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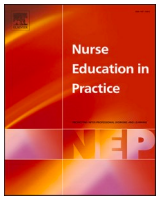

Making a degree of difference: A grounded theory study of masters qualified nurses in Australia

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ABSTRACT

Aim: To understand how a Master of Nursing qualification enables RNs to make a difference in clinical settings in Australia.
Background: Master of Nursing qualified registered nurses (RNs) serve an important function in the nursing workforce. They are highly educated leaders equipped with advanced clinical capabilities to optimise healthcare delivery. Master of Nursing qualified RNs invest significant amounts of time, energy and money to become highly educated, yet they are an under represented population in the nursing workforce with limited literature on the extent of their contributions in clinical settings.
Design: Grounded theory methodology using a constructivist approach.
Method: Data were collected in two phases using theoretical sampling principles, comprising fourteen unstructured individual interviews and two focus groups, which collectively involved thirteen participants. Data were analysed using grounded theory methods.
Findings: The core process to explain the impact of Master of Nursing qualified RNs in clinical settings is *making a difference*. Data analysis also supported three interrelated phases; *making a choice, grappling with reality and spreading their wings.*
Conclusion: There is an urgent need for further research on the experiences of Master of Nursing qualified RNs and their pathway to developing advanced practice. Decisive leadership at the national policy level is required to provide greater standardisation and regulation of Master of Nursing programs and to support the transition of Master of Nursing qualified RNs into advanced clinical practice. These measures will address the need to build a supply of Master of Nursing qualified RNs who are optimised for enhanced patient safety and quality of care.

1. Introduction

Nurses make up most of the global healthcare workforce. In healthcare systems that are being stretched to their limits, it is nurses who are at the forefront of providing increasingly complex healthcare in rapidly evolving, sometimes chaotic clinical environments. In developed nations, an increase in both the obesity epidemic and life expectancy worldwide has led to aging populations requiring increasingly complex care for multimorbidity (Phelps et al., 2024; World Health Organization [WHO], 2020, 2025). In this backdrop the nursing workforce is itself ageing with insufficient numbers forecasted to meet rising demands (International Council of Nurses [ICN], 2020). It is vital nurses are educationally prepared to provide optimally safe, high quality patient care in an environment of resource constraint and increasingly complex patient presentations (WHO, 2020).

Regulation is a strong mechanism to ensure quality and consistency of graduate capabilities in higher education. In Australia, regulation of higher education is managed by the Tertiary Education Quality and Standards Agency (TEQSA, 2023). Graduates of Masters level programs are expected to have high levels of technical and critical thinking skills and expert knowledge in their area of work (Australian Qualifications Framework Council, 2013). Regulation of education programs is supported by professional accreditation processes. In Australia, professional accreditation of nursing programs is managed by the Australian Nursing and Midwifery Accreditation Council (ANMAC), on behalf of the Nursing and Midwifery Board of Australia (NMBA, 2025). Regulation of

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postgraduate programs, including Master of Nursing (MN) programs, is inconsistent, as is professional accreditation, which only applies to programs that lead to initial registration as a nurse such as a graduate entry MN Program or endorsement as a Nurse Practitioner (NP) (Dunn et al., 2024). As a result, there is inconsistency in the capabilities of RNs who graduate from most MN programs.

Many RNs aspire to be better nurses, providing better patient care and working to greater scope of practice as they develop in their careers. In Australia and New Zealand, MN qualified RNs in advanced practice have been shown to work to greater scope of practice, have greater depth and breadth of clinical skills and more role autonomy (Duffield et al., 2021; Gardner et al., 2016; Wilkinson et al., 2018). Advanced practice nurses (APNs) usually complete a Masters program (ICN, 2020) and have elevated capabilities in leadership, research, education, clinical practice and optimising health systems (Duffield et al., 2021). In the nursing workforce in Australia, nine percent are APNs with the capability to work to greater scope in the provision of increasingly complex healthcare delivery (Australian College of Nursing [ACN], 2019).

MN qualified RNs are expected to possess and use advanced capabilities, yet there is a lack of research data or understanding of their impact in clinical settings or in the delivery of patient care. Consequently, there is confusion and uncertainty about how to effectively deploy MN qualified RNs to take advantage of their advanced capabilities and no clear standardised way to deploy them effectively in practice. Importantly, most government investment in the nursing workforce targets the recruitment of generalist nurses and NPs to meet the persistent nursing workforce shortfalls (Australian Government Department of Health and Aged Care, 2024a; Commonwealth of Australia, 2025). In this context, limited consideration is given to these MN qualified RNs to support them in functioning to their full scope of practice, which contributes to lost opportunities to enhance patient outcomes and address healthcare gaps.

This aim of the research described in this paper was to understand how a MN qualification enables MN qualified RNs to make a difference in clinical settings in Australia. Findings are presented in the form of a grounded theory (GT) that explains the process MN qualified RNs move through to enhance the provision of nursing care in clinical practice.

2. Methodology

The study was conducted within the constructivist paradigm, which acknowledges the researchers' active role in the research (Charmaz, 2006, 2014). Grounded theory methods as described by Birks and Mills (2011, 2015, 2023), were employed in the generation and analysis of data and the ultimate production of a storyline to present the findings.

To be included in the study, participants needed to be RNs currently employed in a clinical setting in Australia, who themselves held a MN degree, or worked with RNs who held a MN degree. Participants were recruited for this via invitations sent through the ACN, the Australian Nursing and Midwifery Federation [ANMF] and the researchers' and advisor's professional networks. Consistent with grounded theory methodology, initial recruitment was purposive, with theoretical sampling subsequently used to follow leads in the data as they arose (Birks & Mills, 2023).

This study was conducted over two phases; the first consisted of unstructured individual interviews, with the second comprising of focus groups. Fourteen individual interviews and two focus groups were conducted using Microsoft Teams. The duration of the interviews were scheduled for 60 minutes, with the focus groups ranging between 60 and 90 minutes. All were audio recorded and transcribed using the Microsoft 365® word transcribe tool by the lead author for analysis. Transcripts were checked against the audio for accuracy, de-identified and pseudonyms assigned to participants to protect their anonymity.

Data from the individual interviews was analysed across three recursive phases; initial, intermediate and advanced coding (Birks & Mills, 2023). Initial coding allowed the lead researcher to fracture the data and give each incident in the data a label (Chun Tie et al., 2019). As the initial coding progressed after further interviews, constant comparative analysis was applied. Clues and leads in the data dictated theoretical sampling. Groups of codes were collapsed into tentative categories and subcategories as the data analysis progressed to intermediate coding. With further analysis, a core category was developed to interlink all the categories together. When the core category was developed, theoretical saturation was reached (that is, no new data were found to be useful for further developing the theory). All phases of coding were primarily completed by the lead researcher. Several meetings were held with the other researchers during data generation, where codes, categories and the developing theory was discussed in detail. Following theoretical saturation, advanced coding led to integration of the draft grounded theory. Storyline (Birks & Mills, 2023) was used to present and comprehensively narrate the theory without fictionalising it.

Once the draft storyline was developed, it was presented to two focus groups to check for resonance of the theory, addressing a key quality assurance strategy promoted by Charmaz (2014). Participants were presented with the tentative theory in the form of a storyline and asked focussed questions to ascertain which parts of the theory resonated with their own experiences, and to identify any potential gaps in the theory.

Theoretical sensitivity, extensive memo writing and reflexivity was applied throughout the research process to aid analytical development of the theory and add credibility and rigor in the research process. The analytical processes were aided by the NVivo software program (Version 14), a mind mapping tool and Microsoft Word, which assisted in maintaining an audit trail.

As this paper presents findings from a large doctoral study, artificial intelligence in the form of Microsoft 365 Copilot, was used to distil the extended storyline produced for a thesis into a summary of results suitable for inclusion in this publication. The distilled storyline was reviewed for clarity and content to ensure the storyline was an accurate representation of the findings. Illustrative quotes from participants were then added to reinforce aspects of the storyline. This storyline is presented in the following section.

Ethics approval for this study was granted by the James Cook University Human Research Ethics Committee (HREC), approval number H9189. Prospective participants were given an information sheet before committing to their involvement and were required to provide written consent prior to their participation in the study. At the commencement of each interview and focus group, guidelines for participation were reiterated noting that they could withdraw from the study at any time and measures for maintaining confidentiality and anonymity, reaffirmed.

3. Findings

A total of 25 participants across Australia participated in the study. There were 14 individual interviews and two focus groups of seven and six respectively. Two participants consented to attend both an individual interview and the focus groups. Participants self-identified as females (n = 22) and males (n = 3). Participants included graduates from a diverse range of MN programs (n = 16), non-nursing Masters (n = 5), double Masters (n = 2), MN in progress (n = 2) and no Masters (n = 1). These nurses had varying degrees of professional experience and worked across metropolitan, regional and rural clinical settings in Australia. Additional demographics for participants is presented as Table 1. All participants names were replaced with pseudonyms to protect their anonymity.

4. Category: Making a difference

MAKING A DIFFERENCE is a central, individualised process for MN qualified RNs, reflecting the diverse and evolving impact they can have in clinical settings. This is presented as Fig. 1. The process does not

Table 1
Participant demographics across the interviews and focus groups.

Participant data	% (n)
Gender	
Female	88 (22)
Male	12 (3)
Age	
20–29	12 (3)
30–39	40 (10)
40–49	12 (3)
50–59	20 (5)
60–69	12 (3)
Not available	4 (1)
Region of work	
Rural	16 (4)
Regional	44 (11)
Metropolitan	40 (10)
Initial RN education	
BN	72 (18)
Diploma of applied science	8 (2)
Hospital-based certificate	8 (2)
Double degree	8 (2)
Graduate Entry MN (GEMN)	4 (1)
Masters Degree	
MN	64 (16)
MN and Other	4 (1)
Non-nursing Masters	20 (5)
MN in progress	8 (2)
No Masters	4 (1)
MN specialisations	
Nursing	Health professional education, critical care and education, mental health nursing, perioperative, oncology, coronary care, applied management, clinical nursing, leadership and management, and management of older people
Other non-nursing	Public health, health science education, philosophy, research, health management
Primary role	
Leadership and/or management	32 (8) Standards and innovations, perioperative, aged care, General Practitioner (GP), surgical, Nurse Unit Manager (NUM)
Clinical Nurse Specialist (CNS)	12 (3) High Dependency Unit (HDU), perioperative, renal
Clinical Nurse Educator (CNE)	8 (2) Cancer, Intensive Care Unit (ICU)
Staff development nurse	4 (1) Palliative
Other RN clinical roles	44 (11) Cardiac, mental health, immunisation, emergency, community, aged care, clinical research, rehabilitation, ICU

follow a fixed cycle or timeline and is shaped by personal motivations, time and experience. When deciding to pursue a MN, RNs consider their motivations and available support. After completing the qualification, MN qualified RNs face challenges applying their advanced capabilities in clinical settings. Embracing these challenges fosters both personal and professional growth, enabling them to influence others and enhance patient care at a more advanced level. There are three interconnected phases to making a difference: making a choice, grappling with reality, spreading their wings.

4.1. Phase 1: Making a choice

The decision to pursue a MN is influenced by a combination of personal motivations, professional goals and practical considerations, including the need to balance family or personal life, work, study and finances. The process of making a choice involves evaluating career advancement opportunities, professional development, potential impact on patient care and how RNs can be best supported to pursue a Masters.

4.1.1. Progressing their career

A MN is often seen as essential for entry into specialised, senior, or academic roles, particularly in metropolitan and regional areas. Some RNs view the MN as a "ticket" or a "tick in the box" for career advancement, which is guided by their ambitions and includes seeking to expand their job opportunities. Other RNs indicated healthy scepticism about a MN and choose alternative postgraduate programs that better align with their professional goals and personal circumstances:

> *Some people might think it is a ticket to their next job and it certainly may be for some people depending on the job and the health service. But for me, it has not panned out that way. So maybe I should have done my Masters in Midwifery because I am more a midwifery specialist. But I did my Masters in Nursing because I knew that, you know, there is a lot more work in universities in nursing.* (Linda)

4.1.2. Developing capabilities

Many RNs pursue a MN to develop advanced capabilities including greater expertise, staying current with practice, improving critical thinking and reflective practice and enhancing evidence-based care. Other reasons for pursuing a MN include contributing to higher professional standards in nursing including seeking and engaging in professional development as a commitment to lifelong learning while also enhancing patient care. Having said this, some RNs believe that personal qualities like empathy and leadership cannot be taught in a MN and that lived experiences are more important to developing these capabilities:

> *I think to myself the reason I am doing my Masters is to try and improve my own practice professional development so I can be the best nurse and most knowledgeable nurse. I cannot see what is wrong with trying to improve your skills.* (Alicia)

4.1.3. Supportive frameworks

Support related to family, workplace, university and access to scholarships assists RNs in pursuing a MN as they need to balance study, work, financial and personal responsibilities. Lack of flexible working arrangements and financial support deters some RNs from pursuing a MN. Despite these challenges many RNs choose flexible programs that align with their goals and ultimately find the investment worthwhile:

> *For starters, deciding to study was a big decision….working full time and raising children, there definitely needed to be a structure and support system in place for me to make that decision….there was not really the support I wanted in the place I was working in. So, that kind of led to the decision to do a Masters in Public Health.* (Leila)

4.2. Phase 2: Grappling with reality

Once MN qualified RNs complete their MN, they found themselves grappling with a reality that had not expected. Participants described the difficulties they face when re-entering clinical practice, highlighting a gap between their advanced capabilities and the realities of applying these in clinical settings. They encounter outdated practices, resistance to change and insufficient resources, which challenge their ability to apply their advanced capabilities effectively. This leads them to reflect on how well their MN program prepared them for these challenges and the impact on their professional and personal lives.

4.2.1. Organisational constraints

MN qualified RNs face significant organisational constraints that limit their ability to use their advanced capabilities, often leading to frustration and dissatisfaction. These constraints include inflexible policies, undervaluing of research and chronic staffing issues, which hinder their ability to provide enhanced patient care and pursue professional development. As a result, MN qualified RNs frequently find themselves caught between following organisational rules and using their

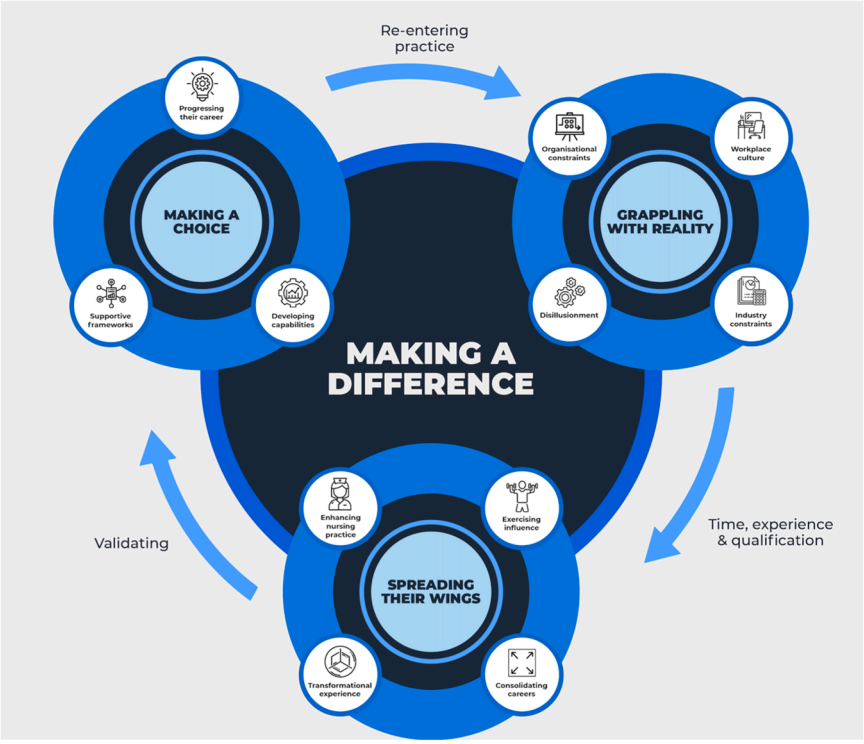

Fig. 1. Process diagram of MN qualified RNs making a difference in clinical settings.

professional judgment, having a impact on their confidence and job satisfaction:

> *I think there has been a lack of appreciation for research being embedded in practice and, you know, everybody may give lip service to evidence-based practice. (Dorothy)*

4.2.2. Workplace culture

Workplace culture has a significant impact on the perception and application of MN education in clinical settings, often leading to negative attitudes and limited understanding of the practical value of the qualification. Leadership dynamics and attitudes further influence workplace culture, with poor communication and resistance to change creating stressful environments and undermining team morale. Additionally, a lack of understanding of MN qualifications and inadequate support for professional development prevent MN qualified RNs from fully using their advanced skills, contributing to a lack of recognition and opportunities in some clinical environments. The exception is NPs who are well-supported, understood and highly valued across various clinical settings for their advanced capabilities to manage complex patients, fill critical healthcare gaps, leading to minimal resistance to their roles:

> *There are those [RNs] who are qualified and capable and those who are not yet qualified or not capable. If a patient started to self-harm, the response is to have to quickly jump on the patient and stop them. Those [RNs with capabilities] with a bit more understanding, know that this is absolutely very harmful for the patient. So, you know, you have to take actions to stop that…* (Keith)

4.2.3. Industry constraints

Industry constraints in healthcare related to a supply and demand mismatch and high staff turnover, limit MN qualified RNs in providing enhanced patient care, advancing their careers and maintaining job satisfaction. The impending retirement of experienced RNs exacerbates the issue, creating gaps in practical expertise and leadership, while inadequate scholarships and support for MN programs hinder the profession's ability to address these challenges. Additionally, a disconnect between universities and industry regarding advanced nursing education leaves MN graduates underprepared for their roles, further complicating their ability to apply their new capabilities in practice and gain and confidence in clinical settings:

> *Look at the average age of the nurse, there is a lot my age that are going to retire shortly. That is going to leave a huge loss of not only nurses, but experience, corporate knowledge and all the other things that go with that. Who is going to take up their roles? Because the young nurses who are coming in now, they have not had opportunities.* (Wendy)

4.2.4. Disillusionment

MN qualified RNs often face disillusionment when their advanced capabilities are not fully used or appreciated, leading to unmet expectations and frustration. This disillusionment can stem from a lack of leadership opportunities, poor workplace practices and the overwhelming demands of their roles, which can result in burnout and job dissatisfaction. What they expect to do and achieve is different to the reality they experience. Consequently, many MN qualified RNs consider leaving their current positions or the profession altogether, exacerbating staffing issues and further straining the healthcare system:

> *It was just too much work. So, when I hit a bit of a peak, that is when I said that is enough guys I am out. And then they convinced me to stay with promises that have not eventuated.* (Keith)

4.3. Phase 3: Spreading their wings

When MN qualified RNs work through the challenges they experience, embrace professional and personal growth opportunities and are supported, they realise that their MN is just the beginning. Through continuous application and experience, over time they transform and gain confidence to navigate complex clinical settings. An accumulation of experiences allows them to lead, advocate for evidence-based care

and mentor colleagues, ultimately enhancing the clinical environment for patients and peers.

4.3.1. Enhancing nursing practice

Enhancing nursing practice involves MN qualified RNs applying their advanced clinical expertise to improve patient care and move beyond traditional practices. Leveraging their depth of knowledge, critical thinking and diagnostic skills they are able to deliver ethical, patient-centred care and challenge outdated methods to improve care. Additionally, MN qualified RNs develop leadership, communication and personal capabilities, enabling them to effectively manage workloads, facilitate difficult conversations and contribute to building cohesive team environments. Many MN qualified RNs recognise that continually strengthening personal capabilities increases their self-confidence and self-awareness to support them stepping out of their comfort zone and seeking new and different growth opportunities:

> *It is about finding the right way to get the best out of your staff and yourself. You know, what are their strengths and what are their weaknesses.* (Katie)

4.3.2. Exercising influence

MN qualified RNs reach a point in their careers where they exercise influence by mentoring, role modelling and facilitating learning for other RNs. They promote professional development through guidance, encouragement and sharing educational opportunities, despite limited organisational structures. By staying current with practice and demonstrating evidence-based behaviours, they inspire others to engage in lifelong learning to improve patient care:

> *I think again that is something the Masters has taught me. Also, with my clinical experiences I have learnt the language you can use to draw the goodness out of staff and approach things that are maybe not so good. Yeah, to mentor people in doing the same thing.* (Katie)

4.3.3. Consolidating careers

MN qualified RNs can advance their careers by making intentional choices, stepping into new roles and applying their capabilities, which serve as foundations for leadership roles. They recognise the importance of flexibility, lifelong learning and networking to align with their professional circumstances. Seeking professional development and building strong connections helps them reassess and pursue career goals, leading to potential promotions and greater decision-making authority.

4.3.4. Transformational experience

The transformational experience for MN qualified RNs involves challenging their beliefs and assumptions about nursing, leading to significant personal and professional growth. This experience unfolds gradually as they apply their capabilities across diverse settings, emphasising the importance of time and varied clinical exposure. Recognition and appreciation from colleagues and patients further reinforces their growth, enhancing their confidence, decision-making skills and motivation to mentor others:

> *Personally, it makes a huge difference, coming from my own experience of getting a Masters qualification. Where I was working clinically in my previous role, the Masters prompted me about research and started to give me ideas of quality initiatives that I could do on the ward… I started to really relate to making education plans with my clinical work and was able to improve things within my workplace. I could not speak highly enough of getting my Masters of Nursing qualification.* (Amber)

5. Discussion

The aim of this study was to understand how a MN qualification enables MN qualified RNs to make a difference in clinical settings in Australia. Capturing the processes they move through when applying their advanced capabilities in practice helps to explain how they make a difference in clinical settings. Existing research supports several the findings from this study and these will be discussed in the context of the major categories that make up the grounded theory.

The first phase of the grounded theory presented in this paper is *making a choice*, where RNs initially decide which postgraduate (PG) pathway is the most suitable to achieve their professional and personal goals. The findings within this category support the broader literature in that indicates the large range of options for RNs seeking advanced education in nursing, which enable them to develop capabilities in several nursing specialities (Dunn et al., 2024; Schwartz, 2019). In line with making a choice, the diversity of options extends beyond non-nursing Masters to include Public Health and Philosophy, where RNs can build capabilities to move into less clinically based careers. While a wide range of capabilities in nursing can have many benefits, RNs are now pursuing alternative non-nursing Masters degrees in market-driven university eco systems. This has implications for the broader political health agenda of building the health system and supporting service providers with a well-educated and adaptive healthcare workforce, including nurses, to address the growth in healthcare complexity and demand (Australia Government Department of Health, 2019).

In Australia, all Masters level nursing education is currently provided by universities. Due to considerably higher tuition fees paid by international students, universities are financially incentivised to compete for and support students from overseas. Increasingly, in the domestic MN program market, students regularly pay full-fee tuition fees that are similar to international student fees (Dunn et al., 2024). This indicates that universities are growing their revenue from tuition fees in both domestic and international markets.

Current tuition fees can serve as a barrier to completing a MN, which shrinks the pool of RNs with advanced capabilities. The push to enrol full-fee paying domestic and international students to generate revenue suggests that only students who can afford the costs will enrol in a MN program. Prospective students who want to undertake a MN program to enhance patient care and develop their careers face difficult choices. They either accept the high tuition costs or do not pursue a MN, which potentially limits their career options or leads them to re-evaluate their goals and pursue careers outside of nursing. Furthermore, in Australia, programs are proliferating, yet vary in design, are poorly communicated and delivered with limited regulation and support with questionable graduate outcomes (Dunn et al., 2024). This coupled with limited scholarships available to support enrolment in MN programs means that not all prospective students have equal ability to access and undertake MN programs. These challenges can all deter RNs from pursuing MN education.

Findings from this study reinforce measures outlined in the current nursing workforce planning agenda; to recruit and retain nurses in the workforce, more support for career progression is required (Australian Government Department of Health and Aged Care, 2024a). This support includes a national career progression framework, more scholarships for postgraduate study, protected hours for upskilling, rostered study leave compatible with full time work, mentorship programs and sustainable workloads. While this commitment is promising, a lengthy implementation period may lead some RNs to consider shifting into non-clinically based roles, further reducing the number of nurses with advanced capabilities working in areas of high demand including aged care, disability, mental health, Aboriginal health and primary healthcare (Australian Government Department of Health and Aged Care, 2024b, 2023; Cox et al., 2023; National Mental Health Commission, 2023). A greater pool of RNs, including those with advanced capabilities in higher demand areas aims to promote high standards of patient safety and quality of care. It is known that RNs with higher levels of education are associated with increased levels of patient safety (Aiken et al., 2017; Cho et al., 2015; Harrison et al., 2019), however recent study by Nguyen et al. (2025) found that in primary healthcare, the number of RNs with

PG education is declining. Findings from this study indicate that RNs require career progression support to ensure that areas of high demand for nursing services are met with an adequately educated workforce.

Findings of this study show that many MN qualified RNs *grapple with the reality* when they transition into practice as MN qualified RNs. They struggle with self-confidence, disillusionment and overcoming various constraints to apply their advanced capabilities in clinical environments. Disillusionment occurred in respect of the workplace, organisation and profession. Limited capacity to work autonomously in organisations that fail to recognise their qualifications leaves MN qualified RNs feeling undervalued and under recognised for their capabilities. It is known that when nurses are dissatisfied, undervalued, or constrained from working to their full scope of practice, they are at higher risk of leaving the nursing workforce (Australian Government Department of Health and Aged Care, 2024a; Lantz & Fagefors, 2025; Wu et al., 2024). This is particularly problematic for RNs with advanced capabilities, who have built their skills and expertise over time to provide enhanced patient care. Inadequate resources, under recognition and limited transition support lead them to consider the leaving the nursing workforce or stepping away from the MN speciality that they have invested so much. Findings from this study shows that similar dynamics are experienced by many MN qualified RNs

Experiences of participants in this study are similar to those of BN qualified RNs' as they transition to practice from student to registered nurse (Duchscher, 2008, 2009; Meleis et al., 2000; Missen et al., 2014). On entry to practice, newly graduated RNs are confronted with reality shock, where their experience of nursing is different to the expectations they acquired through their education. This incongruity can leave them feeling overwhelmed and disillusioned as they struggle with different challenges and constraints when first entering clinical practice. While there is significant research describing this role transition for newly graduated nurses and strategies that can support them through this process (Asber, 2019; Mohamed & Al-Hmaimat, 2024; Missen et al., 2014; Salem Alghamdi & Ghazi Baker, 2020), there is a general lack of understanding about the transition experience of MN qualified nurses and how best to support them to work to a greater scope of practice, commensurate with their qualifications, in clinical environments. One study by Hande and Jackson (2024) explored the processes that NPs who opted to undertake a 12 month fellowship program after obtaining their NPs qualification experience. The study found the transition program supported newly qualified NPs to consolidate their capabilities under mentorship leading to them being able to establish themselves as advanced practitioners who could work to their potential scope of practice. We propose other newly MN qualified RNs could benefit from a similar recognised mentorship program.

Importantly, NP programs have rigorous accreditation processes that ensure a level of standardisation and recognition of the NP responsibilities. Better standardisation of MN curricula, including a work integrated learning component, would allow industry to become aware of the transition process of new MN qualified RNs and thus be better placed to provide targeted support with time and experience to help MN qualified nurses transition to their enhanced scope of practice. Such alignment would help meet the call for expert nurses for expert jobs (Schwartz, 2019).

Leaving newly MN qualified RNs to grapple with realty without support does not align with the profession's desire to retain RNs and ensure they work to full scope of practice (ACN, 2019). The constant recruitment and surplus of new, inexperienced RNs in the nursing workforce who do not have the expert guidance of experienced, highly qualified preceptors, mentors and clinical leads to cover the nursing workforce shortages will risk patient safety. Studies show that higher qualified RNs are pertinent to increasing patient safety (Aiken et al., 2017). More concentrated efforts to clarify the role and value of MN qualitied RNs in clinical settings and support new MN qualified RNs transitioning to practice will help alleviate the disillusionment and challenges they can experience. This will help build their confidence, capability and recognition in clinical settings and respect in the profession, factors that enhance retention.

The final phase of the theory, *spreading their wings,* explains how, with time and experience, MN qualified RNs gain the confidence and expertise to transform their capabilities in practice. They not only make a greater impact to patient care and lead the development of other professionals; they also continue growing and developing in their careers. This finding indicates that MN qualified RNs not only need support with their transition; they also need time and experience to consolidate their learning in practice and successfully work in advanced practice roles to enhance patient care. MN qualified RNs in advanced practice roles are known to have a positive impact on the delivery of effective healthcare by reducing healthcare costs and hospital readmissions, improving patient satisfaction and contributing to their wellbeing with follow-up care and targeted interventions (Fajarini et al., 2025). For RNs with advanced capabilities, organisational support to work autonomously, to be provided with adequate clinical supervision, supportive networks and positive workplace culture are factors that contribute to retention, higher job satisfaction, better role identify, enhanced continuity of care and more effective leadership (Australian Government Department of Health, 2023; Poghosyan et al., 2022; Wood et al., 2021). Creating a more supportive environment could help ensure MN qualified RNs remain in the profession longer not only to bolster the healthcare workforce but to support and mentor future generations of the nursing workforce and enhance the quality of care.

6. Strength and limitations

As is the case with all research, this study had strength and limitations. A strength of this study was that participants were recruited from several states and territories across Australia, which enabled a depth of clarity to the processes described in the theory. The inclusion of RNs without MN degrees ensured the perspective being expressed by MN qualified RNs could be confirmed or challenged, adding rich nuances to the findings. A limitation of this study was the over-representation of participants who held MN qualifications. These participants were incentivised to hold favourable views of the MN, which could have an impact on the findings. In addition, participants were primarily recruited through the ACN and ANMF and a minority through the professional networks of the researchers. The reliance on the professional networks and organisations restricted the pool of participants who may have been aware of the study, however, theoretical sampling ensured access to participants who could contribute to the development of the theory. Finally, most participants in this study (88 %) were female. Only three males (12 %) participated, which is representative of the total number of male nurses in Australia (11.9 %) (NMBA, 2025). However, the perspectives of this demographic would be interesting to explore in future research.

The findings of this study have implications for enhancing nursing education and practice, as well as informing the development of policies and regulation which establish the practice context where MN qualified RNs seek to apply their advanced capabilities. Further research is needed to examine how current educational, professional and cultural challenges to healthcare delivery can be best addressed to capitalise on the contribution that MN qualified nurses make in the Australian healthcare setting.

7. Conclusion

The healthcare system and profession will benefit significantly from graduating, supporting and retaining MN qualified RNs. Greater understanding of the challenges MN experience and the type of support they require as newly qualified MN RNs is needed, in addition to a critical exploration of the potential to regulate and optimally standardise MN programs to meet contemporary healthcare needs. Such standardisation of programs through appropriate funding and

accreditation processes will increase the value of the MN qualification and enhance opportunities for these RNs to deliver quality care. Furthermore, it is recommended that programs be developed that assist RNs to transition back to the workplace and function to their enhanced capacity and scope. When MN qualified RNs are fully recognised and valued for their capabilities, patient safety and quality of care can also be enhanced. Collectively, this work would support the aims of government strategies to develop and bolster the nursing workforce to strengthen the healthcare system.

CRediT authorship contribution statement

Anita Dunn: Writing – review & editing, Writing – original draft, Visualization, Validation, Software, Resources, Project administration, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Helena Harrison:** Writing – review & editing, Writing – original draft, Visualization, Validation, Supervision, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Holly Northam:** Writing – review & editing, Visualization, Supervision, Methodology, Conceptualization. **Ylona Chun Tie:** Writing – review & editing, Visualization, Validation, Supervision, Methodology, Conceptualization. **Melanie Birks:** Writing – review & editing, Writing – original draft, Visualization, Validation, Supervision, Methodology, Investigation, Conceptualization.

Declaration of Generative AI and AI-assisted technologies in the writing process

During the preparation of this work the authors used Microsoft 365 Copilot in order distil the extended storyline produced for a thesis into a summary of results suitable for inclusion in this publication. After using this tool/service, the authors reviewed and edited the content for accuracy and clarity and added the participate quotes. The authors take full responsibility for the content of the published article. The use of AI assisted technologies is as described in the methodology section of the manuscript.

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Conflict of interest

None

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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