Interview of the Masters Prepared Nurse: A Role Inquisition

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Abstract

Review of the educational preparation, personal experience, and accomplishments of a Masters prepared nurse discussed in a face to face interview. Roberta Goff, MSN-Ed, CNS describes her journey from Associates Degree in Nursing through obtaining her Master’s degree in education specialty, and her post masters certificate as Clinical Nurse Specialist. The author describes role perception before and after the interview and evaluation of the interview content. The Masters prepared nurse role is then analyzed for its significance to nursing practice.
The purpose of the interview of the Masters prepared nurse in this document is to seek new knowledge about a role much desired by the interviewer. Taking real role information from a practicing Masters prepared nurse, or Masters in Science of Nursing (MSN) will help the interviewer develop a new understanding of opportunities, career advancement, and practice of someone in the MSN role. The goal is to identify the interviewer’s current perceptions of the MSN role, interview someone currently working within the role, and develop a new understanding of the MSN in practice.
As an experienced Bachelors prepared nurse (Bachelors of Science in Nursing degree, or BSN) who works at the bedside, there is a limited view of the role of the MSN prepared nurse. In the hospital setting, the role of the MSN nurse is seen in the form of nurse practitioners, clinical nurse specialists, nurse administrators, and nurse educators. As one works solely at the bedside, having continuous contact with patients and helping them with their daily activities, medication administration, and goal setting, can limit exposure to the daily activities and roles of the MSN prepared nurse. The bedside nurses’ day is filled with assessing, documenting, critical thinking, and observations of each patient; there simply is no time to really see what the MSN nurse is doing in their role. The planned interview would provide a new light to the role and opportunities that could come with obtaining an MSN.

So the role that I chose to seek was the role of the “Resource Nurse Clinician” at my place of employment. This is a role that I viewed as an educator for the specific unit the practicing nurse worked on, which included updating staff on new equipment, skills, and policy or procedural changes. I knew that this role required also included attending many meetings throughout the hospital that informed this nurse with the tools needed to educate the unit staff. My experience with or knowledge of this role has been limited. On the surface, I see a role without the undesired aspects that bedside nurses experience on a daily basis, that includes heavy lifting and contact with blood and body fluids, and a lifestyle that includes wearing classy street clothes instead of scrubs. These positions are held by respected members of the nursing profession.

In seeking information about this role, I chose to interview a Resource Nurse Clinician that works in my hospital who is Masters prepared. I quickly realized that my assumptions about the position, work related to the role, and daily activities were based on my view of the person in
this position on my unit, and did not include the possibilities that the position could differ greatly based on the person who functions in the role. What I discovered during this interview was that the possibilities with the MSN degree are endless, and it made me even more excited about pursuing this endeavor. As an added note, the person on my unit that I see in this role daily is a BSN prepared nurse. I found the difference in practice significant in my evaluation.

Methodology

The interview was arranged via inter-hospital email. First, three individuals were chosen that I knew not only had roles in the hospital setting, but were also dually employed as educators in college/university settings. The email explained that the interview was meant to discover more about the MSN role as a MSN student. The person that emailed a response back was not the desired first choice, as the interviewer was not as familiar with her in the work setting. An agreement was made to meet on Wednesday, September 10th, at 9:30 am, in the Resource Nurse Clinician’s office. The agreed upon time frame was approximately one hour.

In order to gather information, the interviewer prepared an outline of questions that she desired to inquire about ahead of time, so as to ease the conversation and inquiry. These questions included degrees and certifications held by the MSN nurse, any activities outside of the hospital setting that she was involved in, and opportunities that have risen for her after obtaining her MSN degree. Other questions were related to her feelings about her role as an MSN, and how she perceived she was treated, if differently than previous to obtaining her MSN degree. Inquiry about her best experiences and challenges in her role were also planned as part of the interview.
Arrival at the office of Roberta Goff, MSN, CNS, occurred at the previously arranged time, on the D4 Orthopedic unit at Munson Medical Center. The office provided privacy and a comfortable environment to conduct the interview. This setting was best suited for the Roberta, for her degree of comfort was important to the interviewer. It also allowed the interviewer to see displays of degrees, certifications, and awards that Roberta had obtained over her years as a nurse. The face to face inquiry lasted much longer than originally anticipated, as Roberta was very forthcoming with her answers, appearing to enjoy the discussion, as did the interviewer. This allowed the interviewer to obtain a very detailed look at the opportunities available for MSN prepared nurses.

Analysis

**Interview Results.** The interviewed nurse Roberta Goff, has a variety of experiences as a nurse. She obtained her Associates degree in Nursing in 1996, her Bachelor’s degree in 2001, her Master’s degree in 2007, and her Post Masters Clinical Nurse Specialist board certification in 2013. She is also board certified in orthopedic nursing and pain management. Her position as Resource Nurse Clinician for D4 Orthopedic unit changed as she obtained her certification as Clinical Nurse Specialist (CNS). She was able to add to her experience in this position by performing additional CNS duties within her current role. Roberta is in charge of all patient, staff, and student education on D4. She helps to write, build, or change policies, develop orthopedic pathways; and conducts chart audits as well as assist staff at the bedside as needed. In addition to unit specific duties, she participates in several hospital wide committees that are aimed at patient safety, performance improvement projects, and nursing engagement.
Roberta describes how her position has changed her role as a Resource Nurse Clinician from one who supports nursing practice and interprets information, to one who conducts research and develops pathways for care. She now uses nursing theory, evidenced based practice, and advanced critical thinking skills to directly change nursing care that is provided on her unit and throughout the hospital. Her work on the Surgical Services Infection Prevention Taskforce and her work on use of Restraints have earned her honor of the James Stephen II Memorial Quality Award. In addition Roberta was named the Clinical Advancement System (a clinical ladder used to provide monetary recognition as well as prestige for nurses at Munson Medical Center) Nurse of the Year for 2014. As a member of the CAS, Roberta has helped to review and determine eligibility for portfolios submitted for approval my Munson nurses. Roberta is also the CNS that works on the hospitals’ Emergency Management team. This team is responsible for running drills, educating staff, and obtaining equipment necessary for evacuation in cases of emergency. The team also includes members of the local fire department, police, and leaders in the community. Roberta has also been a leader in many research projects and studies that have helped to change nursing care at Munson.

Since obtaining her MSN degree, Roberta describes the increase in opportunities that have been presented to her. In addition to her full time role on D4, she teaches for Spring Arbor University’s BSN program, where she teaches nursing research, legal, and ethical courses. She also is a consultant for a local law firm; where as needed she reviews cases to determine if there was a failure in providing prudent nursing care in malpractice suits. She is prepared to testify if necessary as an expert nurse in such cases. Another job that Roberta has is reviewing education files for companies such as Lippincott (a nursing procedure and practice manual). Roberta’s input helps to make changes in the standards of nursing care provided to patients throughout the
world whose providers use such manuals to determine how they will practice. Roberta has had the opportunity to participate in the writing of and critiquing of test questions used for board certification tests in the orthopedic specialty, on a volunteer basis. In another volunteer position, she helps to review educational material that has been prepared in the form of presentations, to determine if they will meet approval for continuing education credits for nursing prior to submission. Such presentations would be performed at nursing educational conferences. Roberta has also performed multiple presentations, lead educational internships, and created brochures and videos for educating patients, nurses, and nursing students.

When asked about Roberta’s feelings about her degree and nursing role, she describes feelings of pride in all she has achieved. Roberta admits that she was a waitress until she was of the age of thirty one, and looking back never thought that she would be capable of what she has accomplished. She describes the fear of burnout as a bedside nurse as one of the main reasons that she continued to pursue higher education, and she states that opportunities in her career just continued to improve with each degree received. She states she feels that she is respected as a professional nurse, and has been treated with more respect with each degree and position she obtained. She states she feels like there are more expectations of her within her personal life as well as her professional endeavors. Roberta describes how what she thinks and says have changed as well. She takes more time to provide appropriate wording when writing and speaking, with use of direct and professional tactics.

Roberta describes some of the best experiences she has had as an MSN have been in pursuing her passions and ideas with caring issues that have “made a difference” in nursing practice. She described her work on the development of a Pain Resource Nurse (PRN) program for nurses. This is an ongoing, two day program she developed and teaches to Munson nurses,
four times a year. The program teaches removal of the stigma of patients with chronic pain, detailed and proper assessment and treatment of pain, treating pain in the elderly, and using adjunctive medicine and therapy to treat pain. Developing and teaching this curriculum has been a success in patients receiving optimal outcomes in relation to pain treatment.

Roberta’s most challenging experience as an MSN has been barriers to change in policy or procedures. She described that the process for change can take one to two years or more to put into place. The “Queue” is a process that procedural changes are submitted to, that ranks needs for change in policy or procedure at Munson. She states the Queue can be a prolonged process, which is a barrier to facilitating the change in a timely fashion. In addition, she states the use of the electronic record and constant change in technology and computers in the hospital setting has been a barrier to achieving goals and ideas she is passionate about.

**Self Reflection.** As a MSN student, I found this interview to be a life changing experience. My view of the MSN nurse as someone who sits in an office and attends meetings was far beyond what I found in interviewing this subject. I was pleased to find that I had chosen someone who has had so many accomplishments, making a major contribution to nursing not just at Munson but world-wide. Her humility and ability to admit her fears of burnout and fear of failure made the interview easy and the conversation fruitful.

My experience was awe-inspiring. I asked if Roberta had forty hours in her work day, and she laughed. However, she added, she is not one to ever just “sit”. She constantly challenging herself to do and achieve more. I enjoyed hearing about additional opportunities, such as helping to write test questions for certifications, being published in nursing manuals,
consulting for lawyers in malpractice suits, teaching for the local university center, and creating pathways for optimal outcomes for patients in the hospital setting.

One of the things that I admired is that she attends morning table top rounds, where all the patients on her unit are discussed in brief by identifying barriers to discharge. With this process, a “meeting of the minds” occurs, which includes the charge or nurse coordinator, case management, utilization management, pharmacy, physical therapy, the trauma physician assistant, the provider, and Roberta, and bedside nurses. There is a representative of each department, and again, brief review of each patient’s barrier to discharge is performed. Roberta also actively looks up labs and other test results, and reviews and plans with the bedside nurse the patient’s plan of care for the day. This is just a small picture of how she actively engages in daily problem solving for patients on the unit.

The insight I gained on the opportunities that could arise from obtaining my MSN was incredible. I realized that although my original thinking was that I would hope to teach nursing at the undergraduate level, there were so many other avenues possible with this degree. I like that there are possibilities within my current employer’s institution for advancement, recognition, and participation in all levels of nursing practice, as well as outside of the hospital setting.

In reflecting on my previous assumptions on the MSN role, I was clearly naive to the opportunities that could present themselves. Teaching nursing students or staff nurses is clearly just a small part of the opportunities available. Opportunities in hospital and college settings are well known, but the addition of working with law offices on malpractice suits, assisting in the writing of test questions for certifications, and writing or editing published work such as nursing
procedure books were a gained revelation at the endless possibilities for growth and experience as an MSN prepared nurse.

**Significance to Nursing**

The advanced role of the MSN prepared nurse, and more specifically, the nurse educator, contributes to the development of nursing care. The nurse educator facilitates learning for nursing students, nurses, and patients. Facilitation is done through responsible use of evidence based teaching practices, modeling critical and reflective thinking, and showing enthusiasm for teaching, learning, and nursing that inspires and motivates others. The nurse educator serves as a role model of professional nursing. National League of Nursing (NLN, 2012).

The nurse educator uses assessment and evaluation strategies to enhance the teaching-learning process, by providing timely, constructive, and thoughtful feedback to learners. She demonstrates skill in the design and use of tools for assessing clinical practice, using strategies to assess and evaluate learning. She alters teaching strategies to fit the developmental level and educational needs of the student learner. NLN (2012).

The nurse educator is the facilitator of curriculum design, performing frequent evaluation of developed programs and makes improvements to enhance outcomes. She “ensures that the curriculum reflects institutional philosophy and mission, current nursing and health care trends, and community and societal needs so as to prepare graduates for practice in a complex, dynamic, and multicultural health care environment.” NLN (2012). Further, she “bases curriculum design and implementation decisions on sound educational principles, theory, and research.” NLN (2012). The nurse educator is responsible for changing with the practice of nursing, as it grows and conforms with enhancement in technology and modern medicine.
The nurse educator has a significant role in nursing practice and the enhancement of nursing students’ knowledge. The nurse educator should utilize feedback gained from self, peer, student, and administrative evaluation to improve role effectiveness. As a leader in the nursing profession, she mentors and supports other nursing colleagues, and demonstrates a life-long commitment to learning. Engaging in “scholarship”, the nurse educator demonstrates qualities of a scholar, such as integrity, courage, perseverance, vitality, and creativity. NLN (2012).

Scholarship is consistently challenging the status quo and never confusing the standard of the day with the standard of excellence. Scholarship requires a high degree of professional sophistication, clinical competence, and self-confidence, which together promote intelligent inquiry, thoughtful evaluation, and the conviction to institute change when indicated. Ackerman, et al. (1996).

The significance of nurse educators in their role is the continuation of the nursing profession, which “depends on the education of nurses, appropriate organization of nursing services, continued expansion of nursing knowledge, and the development and adoption of policies.” American Nurses Association (ANA, 2010). There is a strong demand for nurses who can teach others with use of evidence based practice and who use research to conform modern day practices. Nurse educators rely on the most recent research to improve the quality of nursing education, therefore improving patient outcomes. Nursing is a practice that involves caring for self, peers, patients, and community; without the leaders and educators in the nursing profession, the growth of nursing in healthcare may dissolve.

The nursing profession is struggling in nursing education and in practice, and the healthcare delivery system is rapidly changing. In practice, there are now multiple roles a
nurse with a graduate degree might assume. Finding the most effective role for nurses is critical for the profession. Finkelman, A. (2013).

In a report produced by the Institute of Medicine called *Future of Nursing: Leading Change, Advancing Health*; it states that what nursing does and how it impacts quality of care impacts patient outcomes, indicating that nurses are in a unique position to be leaders and have a major impact on improving care. Finkelman, A. (2013).

Inspiring others and leading change are attributes of effective leaders that are crucial in preparing nursing students for professional practice. Adelman-Mullally, T., et al. (2013). Another important aspect of leadership is challenging the system or status quo to bring about desired change. Both healthcare and nursing education environments are undergoing rapid, continuous change that creates ambiguity and unpredictability. Facing these challenges, leaders recognize when the old ways of doing things and typical solutions to problems are no longer working, and have the confidence and courage to propose new approaches. Adelman-Mullally, T., et al. (2013). The profession of nursing and the advancement of healthcare are directly related to the use of effective leaders in nursing, who hold higher levels of nursing education, pursue excellence in nursing practice, and motivate others to perform to a higher standard.
References


