Direct Entry Masters of Nursing Program Evaluation: Voices of Alumni

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Article

Abstract

Direct-entry master's degree in nursing programs (DEM) enroll students with a prior degree outside of nursing. These programs provide prelicensure nursing education and graduate level coursework. Students who complete DEM education are eligible for registered nurse licensure and enter practice as advanced generalists. Students who enroll in DEM programs do not follow traditional prelicensure trajectories, which may impact their perception of DEM program effectiveness. Evaluation of alumni perspectives can play an important role in monitoring program effectiveness. This non-experimental evaluation project explored the perspectives of graduates from one DEM program and their postgraduate experiences. We conducted a program evaluation using a qualitative design approach. Participants were invited via a purposive sample of alumni (n = 16) from a Direct Entry Master's with a Clinical Nurse Leader (CNL) track degree program. The majority of interviewees were female, White, and had completed a prior degree in the sciences. Most were bachelors' prepared and slightly more than half began the DEM program within 3 years after graduating. Four themes emerged from the interviews: *Program Flexibility*; *Skills Program Rocked*; *Preceptor Took Us Under Their Wing*; and *CNL Program Ambiguity*. This program evaluation identified strengths and opportunities within a single DEM program. Our findings demonstrated the positive impacts of curricular flexibility, knowledge transfer, and skill development on program alumni. Findings also emphasized the need to recruit strong preceptors with experience in organizations where CNL roles are well-defined.

Key Words: Master's degree in nursing, clinical nurse leader, direct entry masters, program evaluation, graduate students, qualitative research

Direct-entry master's degree (DEM) in nursing programs target students with a prior degree outside of nursing (American Association of Colleges of Nursing [AACN], 2024). The *Essentials: Core Competencies for Professional Nursing Education* (AACN, 2021) guide competency-based DEM programs, which deliver condensed content over 2-3 years. DEM programs provide students with a prior degree a pathway to become registered nurses (RNs) and enter practice with a graduate degree. DEM graduates are prepared to take the NCLEX-RN® exam and must pass this exam in order to complete the master's portion of the program. A variety of specialty roles may be a component of DEM programs, such as Clinical Nurse Leader (CNL) (AACN, 2025b). DEM programs prepare nurses to enhance patient outcomes as active members of the interdisciplinary healthcare team (AACN, 2025a).

DEM programs provide students with a prior degree a pathway to become registered nurses (RNs) and enter practice with a graduate degree.

Background

Applicants are entering DEM programs as a streamlined path towards attaining an RN license and advancing their education at the master's level. They perceive nursing as a meaningful profession that allows them to contribute to society while fast-tracking time to employment (Macdiarmid et al., 2021). Orientation to the CNL role includes written application letters requiring an understanding of the leadership role, and about how they will be able to use those skills in their future career (P. Lucey, personal communication, January 24, 2024). Graduates of DEM programs report increased confidence in providing high-quality care while potentially assuming leadership roles (Kirkpatrick et al., 2016).

DEM graduate employment opportunities include staff positions and education or clinical management roles (Drake et al., 2022; Shatto et al., 2019; Clavo-Hall et al., 2019). Literature evaluating students' perspectives of DEM program effectiveness is dated (AACN, 2007; AACN, 2013; Hicks & Rosenberg, 2016; Reid & Dennison, 2011) and the AACN *Essentials* have evolved (AACN 2021). Therefore, further evaluation of DEM students' perspectives is imperative for monitoring program effectiveness. The purpose of this evaluation project was to explore DEM program alumni perspectives and postgraduate experiences.

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Methods

Nurse educators evaluate programs to monitor curricular effectiveness for achieving outcomes and meeting student needs. Our research team (the authors) represented diverse professional backgrounds, which minimized the impact of individual bias during data collection and analysis. One author is PhD prepared and served as the director of the DEM program evaluated here. Two authors are PhD-prepared RN faculty at the Midwest university where the program is offered. Additionally, five authors were PhD nursing students. Another author is a PhD-prepared RN faculty member at a different university, and one is a PhD-prepared RN clinician at a large medical facility.

Design and Theoretical Framework

This non-experimental evaluation project included collection of demographic data and narrative responses from program alumni. The authors designed a demographic survey and semi-structured interview guide to elicit retrospective quantitative and qualitative data. A semi-structured interview guide was developed based on the literature (Downey et al., 2015; Drake et al., 2022; Johnson & Johnson, 2008; Mark et al., 2019; Moore et al., 2011; and Shatto et al., 2019), DEM program structure, and project team members' expertise (see Supplemental Files link at the end of this section).

The Social Ecological Model, as adapted by Hickey et al. (2012) served as the framework for this program evaluation. The analysis focused specifically on relationships with faculty and peers. Intimate relationships were not within the scope of this evaluation.

Data Collection and Setting

The university IRB determined the project as exempt from review. Our team conducted semi-structured interviews and ensured participant confidentiality during data collection. Qualtrics data were collected, encrypted, and stored in accordance with university data security standards. Participant responses were anonymized and separated from demographic data to prevent re-identification. Team members reminded alumni that participation was voluntary; they could decline responding to any question and end the interview at any time without repercussions. Participants were not compensated.

The DEM program with a CNL track was set within a large Midwestern school of nursing. A purposive sample of DEM alumni were recruited to share their perspectives and experiences within the program. Participants were included if they were DEM program alumni; graduated within 10 years; completed the CNL track, willing to participate, and could be interviewed via a virtual platform.

Recruitment

Alumni from the DEM program with a CNL track from 2013-2023 were recruited via email. Participants received details of the project and a link to the survey with 15 demographic, educational, and career questions. Interviews with participants were scheduled via e-mail or phone. A randomly assigned project team member conducted interviews via a virtual platform. Participant cameras were turned off and names removed for confidentiality during interviews. Audio recordings of interviews and transcripts collected via the platform ensured accuracy of data for analysis. Team members reviewed the transcripts while listening to the audio recordings to ensure accuracy; after this the audio recordings were deleted.

Data Analysis Process

Braun and Clarke's (2006) thematic analysis was used to evaluate the transcripts. Team members read the transcripts several times to familiarize themselves with the data, then worked in small groups to extract preliminary codes. After preliminary codes were drafted, members discussed final codes until reaching consensus. An appropriate sample size was determined by reviewing each interview and noting issues identified until no new codes or themes were identified (Hennink & Kaiser, 2022). In small groups, committee members coded assigned transcripts and explored emerging themes. A matrix created by

the team was used to review the coded transcripts, enable modifications and refine themes to reflect participants' perspectives (see Supplemental Files) Evaluation committee members reviewed emerging themes individually and in groups, and definitions were discussed until reaching consensus.

Supplemental Files

Results

Demographic Information

Demographics collected via a brief survey included gender and race; employment; education; and certification information. Sixteen alumni participated in interviews and provided insight into their program experiences. A majority (88%) of interviewees were female, White (81%), and completed a prior degree in the sciences (56%). Most were bachelors' prepared (69%), and 56% began the DEM program within 3 years after graduating. A majority (81%) were employed full-time, and 62% CNL were certified, though not employed as CNLs. See Tables 1-4 for full demographic information.

Table 1. *Demographics*

Self-reported Gender	**Interviewees**	
	n	**%**
Female	14	87.5
Male	1	6.3
No Response	1	6.3
Transgender	0	0
Total	**16**	**100**
Self-reported Race	**n**	**%**
White	13	81.3
Asian	1	6.3
Black	1	6.3
East Indian	0	0
Hispanic	0	0
No Response	1	6.3
Other	0	0
Total	**16**	**100**

Note: Totals may be greater or less than 100% due to rounding.

Table 2. *Employment*

Status	**n**	**%**
Full-time	13	81.3

Part-time	2	12.5
Other	1	6.3
No Response	0	0
Total	**16**	**100**
Role		
Direct Patient Care	9	56.3
Leader or Manager	1	6.3
CNL	0	0
Educator	1	6.3
Other	5	31.3
No Response	0	0
Total	**16**	**100**
Felt Prepared for Current Role		
Yes	6	37.5
No	9	56.3
No Response	1	6.3
Total	**16**	**100**

Note: Totals may be greater or less than 100% due to rounding.

Table 3. ***Education***

	Interviewees	
Field of Prior Degree	**n**	**%**
Arts	7	43.8
Sciences	9	56.3
No Response	0	0
Total	**16**	**100**
Level of Prior Degree		

Bachelors	11	68.8
Graduate	3	18.8
No Response	2	12.5
Total	**16**	**100**
Time from Prior Degree to Startof CNL Program		
≤ 1 year	6	37.5
2 to 3 years	3	18.8
4 to 5 years	1	6.3
> 5 years	6	37.5
Total	**16**	**100**
Program Completed		
CNL	16	100
Nurse Educator	0	0
Other	0	0
Total	**16**	**100**

Note: Totals may be greater or less than 100% due to rounding.

Table 4. *Certification*

Certification	**n**	**%**
CNL	10	62.5
CNE	0	0
Other	3	18.8
No Response	3	18.8
Total	**16**	**100**
Certification Exam Completed		
During Final Semester	9	56.3
After Graduation	3	18.8

No Response	4	25
Total	**16**	**100**

Notes: Totals may be greater or less than 100% due to rounding.

Interview Responses and Themes

The semi-structured interviews were approximately 30 minutes in length, depending on what each participant chose to share. The following four themes emerged: *Program Flexibility*; *Skills Program Rocked*; *Preceptor Took Us Under Their Wing;* and *CNL Program Ambiguity*. This section discusses each theme with supporting quotations.

Program Flexibility. The flexibility afforded by asynchronous and synchronous classes was a deciding factor for some alumni when selecting a DEM program. Participants highlighted program flexibility in providing a wide range of clinical experiences. According to participants, DEM clinical experiences offered various specialties, including pediatrics.

> *I would say the clinical experiences that I had* [program strength] *I feel like during COVID-19 they were, it was hard to come by clinical experiences, especially in pediatrics, so I was happy to have a full semester of pediatric clinical* (P#1).

Participants described opportunities to shadow experienced clinicians in diverse clinical settings. Shadowing seasoned clinicians provided participants with opportunities to work alongside interdisciplinary healthcare providers. One participant shared:

> *My instructors did a really good job having us get some different* [shadowing] *experiences. So even though we were in like a med surg clinical the instructors would have days where we would go shadow wound care, or we would go shadow physical therapy, or we would go shadow respiratory therapy* (P#13).

Participants appreciated program flexibility to manage the financial burden. Alumni highlighted the program affordability as compared to others in their area. They appreciated that their tuition was frozen (i.e., the cost did not go up during the time of continuous enrollment), which allowed them to budget without being caught off guard by increasing tuition.

Participants appreciated program flexibility to manage the financial burden.

> *So I felt that was the winning thing for me for and tuition with the, what's the word, freezing of tuition or frozen tuition? How do you call it? When there were no increases in tuition during the time, I could budget….I greatly appreciate that it didn't set me back thousands of dollars* (P#16).

Participants valued the DEM program structure, which enabled alumni to be licensed prior to finishing the master's degree. Early licensure enabled alumni to work as RNs while completing their coursework, as stated by the following participant: "*And I liked that the licensure portion was a year and a half short and then you can work through the rest of the program*" (P#11).

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Skills Program Rocked. Alumni applied the clinical and leadership skills they acquired in their DEM program. Several alumni valued knowledge and skills developed in advanced pharmacology, advanced pathophysiology, and advanced physical assessment courses, as evidenced by the comment *"the skills program rocked*!" (P#18). Some participants desired more leadership content focused on interacting with staff and managing difficult personalities, as one participant stated:

> *I would say with the leadership aspect, management staff and we did touch on that. It is just such a huge area that I don't think there's enough time to ever get into the very nitty gritty specifics about it, but, managing staff, working with different personalities, how to motivate staff* (P#6).

Alumni appreciated their skill development during the Clinical Nurse Leader project, as the project was rewarding and valued by the organization. Participants described developing a greater understanding of the CNL role during the experiential learning. However, some alumni expressed that expectations of their final project lacked clarity. One participant

shared: "*I wish that the master's thesis project had been more clearly laid out. There was a lot of confusion for many of us trying to figure out how to perform a survey of our clinical site*" (P#11).

Alumni described the DEM program's strength in relationships established with faculty, staff, and peers. Participants praised instructors for promoting an understanding of teamwork within nursing and cited peer relationships as a key strength for academic success. Alumni collaborated on assignments, studying, and preparing for the NCLEX-RN, which helped them stay on track.

Alumni described the DEM program's strength in relationships established with faculty, staff, and peers.

> *I did develop some closer relationships with people and we were able to study together and also prepare for the NCLEX[RN] together which was nice because it for me personally it would have been difficult to do a lot of the studying alone.* (P #28).

Preceptors Took Us Under Their Wings. Alumni had positive relationships with their preceptors, who were helpful, believed in them, and provided consistent guidance. Preceptors helped participants develop leadership skills and provided exposure to the CNL role. Alumni were encouraged by preceptors to become integrated into their unit and facilitated involvement with their projects. Preceptors fostered the participants' sense of becoming a better leader, as one participant stated:

> *Just having my preceptor like was, she was really good about like getting me to get more involved with our staff and just kind of being there and kind of helping me, and not only getting me involved with my project, but, like also side projects that she was working in, and kind of helping her with stuff. So, I think kind of getting that experience for my Residency was really helpful for me. Kind of come up with you know, like, you know, come up with how to become a better leade*r (P#5).

Some alumni expressed not understanding the process for securing a preceptor and were challenged trying to find CNL-prepared preceptors. Additional challenges included accessing preceptors who were interested in taking them "*under their wing*" as evidenced by this statement:

> *I know people have really tough times to find preceptors. Securing preceptors. Well, I know, like they helped us as far as like, if you have, like a certain person that you're looking into, or certain, like, area that you're interested in, you know, please, please reach out to us and all that. But I'd say more than having a preceptor, that is, you know, willing to take you under their wing* (P#5).

Not all participants had great experiences with preceptors. Alumni experiencing ineffective preceptor situations did not feel empowered to push back, as they needed their clinical hours to complete their degree. One concern was reflected by this participant:

> *… there wasn't really any accountability to the actual like preceptor or the, you know, the person we were like shadowing and that was not helpful because if you had someone like I did who kind of blew me off* (P#20).

Not all participants had great experiences with preceptors.

Participants expressed that reliance on volunteers without compensation inhibits experienced nurses from taking students under their wing. Alumni shared that preceptors should not be expected to precept for free without compensation. Recognition beyond adding 'preceptor' to a CV should be considered, including educational advancement opportunities, as participants worried that preceptors would burn out:

> *If you have good preceptors that want to keep doing it and you don't want to burn them out, but you can't pay them, get them something that can help them in their own professional lives in advance. Otherwise, everybody's just doing it for free and out of the goodness of their heart, and after a while you get burnt out doing it.* (P#18)

CNL Program Ambiguity. Alumni shared educational and professional ambiguity surrounding the CNL role. Participants enrolled in the CNL program despite not understanding the role or professional opportunities. Some participants felt the program description lacked clarity regarding the CNL versus other programs. The CNL role ambiguity was attributed to

misconceptions about what students would learn in the program, though as alumni became engaged in coursework, the CNL role made more sense: "*There's a lot of confusion about what a CNL was but they did a really good job at explaining it, and then all of our clinicals and classes really did reinforce exactly* [what] *we were being trained to do*" (P#13).

Alumni shared educational and professional ambiguity surrounding the CNL role.

Participants believed the program classroom, clinical, and practicum experiences prepared them for CNL roles on nursing units. These alumni articulated the uniqueness of the CNL role and discussed how it aligned with their institution, versus other roles. Alumni also experienced challenges with employers' perception of master's prepared nurses in their staffing models. Similarly, alumni expressed concerns that faculty did not articulate how the CNL role would align with future employment. Leadership employment opportunities were values espoused with a CNL certification, yet alumni indicated that administrators in healthcare institutions did not know how to implement the CNL position, as evident in comments like:

> *I had to market myself so much and sell myself to everybody and anybody that I was applying to for some of these jobs because you're kind of trying to fit a square peg into a round hole in some circumstances…What does academia find is the value of the CNL and in real life scenarios, I know there's value in them, but convincing the hospital administrators that there's value in staffing that position has been very difficult* (P#18).

Discussion

As healthcare systems prioritize recruitment of new RNs at the bedside (Baker, 2022; Simonsen & Fleischer, 2024), little current literature was found regarding DEM programs. DEM programs have the potential to fast track their graduates into professional nursing roles (AACN, 2025a). The DEM did have a Clinical Nurse Leader (CNL) component which provided students with the necessary clinical skills and preparation to provide leadership at the bedside (AACN, 2025b). As part of this evaluation, we interviewed alumni about their experiences in the DEM program and post-graduation. In this section, we discuss the four themes that emerged as they relate to current literature.

DEM programs have the potential to fast track their graduates into professional nursing roles.

Program Flexibility

Flexibility of the DEM program was a primary driver for alumni when they were considering a graduate degree in nursing. Alumni valued online courses that fit their busy schedules. Prior research has reported that students re-entering academia have more time commitments than undergraduates, requiring programs that offer them greater flexibility (Barua & Lockee, 2024; Linton, et al., 2019). The flexibility of online courses may make DEM programs more appealing for prospective students (Barua & Lockee, 2024).

Finances are a pervasive issue when students are considering entering graduate school (Drake & DeGennaro, 2022; Pyne & Grodsky, 2022). According to Cabral (2024), students with financial obligations remaining from undergraduate education may be deterred from assuming additional debt for graduate coursework. Alumni interviewed for this project saw affordability as an incentive for selecting this DEM program. One component of affordability that attracted alumni to this program was attaining an RN license early in the curriculum, enabling them to begin working while completing the master's degree.

Alumni valued online courses that fit their busy schedules.

Skills Program Rocked

Van Orne and Branson (2022) demonstrated CNL-prepared nurses can promote a positive work environment. DEM program alumni valued coursework, including advanced physiology courses which expanded their ability to provide care for patients, similar to the advanced nursing roles described by Boehning and Punsalan (2023). However, participants also reported not feeling adequately prepared to work with colleagues and engage effectively with differing personalities. The deficit in engagement skills alumni described was concerning as one core component of the CNL role is to communicate and develop and strengthen relationships with interdisciplinary colleagues (Bender, 2016).

Preceptors Took Us Under Their Wings

Ensuring a valuable clinical experience is the collective responsibility of the faculty, student, and preceptor (Fulton, 2015). Though there were alumni who reported favorable experiences with their preceptors and felt supported, some participants shared less favorable experiences. Hong and Yoon (2021) found clinical experiences were more effective when preceptors received training. Important categories of preceptor training identified by Chan et al. (2019) included conflict management, teamwork, and teaching strategies.

Alumni valued their preceptors and acknowledged that these clinical experts should be compensated for their time. However, Doherty et al. (2020) found that preceptors in nursing are rarely paid for mentoring students. Instead, other incentives were offered to preceptors, including tuition discounts, free professional continuing education hours, and library

access. These alternative forms of compensation may not be satisfactory; recently Regaira-Martínez et al. (2024) found that nurse preceptors in Spain desired compensation and institutional recognition for their work.

CNL Program Ambiguity

The CNL program was initiated by AACN in 2003 to provide nursing leadership in the clinical arena, expert care coordination, decision-making, and ensure high quality patient care (AACN, 2007; Tornabeni, 2006). According to Jackson and Marchi (2020), most DEM programs prepare students for roles as a CNL or advanced practice registered nurse (APRN). However, programs with APRN specialties are moving away from the DEM and toward the Doctor of Nursing Practice (DNP) degree. All participants in this program evaluation were prepared as CNLs, however, only 9% were employed in that role, suggesting that they had limited opportunities for employment as CNLs. Challenges with employment in the CNL role reported in the literature have included strategies to address this by providing very clear details regarding skills and qualifications during the DEM program (Jackson & Marchi, 2020). Graduates from CNL programs need to proactively demonstrate leadership skills when seeking employment by providing specifics regarding the expertise they have developed during their DEM program experience.

Shatto et al. (2019) reported that CNL graduates experienced challenges in transitioning to practice related to lack of leadership preparedness. One study reported that administrators are hesitant to hire CNLs with limited experience (Hatley et al., 2018) and institutions were not clear about how the CNL role fit within their organization (Shatto et al., 2019; Clavo-Hall et al., 2018; Hatley, 2018). Noles et al. (2019) surveyed nurse leaders in two sites, including 12 CNL-certified nurses. They found only one working in the role of a CNL, with the remainder serving in alternate leadership roles (Noles et al., 2019).

Limitations

Sample size is always important to consider as a limitation, yet this evaluation project was developed using an interview based qualitative design and data saturation was reached. How an evaluation is implemented is potentially a limitation of this project, and to address this, a team of investigators conducted this evaluation project. The size of the research team must be considered as well, as that can lead to challenges with trustworthiness and rigor. To optimize the trustworthiness of the evaluation, the researchers worked in small teams and came together at regular meetings to discuss findings until consensus was reached.

DEM programs align with the needs of the workforce.

Conclusion

This program evaluation identified alumni perceptions of the strengths and opportunities within a DEM program incorporating a CNL track. The insights provided by the alumni who participated may be beneficial to educators who are evaluating their own DEM programs. Alumni valued curricular flexibility, such as online courses, and financial affordability, made possible by predictable tuition and the ability to work while attending school. As adult learners, the participants used the foundation of expertise achieved in their bachelor's degree to further their skills in the healthcare arena. DEM programs align with the needs of the workforce. The alumni experiences reflected in this program evaluation demonstrate that DEM curricula produce graduates prepared to enter the nursing workforce.

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