoke at length about the benefits of 'nebulous' topics that would enable graduates to have 'self-assurance' about their areas of practice, and expressed disdain for the emphasis on quantifiable relevance when decisions were being made about who should be funded to undertake Master's degrees:

I mean, I have two students who have just come on the course, just started the Master's and they are both receiving neither time nor the money from their [health service] employer. They're paying for themselves and they are doing it on their days off, because they were told by – well, one, they've told there was no money but, two, they were told, "This has no relevance" (Academic 2).

DISCUSSION

Our data highlight the diversity in service providers' and academics' perceptions of access to a Master's level education for nurses. In summary,

service providers held a pragmatic and utilitarian perspective, especially in relation to the impact a nurse with a Master's degree would have on clinical practice, whereas academics tended to focus on the implications of academic standards of entry, although this group held diverse views with regard to levels of openness to entry.

Let us consider these findings in relation to the exclusivity practices associated with professions (Freidson 1986). Our findings suggest that key stakeholders are agents in shaping the social organisation of nursing and its social regulation towards professional goals. Clinical service providers were more conservative than their educational colleagues about which potential candidates should undertake Master's programmes. Evaluations of those wishing to pursue funded Master's degrees were made in relation to the suitability of the candidate for the post, the cost-effectiveness of having a Master's-educated nurse and the likely benefits that might ensue to the organisation as a consequence of having such a person in post. This represents the epitome of an occupationally controlled or professional labour market, where the education and recruitment of candidates is controlled by those in the occupational group itself, in contrast to the notion of workers in the labour market acting entirely as individuals without occupational organisation (Freidson 1990). It also smacks of what Morrell (2007: 1) refers to as 'a culture of whispers, rumours and people being either in or out of favour and being continually judged as to their competence and merit.' This, Morrell notes, gives rise to social tensions within the profession and fosters a 'climate of suspicion'.

It would appear that nurses wishing to pursue Master's degrees for the love of learning or to develop more general, higher order thinking would have difficulty acquiring funding from their employers, and would find themselves outside the tightly controlled organisational regulation by clinical elites. Our findings suggest that clinical nurses are regulated and monitored by professional elites in relation to access to a Master's degree, and in turn

shape and determine future professional directions. While academics tend to have a great deal of control over the Master's curriculum (sometimes, as our wider study indicated (Drennan 2007, Drennan and Hyde 2008) to the annoyance of service providers who canvassed for greater practical relevance of such programmes), service providers tended to have a great deal of control over who were selected as students.

As indicated earlier, credentials are a central mechanism by which occupational groups regulate rewards and privileges (Parkin 1979). In fact, to deal with the growth of credentialism in nursing in Ireland, especially in relation to specialist practice, the National Council for the Professional Development of Nursing and Midwifery (NCPDNM) (Government of Ireland 1998) was formed to provide a formal credentialing system for what was once an ad hoc structure for the recognition of post-registration qualifications.

The growth in credentialism is not without its problems. As Eraut (1994) and Houle (1980) point out, credentialing may result in the over-vocationalism of study programmes. The educational outcome (academic award) and extrinsic evidence (recognition by the National Council) becomes more important than the educational process and intrinsic rewards that the student may experience. The motivating forces for nurses undertaking Master's degrees may be more related to career development and promotion rather than the to enhancing professional practice or performance (Eraut 1994, Gerrish *et al.* 2000).

The finding that university nursing schools appear to be, albeit reluctantly (according to some participants), admitting students to Master's programmes who require levels of support that might normally be associated with undergraduate programmes, appears to be at variance with the traditional notion of professional exclusivity. However, it may also be interpreted as an attempt at elevating the professional status of nursing by ensuring a critical mass of Masters-prepared nurses. In addition, it may serve the needs of the

educational stakeholders to fill places on particular programmes. The willingness to facilitate students to succeed at Master's level with flexible entry standards, although laudable, may lead to questions in the nursing profession and wider academic community on the standards and benefits of Master's level education in nursing. In countries other than Ireland, the ease of entry to Master's programmes has led to an undervaluing of Master's degrees, with suggestions that standards at Master's level may be declining (Gordon 2000; Atkins & Redley 1998; Duke 1997; Holdaway 1997; Knight 1997; Glazer 1988). Duke (1997:89) in a telling quotation, warned that the taught Master's degree has become so overused and ill-defined that 'it is now utterly promiscuous in the way it is defined, treated and used'. The evident pressure to fill places with students who may not be suitable for Master's level education reflects the market economy approach to education and the associated competition for student numbers across the university sector.

In highlighting differences in the perspectives of service providers and nursing academics, we reiterate that what we are displaying are tendencies rather than a definitive dualism between the two groups.

Study Limitations

The study was limited by the small sample size. In addition, academics in nursing are not a homogeneous group, with some entering the university through the traditional route, with their educational socialization occurring within the university, while others arrived at the university quite suddenly during the 'big bang' move from hospital-based schools of nursing that occurred in 2002. A larger sample size would have enabled comparisons to be made between these two groups of academics. Furthermore self-report data rely on the capacity of respondents to accurately convey their views in an interview situation that may be at variance with their perspectives beyond the interview; such data are, therefore, limited insofar as no alternative verification of people's perspectives is available.

CONCLUSION

Our data suggest that the promotion, development and understanding of the degree can only be achieved through the development of effective partnerships between clinical service providers and academics. This partnership could lead to an effective understanding of the purpose of the degree from the perspective of clinical managers and academics. The approach should not be to develop a degree that is either overly vocational or overly liberal but one that serves a balance between, on the one hand, developing a skill-base for the world of work and on the other, being educated for the world of work. There is a need to balance the ability to practice at an advanced level with the graduate's ability to question, challenge and change practice. However, too much of a shift in either direction may substantially effect the quality of the education process offered to students. Too much of a shift towards purely service-driven, skill-based curriculum goals might negate the 'education' of higher education and impede the capacity of the student to develop, on the other hand too much of a shift toward knowledge of the general might alienate the practitioners for whom the degree was designed. The challenge for educators and clinicians is to find a way to achieve a balance in selection for entry to the degree that serves the profession, students and ultimately impacts on patient care.

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