Past, Present, and Future Trends of Master's Education in Nursing

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Nurses interested in pursuing careers in advanced practice are now being educated at the doctoral level through new doctorate of nursing practice degree programs. In light of this shift, master's programs for advanced practice nurses are in a tenuous position, and it is questionable whether the remaining master's level educational programs are meeting the needs of consumers, health care institutions, and students. Given the great need for clinical leadership in health care, it is essential to reexamine master's nursing education to ensure that educational institutions are meeting the needs of graduate nursing students, consumers, and health care systems. Research supports that the master's-prepared nurse of the future must be proficient in the development and management of accountable care systems using state-of-the-art technology. In addition, interprofessional models show improvement in health care delivery and health outcomes. The current demands in health care that impact nursing education will be discussed, including the movement toward interprofessional education and the broadened expertise, required of master's-prepared nurses working in an era of health care reform. While academic medical centers are actively advancing toward an interprofessional model, the majority of nurses in this country are educated in private and community settings. This article will examine the move toward interprofessional education at a private university, utilizing clinical partnerships to revise the master's program. The goal of this revision is to empower students with the expertise required in today's health care environment to improve the delivery of care. (Index words: Master's nursing education; Educational innovation; Trends of nursing education) J Prof Nurs 30:326–332, 2014.

THE RECENT INSTITUTE of Medicine (IOM) report on the Future of Nursing states that nurses must achieve higher levels of education and training in response to…"increasing [healthcare] demands" (IOM, 2010, p. 2). This statement comes at a pivotal time in nursing education. Nurses interested in pursuing careers in advanced practice are now being educated at the doctoral level through new doctorate of nursing practice (DNP) degree programs. In light of this shift, master's programs in nursing are in a tenuous position, and it is questionable whether the remaining master's level educational programs (health care management, nursing education, and clinical nurse leader [CNL]) are meeting the needs of consumers, health care institutions, and students. The 2008 registered nurse (RN) Survey conducted by the Bureau of Health Professions indicated that 19.2% of RNs who earned a master's degree enrolled in programs with a focus in administration, business, or management, 13.3% focused on education, and 5.9% earned public health degrees (Bureau of Health Professions, 2010; The Registered Nurse Population: Findings from the 2008 National Sample Survey of Registered Nurses. September 2010. Rockville, MD: U.S. Department of Health and Human Services.). Dr. Patricia S. Yoder-Wise, President of the Council on Graduate Education for Administration of Nursing, summarized the situation by stating, "The absence of a nursing master's option could have unintended consequences of moving nurses in leadership roles to other fields to secure a master's degree. This further dilutes the knowledge needed to be highly effective in leading and managing the nursing team." She further states that "eliminating the master's in nursing as part of the education progression could be counterproductive to patients and the profession" (Yoder-Wise, 2011, p. 258).

Given the great need for clinical leadership in health care, it is essential to reexamine master's nursing education to ensure that educational institutions are

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meeting the needs of graduate nursing students, consumers, and health care systems. Globally, there is a strong call for developing models of interprofessional education (IPE) and practice. Research supports that interprofessional models will lead to improvements in health care delivery and health outcomes (IPEC, 2011). The purpose of this article is to review master's education in nursing from the past to present to enhance understanding of the various types of educational programs that have developed over time and how society has influenced this development. The current demands in health care with potential to impact nursing education will be discussed, including the movement toward IPE and the broadened expertise expected of master's-prepared nurses working in an era of health care reform. Based on the educational history and the current needs of nurses in the present health care environment, the future of master's nursing education will be envisioned. The article concludes by presenting one curricular model for a master's in nursing program that meets the need for highly skilled nurse leaders in the 21st century.

History of Master's in Nursing Programs

The education of master's-prepared nurses has a long and interesting history. Responding to new knowledge and growing technology in the early part of the twentieth century, nurses struggled to find answers to improve patient care through advanced education. A dearth of graduate nursing educational programs forced nurses to pursue advanced degrees in other disciplines such as education, business, and health care administration (Flood, 2010). The fifties and sixties saw a great need to prepare nurse educators as the profession of nursing grew and expanded toward baccalaureate preparation. Despite the growing complexity in health care and the need for advanced clinical education, early master's programs in nursing focused more on developing nurse educators and administrators than expert clinicians.

Many of the clinical specializations in nursing evolved from expanded roles in RN practice developed on the job. Certificate programs were developed for RNs interested in obtaining new knowledge and skills needed for these new and expanded roles. Eventually, the certificate programs evolved into formalized degree programs. The first clinical master's in nursing program began in the 1960s, educating nurses for roles as clinical nurse specialists (CNS). In response to the shortage of primary care physicians in the 1960s, the first nurse practitioner (NP) programs were developed. Pohl, Hanson, and Newland (2010) reported that the focus of the first NP role was to provide assessment and management of care for patients with acute and chronic health conditions with an emphasis on health promotion and wellness. The NP role has extended far beyond this original conceptualization toward the management of patients with complex medical conditions. By the early 1980s, the "advanced practice nursing" title described all advanced clinical nursing roles including CNSs, NPs, certified RN anesthetists, and certified nurse midwives.

The later part of the 20th century witnessed a proliferation of master's degree clinical nursing programs aimed at preparing nurses for advanced practice and a decline of nonclinical master's degree programs for nurse educators and administrators. The subsequent decades continued to see increasing role definition and expansion of these advanced clinical roles culminating in the development of the advanced practice RN consensus statement in 2008 (APRN Joint Dialogue Group Report, 2008). This statement seeks to both unite and promote the continued role of advance practice nursing in the evolving health care system.

As the clinical complexity of patient care continues to accelerate, along with the growth in knowledge, technology, and patient care resources, the need for clinical expertise continues to expand. In 2004, the American Association of Colleges of Nursing (AACN) called for the basic education of all Advanced Practice Registered Nurse (APRNs) to be at the doctoral level (AACN, 2004) through the attainment of DNP degrees. The Council on the Accreditation of Nurse Anesthetists states that this degree is required for the credentialing examination and licensure by 2025. While graduate nursing programs await decisions regarding minimum credentialing requirements for NP certification by the respective boards and subsequent changes in state licensing requirements, APRNs continue to be educated at both the master's and doctoral level.

The movement away from nonclinical specialties at the master's level, followed by the current progress of clinical education of APRNs toward a DNP, is leaving a slow but steady decline of clinically focused master's programs available to students. Remaining clinical education at the master's level is largely the CNL, a role created in 2006 by the AACN to meet the rising complex health needs of patients within the health care system (AACN, 2006).

CNL programs are distinctive in that they are developed with identified partnerships between academia and health care providers, ensuring that programs meet the needs of community employers. CNL graduates are prepared to meet the predominant health care challenges of the future, including rising technological advances in health care, needs of an aging population, chronic illness management, health disparities associated with socioeconomic dislocation, and health promotion and disease prevention (IOM, 2001). As of November 2013, the AACN Web site lists over 100 CNL programs nationwide (http://www.aacn.nche.edu/cnl/about/cnl-programs). Although CNLs continue to be essential in promoting positive patient outcomes in the health care delivery system, the integration and acceptance of this role has been limited.

Keeling (2009) proposed that to predict the future of master's nursing education, one needs simply to look at the past. Each of the movements in graduate education was designed to meet a societal need. To prepare nursing educators and leaders, nurses often sought education among other disciplines until master's programs focusing on nursing education, health care management, and administration were developed. The need for nurses to