



Nursing Practice in  
MASTER'S EDUCATION

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## **Nursing Practice in Master's Education**

Practice, an integral component of nursing as a health profession, is one of six key domains organizing the CASN National Nursing Education Framework. While widely recognized as part of undergraduate nursing education, practice at the graduate level is often associated with advanced clinical nursing roles rather than the full range of professional roles performed by master prepared nurses. The purpose of this statement is to articulate a broad conceptualization of nursing practice in master's education, associating it with the preparation for roles having a non-clinical focus, as well as those with a clinical focus. The concept of professional practice, nursing roles, and professional nursing roles are examined first to situate the CASN position within a wider philosophical and theoretical context.

## **Concept of Professional Practice**

The concept of professional practice has its roots in the Greek word *praxis*, identified by Aristotle as the knowledge regarding action, concerned with particulars, and acquired by experience (Aristotle, trans. 1941).

Scottish-born philosopher Alasdair MacIntyre (2007) defines practice as

Any coherent and complex form of socially established cooperative human activity through which goods internal to that form of activity are realized in the course of trying to achieve those standards of excellence which are appropriate to, and partially definitive of, that form of activity (p.187).

Thus, MacIntyre sees practice as a cooperative activity rather than one performed by disconnected individuals. Internal goods refer to the social goods produced by the activity itself. They are not instrumental, but are goods in themselves and can only be obtained through practice. The standards of excellence represent the social aspect of a practice. They transcend the individual practitioner, and are established by society (Dahkne & Dreher, 2011).

## **Nursing Roles**

The practice of nursing, the co-operative activities producing the social goods of the profession, has always involved the exercise of a wide range of roles. National and international definitions of nursing identify a broad spectrum for the registered nurse in direct and indirect care, carried out in multiple contexts. For example, the International Council of Nurses (ICN) (2010) defines nursing as

(the) autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles.

Thus, the individual, family, community or population may be the beneficiary of nursing care, and nursing roles include hands-on patient-care, as well as roles in domains such as health policy, management, population health and nursing research.

From a regulatory perspective in Canada, registered nursing practice incorporates a multiplicity of roles. For example, the College of Nurses of Ontario (CNO) requires nurses to meet three criteria to be classified as a practicing nurse in the province. These include: 1) the application of nursing knowledge, skill and judgement; 2) the application of relevant nursing practice standards and guidelines; and 3) having a direct or indirect effect on the recipient of a health care service in Ontario (CNO, 2013).

## **Advanced Professional Nursing Roles**

Over the last four decades nursing roles requiring additional expertise and a deeper, more extensive knowledge base, developed through post-graduate study, have increased progressively. While some of these roles, such as the clinical nurse specialist (CNS) and the nurse practitioner (NP) have a clinical focus, others in areas such as health policy, nursing research, health system management, nursing education, and nursing administration may have a non-clinical focus, affecting the recipients of health care services indirectly.

All of these, however, are advanced professional roles for nurses in the sense that the knowledge and skill base needed to exercise them is built on, and adds depth and complexity to what nurses learn in order to become a registered nurse.

The differentiation, articulation, organization, and formalization of advanced professional nursing roles has been an uneven and uncharted process that continues to be emergent and fluid. In 2008, the Canadian Nurses Association developed a national consensus-based document providing parameters for two recognized advanced professional nursing roles that have a clinical focus; the CNS and the NP. For these roles, advanced nursing practice is defined as “an advanced level of clinical nursing practice that maximizes the use of graduate educational preparation, in-depth nursing knowledge and expertise in meeting the health needs of individuals, families, groups, communities and populations” (CNA, 2008, p. ii).

The NP role is the most articulated and formalized advanced clinical nursing role in Canada. Although it was first introduced four decades ago (DiCenso et al., 2010), it is only in the last decade or so that competency frameworks have been developed in Canada for the role, provincial/territorial legislation established regulating it, and practice hour requirements for educational programs specified (CASN, 2012).

The CNS provides clinical leadership for the nursing profession and the role has been important in the Canadian health care system since the late sixties (Bryant-Lukosius, 2010). A decision support synthesis examining advanced nursing roles in Canada indicates, however, that the numbers of clinical nurse specialists have been declining in the last decade (Bryant-Lukosius, 2010). This has been attributed to a lack of clarity regarding the role itself, and the educational preparation needed for it, including the practice requirements (Donald et al., 2010). The Canadian Nurses Association (2014) has recently published a national competency framework, however, to delineate the nature of this role and guide the development of CNS educational curricula. A CNS is identified in the framework as “a registered nurse who holds a graduate degree in nursing and has a high level of expertise in a clinical area” (p. 1).

As defined in the Canadian Nurses Association national document, advanced nursing practice involves the exercise of clinical, research, leadership, consultation and collaboration competencies (CNA, 2008). Thus, this umbrella term refers to roles for registered nurses with a graduate degree in nursing that incorporate both direct and indirect care, but excludes advanced nursing roles with a non-clinical focus in areas such as nursing research, education, management, leadership and policy work. Although typically less delineated, formally recognized, and more fluid than advanced clinical nursing roles, master’s education in nursing has served as a preparation for non-clinically focused roles since graduate programs for nurses were introduced in Canada.

### **Practice in Master’s Education**

Nursing programs at the master’s level in nursing provide students with advanced theoretical knowledge to prepare them for a variety of clinically and non-clinically focused professional roles for nurses. Aristotle argued that theoretical knowledge without practice is ineffective or at least less effective whereas practical knowledge without theory is blind or short-sighted (Dahnke & Dreher, 2011). In our changing and complex health-care system, we need nurse practitioners and clinical nurse specialists with practice knowledge in clinical areas of nursing. We also need master’s-prepared nurses who are able to practice from a systems lens and draw on advanced nursing and other sources of knowledge to influence system change and the quality of nursing and health care services through a broad range of roles in health policy, administration, research, and education. Practical knowledge, the knowledge acquired through action and experience, is critical in all of these roles. Practice is an important element of master’s education both for nurses preparing for advanced clinical practice, and for nurses developing the advanced knowledge and expertise needed for non-clinically focused roles. Thus, practice in graduate programs in nursing includes action and experiences designed to support the development of knowledge and expertise in non-clinically focused advanced nursing roles and action and experiences to support development of the indirect and direct care competencies for advanced clinical roles including the CNS and NP.

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