

The fragmented discourse of the ‘knowledgeable doer’: nursing academics’ and nurse managers’ perspectives on a master’s education for nurses

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Abstract There has been a proliferation of taught masters’ degrees for nurses in recent years, and like masters’ programmes in other disciplines, the aspirations of such educational endeavours are far from unanimous. This article reports on part of a wider study, and focuses on a qualitative analysis of the perspectives of two key sets of stakeholders, namely academic education providers, and senior clinical nursing personnel, on masters’ education for nurses. Fifteen participants were interviewed in depth, and data were subjected to a qualitative content analysis. Findings indicated that while both sets of participants invoked the discourse of the ‘knowledgeable doer’, that is, the notion of amalgamating a high level of theoretical knowledge with practical know how, there were also differences in how each group deployed this discourse. Academics tended to emphasise the ‘knowing that’ or theoretical aspect of the discourse, whereas those in senior clinical roles adduced the practical component more strongly. We argue that the discourse of the ‘knowledgeable doer’ is far from stable, unified and universally agreed, but rather comprises competing elements with some emphasised over others according to the subject position of the particular individual. We locate the diverse perspectives of the two sets of stakeholders within debates about the status of masters’ programmes in relation to vocational and liberal education.

Keywords Qualitative research · Nursing · Education · Masters’ programmes · Ireland

Introduction

During the 1980s and 1990s, nursing education in Britain and Ireland (respectively) moved into the higher education sector, several decades after the same process had occurred in the USA. Amid debates about the merits or otherwise of the elevation in the educational level

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of nurses, the notion of the ‘knowledgeable doer’ (United Kingdom Central Council for Nursing, Midwifery and Health Visiting 1986) emerged as a central feature of the most dominant discourse invoked to justify the educational upgrade. This concept has served to convey the aspiration that nurses can be practical workers on the one hand (‘doers’), yet, on the other hand, possess a higher level of knowledge to allow them to effectively accomplish this work. This duality is succinctly represented in the distinction, now a truism in nursing education circles, between ‘knowing how’ and ‘knowing that’ (Ryle 1949).¹

As bachelor’s degree education is consolidating in Ireland as the basic preparation for registered nurses, the educational programme for the delivery of further and continuing education is increasingly becoming the taught master’s degree. Indeed, in the area of health sciences, graduate programmes in nursing, including masters’ programmes, have been singularly responsible for the phenomenal growth of graduates in recent years (Higher Education Authority 2006; Drennan 2007). However, what these taught masters degrees in nursing (and in other disciplines also) should comprise and what they should achieve is far from clear.

Although difficult to define, a new paradigm in graduate education is evolving, that of the professional master’s degree:

In an effort to bridge the gap between professional and non-professional disciplines, it may be that the new paradigm of graduate education is the...professional degree—a highly differentiated degree whose content and structure are based on more utilitarian and measurable objectives and directed toward more immediate outcomes that reflect contemporary societal values. The issue is not the devaluation of the baccalaureate or the master of arts, but the new dominance of professionalism at all levels, associate through doctoral degree (Glazer 1988, p. 8).

LaPidus (1997, p. 30) identifies professional or ‘practice-oriented’ masters’ programmes as focusing on the needs of professional practice and providing a form of continuing professional education for those practising in their profession. However, Knight (1997a, b, p. 2) cautions that masters’ programmes ‘are elite programmes, showing signs of mimicking the massification that has marked baccalaureate programmes’. Furthermore, the exponential growth in the numbers of students undertaking masters in nursing programmes raises questions about the destination of these graduates, the impact of their degrees on professional practice and the outcomes being achieved.

The Helsinki definition of master’s level education identified outcomes that occur as a consequence of the degree; other definitions attempt to define the degree by comparing it with other levels of university education, particularly undergraduate and doctoral degrees. A number of constructs have been identified that are deemed to discriminate postgraduate education from undergraduate education, namely, depth of study and the application of knowledge to practice (Dressel 1976; Glazer 1988; McInnis et al. 1995; Holdaway 1997; Knight 1997a, b; Thorne 1997; Atkins and Redley 1998; Reid et al. 2003; Joint Quality Initiative 2004a, b). Master’s education is associated with in-depth understanding of the student’s chosen discipline, in-depth understanding and utilisation of research methodologies, development of problem-solving skills, self-direction in learning, critical thinking and interpretation and demonstration of learnt skills in the student’s chosen field. Furthermore, the use of knowledge at postgraduate level is expected to be at the ‘leading edge’ of professional practice through the development of an independent, self-directed learner who can apply scholarship to the real world of practice (Atkins and Redley 1998, p. 387).

¹ ‘Knowing how’ refers to the practical knowledge needed to accomplish instrumental tasks, while ‘knowing that’ depicts a theoretical knowledge of a subject.

An issue that arises in relation to master's level education, and particularly for professional masters' degrees, is the debate between the vocational and academic aspects of masters' programmes. Glazer (1988, p. 17) states that in master's level education the tension between academic and vocational aspects of the programme 'is the dilemma between theory and practice—how to balance the need for practical knowledge and training in a skill with the theoretical framework of the field of study'.

This article is based on an aspect of data from a wider study (Drennan 2007; Drennan and Hyde, in press), the aim of which was to evaluate masters' degrees in nursing in terms of students' critical thinking and student satisfaction, using specific instruments. Here, we present a supplementary component of this broad study, namely, a qualitative analysis of in-depth interviews with nursing academics and those occupying senior nursing positions on their perceptions of the value and merit of postgraduate nursing education to the individual master's graduate and to the profession of nursing. In particular, our analysis will expose the manner in which the discourse of the knowledgeable doer was diversely deployed by the two groups. The perspectives of those in senior nursing positions are important to understand, not merely because the taught masters' programmes are presented as professional in nature, but also because in many cases such senior clinicians control the funding of individual candidates in pursuing a master's degree.

Methodology

The sampling strategy for the qualitative phase of the study (which is the sole focus of this article) was purposeful sampling, a well-established technique in qualitative research. According to Patton (1990, p. 169):

The logic and power of purposive sampling lies in selecting *information-rich cases* for study in depth. Information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of research, thus the term purposeful sampling (Emphasis in original).

This strategy involves selecting participants according to the needs of the study and on the basis of preconceived criteria (Morse 1991). Thus, for this study, participants who were knowledgeable or 'information-rich' about taught master's education in nursing were selected. The purposeful identification of information-rich cases was determined by the key role of the participant in nursing education, clinical nursing, or nursing management (of a clinical site). Persons in such occupations were deemed to be best positioned to provide a rich description of their constructions of masters' programmes in nursing, and the value of these programmes. The majority of the participants were known to the interviewer (JD) owing to their work in nursing; however, five were chosen using snowball sampling (Byrne 2004). This process consisted of a respondent suggesting the name of an individual whose expertise on the study topic rendered them suitable participants. The inclusion criteria were as follows: participants must have had recent contact with graduates from masters in nursing programmes; participants must be in a key position in nursing education, clinical nursing or nursing management; and respondents must be knowledgeable about master's level education.

Data were collected using in-depth interviews with 15 key stakeholders who met the above criteria. Initially, 10 participants were interviewed (in 2006), and this was followed by five further interviews some months later (in 2007) in order to achieve data saturation. The sample was comprised of nursing academics at three different universities (eight

respondents), clinical nurse managers at a senior level (two participants), and nursing managers (directors and deputy directors of clinical sites) (five participants). The latter two groups were involved in the management of clinical nursing care within the health services as opposed to the first group who were education-providers without a direct clinical remit. In view of the similarities in the perspectives of the latter two groups (that will become clear as this article unfolds), we refer collectively to them as ‘nurse managers’ or ‘clinicians’.

The themes for the interviews were determined by findings from the quantitative phase of the study in conjunction with a review of the literature. The interview topic guide was designed to capture participants’ perceptions of the following: the need for masters’ programmes in nursing; the abilities that students develop as a result of the programme; the impact of research on students and on the organisation; the impact of graduates on professional practice in the areas of management, education or clinical practice; the dissemination of knowledge following a master’s programme in nursing; the profile of students who should undertake a masters in nursing; and structural supports required for students undertaking a masters in nursing. All interviews were tape-recorded and lasted between 45 and 90 minutes. All were held in participants’ places of work although each was given the option of meeting in a neutral or alternative venue.

The method of analysis was thematic content analysis (Patton 1990; Wilkinson 2004; Nieswiadomy 2008). Content analysis is a ‘research method for the subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns’ (Hsieh and Shannon 2005, p. 1278). It is a data analysis method designed to extract consistent themes from a wide range of written or verbal communication (Smith et al. 2000). In the process of content analysis, data from the interviews were explored for recurrent themes; these were then grouped together by means of a codebook system. This involved a number of steps: Firstly, themes were identified using the process of key words in context. Keywords in context involved identifying sections of text where a keyword or phrase appeared and subsequently developing themes around these. The themes were also developed with reference to the interview guide, which was used as a ‘descriptive analytical framework for analysis’ (Patton 1990, p. 376). As the categories developed, data were theorised in relation to existing conceptual perspectives.

Data presentation

A strong feature of data across the interviews was the notion that a master’s degree in nursing had the potential to bring benefits—either directly or indirectly—to the standards of nursing practice. Both academic and clinical participants tended to concur that a master’s degree in nursing should develop a number of generic and research capabilities such as critical thinking, research awareness, and leadership abilities. ‘Depth’ of study and the ability to ‘critically apply’ what was learned to professional practice were seen as principal distinguishing features of master’s level education when compared to bachelor’s level. Both nurse managers and academic participants stressed the credibility that a master’s degree conferred on nurses, particularly in relation to other occupational groups within the health services. In spite of this middle ground, there were discernible differences in what the two sets of stakeholders tended to emphasise. First, we consider the perspectives of the academic participants before turning attention to those of the nurse managers.

Academics' perspectives

Academics tended to heavily deploy a scholarship discourse, emphasising the need to ensure that scholarly characteristics such as the ability to think, the ability to problem-solve and the ability to question practice were fostered in students:

I say to them [masters' students] that this programme is about reading ... the contact hours are almost irrelevant ... You know at undergraduate level everybody has to be taught everything. And if they weren't taught it then they don't know it. I believe that at master's level what you do is you provoke their thinking; you tell them the reading to do. You give them the arguments, you make suggestions and then you say, 'Now the rest is up to you!' And masters is much, much more about self-direction and self-motivation and the desire to learn ... At master's level, to me, it's about taking the practice and inducting it and beginning to develop your own theories about practice and having the confidence and having the propositional knowledge sitting there at the back to support it should you need it (Academic 2).

Academics referred to the importance of nomothetic knowledge (knowledge of the general) (Hunter 1989) that would inform practice. The emphasis was placed on the process of learning rather than the content of learning. This process was perceived to be enhanced through the study of subjects such as philosophy, law and ethics, which it was deemed, would ultimately impact on professional practice.

If I was asked what my ideal master's programme would be about, things like philosophy, ethics, research, leadership. So all those more *nebulous* type of subjects that are to do with one expanding one's repertoire ... What's included in the content, not that it doesn't matter because of course it does matter, but ... it's not so much about the content (Academic 5).

You know they do learn the law and the ethics the communication and the leadership, and the other *indefinable* things that help to be a better rounded more knowledgeable person (Academic 4).

One of the academic participants alluded to the tension between health service providers' and academics' perspectives (that we consider in detail in the next section) on the status of nomothetic knowledge and the provision of tangible skills to graduates.

Health service providers here don't value master's courses that don't obviously give [clinical] skills to the participants (Academic 2).

When considering weaknesses of masters' programmes with which they were familiar, academic participants tended to lament the failure of such programmes to fulfil their objectives of achieving scholarly depth and critical reflection:

I have to say it grieves me that a lot of students that come through the masters now are actually scraping through, but not really showing the kind of academic ability that you might expect at that level. The stuff they produce is a bit like undergrads, not much ... like chunks on what some theorist said, but poorly synthesised and badly written. (Academic 8).

It's [critical thinking] probably one of the hardest things to get through to students ... And yes it can be developed. And to me you can develop it over the two years part-time but I think with the one-year full time people we sometimes failed ... they just

need that extra time over a two-year period to develop it. And with the students who are struggling and feel it difficult, they haven't yet gotten near the end of year one. The good ones have. (Academic 3).

As well as developing generic capabilities such as critical thinking, one of the academic participants was vociferous about the need at master's level to foster a challenging approach, or as she noted, to seeing 'outside the box' rather than learning clinical skills. Indeed, she was adamant that teaching clinical skills ought not to be the focus of master's level learning:

I don't believe that master's education is about learning clinical skills. I don't believe it's about, you know when people ... people in the UK they developed in [a specific UK university], they developed a masters in cardiothoracic nursing. And it was very much a bio-medical model of cardiothoracic nursing, and it was about preparing nurses to be almost physician's assistants. And I had a fundamental problem with that type of master's programme simply because, I believe the clinical skills that you need to perform in the clinical arena are satisfactory and should be well developed at first-degree level. So on that basis to me master's level education is largely, largely about cognitive development as opposed to about collection of propositional knowledge and presenting it, you know about learning facts and figures. I don't think that's what master's education is about. So I think it's about expanding people's thinking both so that they're not always thinking down this tunnel of their own clinical arena and not be able to see outside this box (Academic 2).

Other academic participants tended to share the view that nursing masters' programmes should be about influencing nursing practice, not through adding more clinical skills, but rather through mediating clinical practice with critical thinking. Years of experience in clinical practice was not the recipe for improved nursing practice, one academic asserted; rather, it was though a critical examination of that practice made possible though a master's education.

Most of the academic participants defended the retention of a minor dissertation that required students to undertake an empirical study. They contended that it was in the process of undertaking a piece of research that an appreciation and understanding of the research process became possible. For these academics, emphasis was placed on the learning that occurred in the *process* of doing the dissertation, rather than the usability of the research findings that might ensue from undertaking a minor study:

You have to undertake a piece of research to get a better grasp of what the process of doing research, in terms of research awareness, writing skills and bringing something to completion. Let's face it, the research itself won't be worth much because the scale is so small, but as a learning exercise it's great ... leaving it at the proposal stage is not the same (Academic 7).

When you think of all the things students learn in doing the dissertation. How to select literature, how to refine a question, how to approach ethics committees, how to gather data, pulling it all together, how to become focused and concise - you can't get this from a book. (Academic 6).

Thus, while most academics' tended to view the research dissertation as producing fairly modest results in terms of enabling graduates to be capable of doing research independently, it nonetheless was believed to yield returns in facilitating an understanding of research.

Some academics also referred to the personal sense of achievement for students in completing a minor piece of research that spills over to a confidence that they bring to clinical sites.

... And on the personal side they get a great sense of achievement I think and it develops their sense of self-esteem. I mean when I talk to the master's students on graduation they are so proud of themselves and rightly so. And it's lovely to see them blossom and feel good about themselves. And they say, I mean a lot of them have said that they have been able to take that feeling into work with them. They feel they have a greater stature, it's not a snob thing, but it's a, you know, that they have acquired confidence about themselves having done this thing. It puts them maybe on a more equal footing with other members of the health service team, I don't know (Academic 1).

Academics participants also tended to focus on to a greater extent than their clinical counterparts on the academic credibility of those teaching on masters' programmes, as well as the need for nursing to establish itself within the higher education sector. Indeed, a considerable proportion of the interview with one academic (Academic 1) was concerned with this, particularly in relation to nursing advancing a research agenda.

Nurse managers' perspectives

In spite of the overlaps between academic and clinical participants in drawing on the discourse of the 'knowledgeable doer', nurse managers' narratives had a somewhat different focus. They tended to place a higher emphasis on being able to observe tangible clinical skills or managerial capabilities as an outcome of masters' programmes than did the academic educators. The following quotations from nurse managers elucidate their notion that a master's education should imbue skills of a distinctly practical nature:

Interviewer: Do you think the master's programme is a way of educating leaders of the profession?

I think so because I think that there are people who will come out with a very clear practical experience as well. And I think that would be hugely positive (Nurse manager 3).

Interviewer: What capabilities or skills do you think somebody with a master's degree should graduate with?

Their clinical capabilities. I don't know exactly what their clinical capabilities are ...

But I'd like to see them with more of a clinical focus. The research is important, but a bit too much, but they need a concentrated clinical focus (Nurse manager 4).

Knowing how to accomplish practical tasks through the acquisition of particular skills on a master's programme was highly valued by nurse managers because it produced visible and perceptible possibilities in the clinical areas:

We have one [master's graduate] at the moment ... and she has just been fantastic but it's her ability to do audits, understand them, ... she knows how to...you know all of those skill-sets ... I think the issue of the masters at staff nurse level is that they do tend to, they're a great resource then for practice development if they're doing development because they just understand things like audits...(Nurse manager 2).

...and I was aware from a meeting with a nurse here that she was just completing her masters and one of the things I talked to her about were the skills that she was learning on it. So then she got the opportunity here that she did the retrieval of 10

charts and she did the process mapping ... so we were able to use her skills. So I suppose in one way she fulfilled a need of ours (Nurse manager 1).

The theme of skills development was also evident in the value attributed to graduates' writing skills by nurse managers; they tended to appreciate the practical benefits these skills might bring to the clinical areas, such as the production of high quality documentation beyond that regularly seen in nursing records. This contrasts with the more abstract benefits, such as the development of higher order thinking and logical, inferential reasoning, that are deemed by educationalists to ensue from acquiring academic writing skills (Knight 1997a, b; Astin 1993). In this sense, the accomplishment of good writing skills was interpreted as benefiting the clinical areas in a concrete way, and was therefore esteemed. Graduates with such writing skills were considered to be a valuable resource for writing and critiquing reports:

I just find them [people with a master's degree] a great resource, and they're an invaluable resource to the clinical staff as well. Because they have the skills to write reports, they're able to critique reports, they're able to reply in a report form in terms of any queries that come in, they can do it, whereas someone at a [primary] degree level, they just don't have that level of expertise (Nurse manager 7).

She [master's graduate] knows how to write a report, she knows how to... nurses are not good at that I can tell you (Nurse manager 6).

However, although explicit, tangible clinical and writing skills were seen as being the most valuable aspects of a nurse achieving a master's degree, there was a strong sense from the nurse managers that, from their experience of masters' graduates, the kind of tangible skills that they expected of such graduates were lacking. The dearth of such skills was seen as disappointing, and the focus of the programme as overly theoretical.

I suppose there are skills that I would like them to possess, but they don't always possess them. They come back, certainly, with a much greater level of knowledge in the theoretical compartment and depending on the master's program that they've undertaken they may still have skills deficit in terms of the tools that they may or may not have had exposure to while they were undertaking the program. They don't always have access to models or tools that help to evaluate or to, or for, instance, process mapping ... that skills aspect is lacking, but they know the theory, but its how to put it all into practice, there's a gap there (Nurse manager 1).

Maybe it's because it is an academic course ... I just don't see them, a lot of them, with a clinical capability I would expect of a nurse of that level ... what I would like to see is this clinical ability, but you don't see it (Nurse manager 5).

Of interest is that the clinical director of psychiatric nursing differed from the directors of general nursing insofar as she/he reported that such programmes did emphasise the practical dimension.

Practical skills that extend the remit of the nurse were commended by nurse managers, particularly with reference to the Advanced Nurse Practitioner (ANP) role. Although all participants (both academic and clinical) expressed concern about nurses being used to undertake duties traditionally located within the jurisdiction of medicine, and emphasised the wider remit (such as leadership and research) of ANPs beyond direct clinical care, their accounts suggest that a master's education should prepare such nurses in a pragmatic way to take on these extended roles. Although ANP preparation is confined to a small

proportion of masters' programmes, the role of the ANP was given prominence in the narratives of the nurse managers, as was a range of specialist areas for possible development by ANPs. The emphasis here again is on preparing nurses for explicit tasks and procedures that had a discernible clinical impact:

But I would love to see nurses better at assessing patients, better at monitoring patients, better at picking out problems, anticipating problems on their way to being expert nurses and able to articulate that to others. You know if they are doing full assessments, cause they're the ones who are going to have to be doing full assessments ... because of where we're at right now ... we're expected to move, to expand the nurses' role in to the doctor's area, take on those areas (Nurse manager 4).

A lot of procedures now, would be, they'll [patients] see the consultant then they'll move next door, and albeit that it might be a nurse that performs the procedure, or it could be a consultant or a registrar, so I do see opportunities. I think we have to challenge ourselves and say to nurses, "Is this an area that you have the correct level of knowledge, the theoretical component, but then the confidence to be able to carry out procedures" (Nurse manager 1).

The managers' concern that master's education should yield perceptible, concrete and objectively quantifiable benefits to the clinical sphere is clearly captured in the following quotation:

But I don't think if you really look at it that we've done enough measuring of how patient care has improved by nurses going off and undertaking their masters, and I know they're a small number and that, however we need to be able to quantify that to say yes, this is how patient care has improved in order to make the case, and a business case in the future to say we need more nurses at master's level (Nurse manager 1).

The perception that master's programmes were unduly theoretical and the knowledge gained was not applicable or transferable to practice was further highlighted by a number of clinical managers. In particular one of the nurse managers held that masters' degrees in nursing excessively focused on critically analysing literature in a liberal way to the detriment of developing skills of clinical judgement, which, she deemed, were much more appropriate to the clinical setting:

In relation to the clinical practice ... better observation, better critical analysis of practice. They get their ability to critically analyse the literature, but for new knowledge and for their own development, their own critical abilities. They need to be able to do it in relation to the patients, clients, or whatever and in relation to clinical issues. That is not transferring, because the focus to some extent is on analysing and critically analysing literature. We want them to be able to critically use that knowledge 'cause they have to do it, use that knowledge and bring it on the ground. So that's what I would like ...to have that ability to integrate both... and bring it across and use it (Nurse manager 4).

Another of the nursing directors also asserted that the masters in nursing degree had moved disproportionately into the area of theory, which she deemed to be inappropriate for a practice-based discipline like nursing:

Now OK, this is an academic course they're doing but, if it's a nursing course, they [students] have got to be able to constantly refer back to the profession. And I just think that what you do is bring in spot lecturers who can talk from the ground on what some of the issues are and at least be able to link them in because I think a lot of it can be pretty academic focussed on theories, which is grand in one way, but at the end of the day nursing is a practice profession. As a Director of Nursing you'd expect me to say that. I'm not looking for a load of academics... I want doing thinkers, people who can think about what they're doing. The pendulum has swung a bit too far one way, and it's with the move from the undergraduate into the universities and it needs to swing back a little bit back towards the clinical end 'cause otherwise you will lose...the practice has got to be kept very close (Nurse manager 2).

In relation to undertaking a piece of empirical research for the dissertation, some of the nurse managers placed more emphasis on graduates *utilising* research findings as opposed to masters students conducting research themselves. Where they supported the notion of students actually doing a piece of research, they believed that its outcomes should be applicable to clinical practice. Thus, nurse managers were concerned with the outcomes rather than the process of the dissertation.

Nurse managers also emphasised that masters' programmes should have closer links with clinical sites and that clinical personnel should be involved in the curriculum development of such programmes.

Now in some ways maybe its because of how the master's programme is actually developed, it's very much developed by colleges, we don't have an input into it the way we have with the [bachelor's] degree program ... There's no reason why colleges couldn't sit down with the likes of ourselves and see how can we work together, even if you look at scenario planning, we could support something like that, they come and they actually do (Nurse manager 1).

I'm blue in the face going down to [affiliated university] at some of this stuff ... They're sick of listening to me harking on the clinical aspects of some of this stuff ... I think it's essential that they've got to take feedback from the health services (Nurse manager 2).

Nurse managers were also more likely to place a heavy emphasis on the clinical credibility of faculty teaching on masters' programmes, with less commentary on their academic credibility.

I think that, the other thing that kind of worries me is that, you see some experienced nurses going in to do master's programs and the people who are lecturing them have less clinical experience than the people in the class. And it's just a credibility thing with some of the nurses from the clinical area, ... now granted, maybe they're teaching in some of the core areas like research and stuff like that which I think is quite valid but even at that you've got to be able to link it to clinical practice and I think there could be a credibility thing there (Nurse manager 5).

Thus, nurse managers tended to position themselves most strongly within the discourse of clinical expertise through prioritising the pragmatic utility (Porter 1995), or practical significance, of masters' programmes.

Discussion

Data in this study indicated that in spite of common ground in what stakeholders expected of a master's degree in nursing, the aspirations of such programmes were constructed somewhat differently by educationalists and clinicians. Both groups invoked the discourse of the 'knowledgeable doer' when relating their sense of what a master's degree in nursing should achieve. However, there were differences between academic and clinical participants that suggested that the former placed more emphasis on the 'knowing that' realm, while the latter placed more emphasis on the 'knowing how' element. Thus, while the discourse of the 'knowledgeable doer' mediated the interviews of all participants, it was far from a stable, unified and universally agreed concept, but rather comprised of competing elements with some accentuated over others according to the subject position that the particular stakeholder took up. The academics' construction of nursing masters was conceptually organised primarily with reference to academic scholarship, whereas the narratives of nurse managers indicated a focus on the practical. Thus, how stakeholders defined the desired outcomes of a master's degree was a product of the discursive fields available to each group. Academic participants emphasised the need for masters in nursing graduates to prioritise critical questioning and higher order learning through more nebulous subjects, while simultaneously stressing the need for this knowledge to impact on practice. By contrast, nurse managers were predominantly canvassing for a master's in nursing that would enable graduates to bring about observable, discernible and measurable benefits in clinical sites.

Concepts of 'knowing that' (invoked heavily by academics) and 'knowing how' (deployed by clinicians) closely reflect liberal and vocational notions of higher education respectively. Academic participants were, to a greater extent than their clinical colleagues, of the view that master's level education should develop not only competent, skilful practitioners but also foster broader in-depth learning, critical thinking, self-direction, and the development of a questioning approach to practice. The perspectives of the academic participants were more in line with the influential views of Cardinal John Henry Newman in *The Idea of a University*, first published in 1852 and revisited by many scholars ever since, in which he regarded the university as a place for the development of knowledge, learning and intellectual culture. Academics held that even though subjects taught at master's level were not directly attributable to the world of work (such as, for example, the study of nursing theory, philosophy and ethics) they were, nonetheless, deemed to have a direct impact on professional practice (Williams 1994). In effect, academics defended the principles of a liberal education (learning for its own sake), even when the focus of the programme was to prepare people for a professional role. Much of the substance of the academics' narratives is echoed in Williams' (1994, p 91, 98) account of a liberal education as follows:

... there is no reason why individuals studying for extrinsic reasons should not also derive some pleasure and satisfaction from their study ... learning for its own sake and learning for vocational purposes need not be conceived as mutually exclusive activities ... it is somewhat ironic that what is most enriching and satisfying in educational terms can turn out to be what is most important for vocational purposes.

Nurse managers' perceptions centred on the vocational aspect, proposing that masters graduates should be imbued with well-defined skill-sets for use in the world of work. Their accounts suggest that master's education should not primarily be about deepening knowledge about the nurse-patient relationship and taking this relationship to another level

but rather about moving on to learning new skills that made a more visible impact in clinical settings. They were canvassing for the kind of master's degree that provides graduates with skills to shape the nursing system, be it through nursing audits, staff development, research, or an extended advanced nurse practitioner role, rather than the kind of knowledge that impacts more immediately on the nurse-patient relationship, over and above technical skills. However, nurse managers' emphasis on graduates emerging with tangible, explicit skills are in keeping with the traditional role of the university—that of preparing graduates to work in the professions (Symes 2000; Barnett 1994).

A further way of theorising the perspectives of the two groups of participants (academics and nurse managers) in relation to the utility of knowledge transmitted on masters in nursing programmes, is through the work of Estabrooks (1999, 2001). Although used to distinguish how various kinds of research may be utilised, Estabrooks' (1999, 2001) conceptualisation may be considered in relation to the application of knowledge. Estabrooks (1999, 2001) identifies three possibilities for research utilisation: *instrumental utilisation*, *symbolic utilisation*, and *conceptualisation utilisation*. Instrumental utilisation depicts the application of research findings in a concrete way, such as in the development of clinical guidelines, care standards, appraisal tools, clinical protocols and so forth. This is similar to the kind of knowledge utilisation to which nurse managers tended to aspire.

Symbolic utilisation, Estabrook's second category, is less visible and tangible and involves the use of research to lobby for particular political ends or to legitimise a position, and may be a precursor to instrumental utilisation and ultimately a change in practice. The final category, conceptual utilisation, 'entails no observable action at all but, rather, a change in the way users think about problems, persons, or events' (Sandelowski 2004, p. 1371). Symbolic and conceptual utilisation may most accurately represent the academic perspective, although academic participants also strongly emphasised the need for knowledge acquired on masters' programmes to impact on practice. It may be the case that the notion of conceptual utilisation requires further development; while conceptual utilisation might be perceived to be unobservable, its impact in the realm of clinical decision-making, in the nurse-patient relationship, and in nurses' attitudes to their work and their colleagues may be considerable, yet difficult to articulate. Indeed, the challenge in articulating the relevance of sociology—a highly theoretical field of inquiry—to nursing was the subject of considerable debate in the 1990s (Muholland 1997; Porter 1995; Sharp 1994).

Mitchell (2001), referring to the situation in the third-level sector in Ireland, has criticised the growing concentration on technical skill development to the detriment of educational and intellectual principles of education. Others have commented on the tension between, on the one hand, the development of a skill-base for the world of work and on the other, being educated for the world of work (Marks 1999; Barnett 1994; Williams 1994). Barnett (1994, p. 58) refers to the situation where the teaching of skills dominates educational endeavours as 'technicist thinking'. The concern is that a skill-focused curriculum, even in a professional master's degree in nursing may contain what Barnett (1994, p. 55) refers to as an ideological threat:

A skills focused curriculum...is ideological in attempting to shift the university in a direction that reflects particular societal interests and it is threatening in that its assimilation into higher education will reduce the scope available to the university to fulfil the emancipatory potential in the idea of higher education.

Marks (1999) proposes that education can be purely vocational if the aim is to prepare graduates to work within preordained and circumscribed roles. However, as Barnett (1994) argues, the point is not to diminish or eliminate the teaching of skills for the world of work

but to integrate them into a curriculum that enables the graduate to develop emancipatory capacities to critically use an array of skills depending on the context in which they need to be applied.

Much of the extant literature on the topic presents a polarisation between a vocational and liberal education. In elucidating differences in the views of nursing academics and service providers in the foregoing analysis, we are not suggesting that a dualism is manifest between the two groups. Rather, what we are proposing is a *tendency* for those in each group to foreground some issues over others. In addition, each group is far from homogeneous and internally consistent in its thinking, and as indicated, there was common ground in relation to a number of key areas regarding how masters' degrees might benefit nursing. In this sense, our findings problematise the polarised debates in educational scholarship that depict vocational and liberal education as dichotomous, in favour of constructions of education as far more fluid and dynamic and mediated by a variety of discourses—some dominant, some marginal - to which both work-place staff and educators are exposed to varying degrees.

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