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DOCTOR OF PHILOSOPHY AND DOCTOR OF NURSING PRACTICE AS COMPLEMENTARY DEGREES

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The introduction of the doctor of nursing practice (DNP) has raised serious concerns about the discipline's continuing ability to build its body of knowledge at an appropriate rate. After noting the various concerns that have been raised that the DNP siphons off prospective doctor of philosophy (PhD) students and compromises the standing of schools of nursing in universities, the distinct but complementary roles of nurses with the two preparations are described. Rather than worry about the DNP distracting from the PhD, the argument is made that these two degrees support one another and together can help to advance the creation and translation of knowledge into the practice of the discipline. Similar discussions about the distinction between practice and research in the field of education are noted. (Index words: DNP degree; Comparison to PhD; Purpose of degrees)

T HE AMERICAN ASSOCIATION of Colleges of Nursing (AACN) has proposed that over a period of time, the doctor of nursing practice (DNP) degree should become the entry-level degree for the advanced practice of nursing. The nursing literature has been filled with commentary regarding the wisdom, or lack thereof, of the degree (e.g., Chase & Pruitt, 2006; Meleis & Dracup, 2005). Since the AACN first published the proposal for the degree, there has been concern about the confusion the new degree will cause in the marketplace as well as charges arising from a misunderstanding of the AACN position. These issues have been well addressed elsewhere (Chase & Pruitt, 2006; Dracup, Cronenwett, Meleis, & Benner, 2005; Gennaro, 2004; Milton, 2005). Of greatest concern to the profession and discipline in the long run, however, is the worry that the degree will somehow detract from the doctor of philosophy (PhD) and slow the development of knowledge in our discipline. In what follows, it is argued that the question is not whether the DNP contributes to the development and use of knowledge, but how it makes that contribution.

Despite several attempts to develop practice doctorates, the history of doctoral education in nursing has tended to focus on PhD education as the type of preparation most needed to advance the knowledge base of the discipline. This emphasis is in keeping with higher education in general where graduate education is most often assumed to refer to PhD education. Indeed, programs that prepare individuals in practice doctorate disciplines such as medicine, pharmacy, dentistry, law are considered "undergraduate" in that the programs in those disciplines offer the first professional degree. Doctors of one of these practice disciplines may become scholars, but that is not the purpose of the program. The DNP degree is similar in that although it does not prepare for entry into the profession, it prepares nurses for advanced practice of the discipline. It is not intended to prepare careers as full-time scholars.

Among the concerns expressed about the DNP is the fear that it will be presumed to be on par or equivalent to the PhD. To compare the DNP and the PhD for parity or equivalences is to make a spurious comparison. The two degrees have entirely different purposes and ends. The PhD degree has as its express purpose the preparation of scholars to articulate and generate knowledge for the discipline. In the words of the Carnegie Foundation's studies of doctoral education, persons with PhDs are to be stewards of the discipline ‘‘...who will creatively...’’
generate new knowledge, critically conserve valuable and useful ideas, and responsibly transform those understandings through writing, teaching, and application” (Golde & Walker, 2006, p. 5). The purpose of the DNP, on the other hand, is to prepare practitioners to take the knowledge created by researchers and theoretical scholars and use it in the delivery of services and advancement of policies that support high-quality health care. This is not to say that the DNP-prepared nurse does not engage in scholarship. Rather, the scholarship focuses on integration, application, and teaching of knowledge. The scholarship of the DNP graduate may add to the store of generalizable knowledge, but in most cases will be more local and practical in nature than that developed by the PhD-prepared nurse. They will be able to exploit the evidence base to strengthen evidence-based practice.

Preparing nurses with both types of knowledge will advance both our discipline and our profession by providing the health care system with different types of knowledge. Some of the knowledge is experiential, some evidence-based, and some theoretical. All three are ultimately for the purpose of guiding practice. The role of science is to articulate and create knowledge for our practice discipline. Theories have both scientific and practice utility. Both PhD and DNP nurses use and must have access to the same scientific and theoretical knowledge. The goal of DNP education is to equip nursing practitioners at the highest level of practice with that knowledge together with the skills and resolution to apply it to the solution of vexing health system problems.

How, then, can DNP students be prepared to achieve such outcomes? During this time of transition, a number of critics have noted that there is considerable variation in curricula and requirements for the DNP degree (Dracup et al., 2005). Although the same observation of variability might be made of PhD programs, the issue has greater salience when students are preparing for highly regulated practice that has serious consequences for the safety and welfare of clients. Traditionally, the quality of PhD education has been ensured by graduate schools and the bodies that accredit graduate schools. In lieu of the quality control of graduate schools, nursing, like all practice disciplines, will use an accreditation process to ensure quality (see, for example, Commission on Collegiate Nursing Education, 2008). One could argue that the accreditation process should have preceded widespread introduction of programs, but it appears that many schools felt the urgency to move ahead with their own conceptualization of the degree. Now that the AACN and many of the specialty organizations (AACN, 2006; Nurse Practitioner Roundtable, 2008) have outlined what they believe to be the essential learning experiences and outcomes of DNP education, the responsibility for maintaining and enhancing quality will be entrusted to the accreditation process and peer evaluations. This will require on-site program evaluators and accreditation decision makers to be diligent in measuring programs against the relevant criteria.

There have also been concerns about the role DNP-prepared nurses will play as nursing faculty in disseminating knowledge to the next generation of nurses (Marecki, 2007). Again the implied assumption is that DNP-prepared faculty will somehow reduce the standing of schools of nursing within their universities and water down the faculty as a whole. Not only does this assumption ignore the fact that schools have for years found it necessary to employ master’s-prepared nurses to supplement their clinical teaching faculty, but it also ignores the fact that many professional schools (law, medicine, veterinary medicine, dentistry, etc.) employ large numbers of professionally prepared faculty. A large number of practitioners in other disciplines have also been able to meet criteria for tenure in their disciplines.

It seems that the real concern is the relative proportion of PhD and DNP faculty. Given their unique preparation and skill sets, schools will need to calibrate the ratio in ways that will allow them to achieve their stated missions. When research and scholarship are key missions for a school, it may be logical to expect to see a higher proportion of PhD-prepared faculty. However, heavily funded researchers can benefit from the assistance of DNP-prepared “clinical” faculty in carrying out the education and service missions of the school. Thus, rather than obsessing about the relative proportion of PhD faculty members, the more cogent issue may be how can the practice expertise of DNP faculty complement and supplement the research and scholarship of the PhD-prepared faculty. Teams of PhD and DNP nurses have the potential to ask penetrating questions and conduct highly useful research. The DNP nurse can bring up-to-the-minute knowledge of practice issues and access to practice sites and potential subjects. PhD-prepared nurses can bring the expertise in theory development and research methods needed to create credible research.

There is also an argument that the DNP will be viewed as an easier degree to obtain and will siphon off students who might otherwise have pursued the PhD. This is a real concern only if schools of nursing fail to insist on comparable rigor in the two programs. The question is one that will only be answered empirically as the number of DNP graduates reaches a critical mass. It could be argued that there were individuals who in the past pursued PhD, doctor of nursing science, and DSNs (Doctor of Science in Nursing) because they were the only doctoral options available in nursing. Too often, for reasons of personal choice or the institutional incentives and arrangements in which they found themselves, these nurses with research preparation did not continue the pursuit of new knowledge. The research preparation of the PhD program was certainly not wasted, but the preparation may not have been targeted at the individual’s actual career goal. DNP preparation will deliberately prepare clinicians who base their practices in quality evidence and fill an important gap in practice such as being the principal providers of primary care.

Regardless of the impact of DNP programs on PhD enrollment, nurse educators at all levels will need to be deliberate about identifying individuals with high potential for a career of research and scholarship and then
mentored them into PhD programs. Strategies such as involving undergraduates in faculty research, emphasizing the usefulness of research findings in practice, and urging students into doctoral studies early in their careers are all important. Schools that offer both PhD and DNP programs will also need to make explicit and manageable pathways for students wishing to combine the two options. Our experience at the University of Minnesota suggests that many recent graduates of undergraduate programs are interested in pursuing both degrees despite the length and cost of the preparation.

Yet another criticism of the degree is that DNP graduates will demand higher salaries than their master’s-prepared colleagues. This could affect the cost of nursing education as higher salaries are necessary to recruit DNP-prepared faculty. It could also add to the already untenable health care costs. The extent to which advanced practice nurses (APN) might affect health care costs is very difficult to determine. APN services are probably captured within the Centers for Medicare and Medicaid Services (CMS) category of Physician and Clinical Services. In 2006, these charges accounted for 21% of the cost of health care (CMS, Table 2), a not insignificant amount. Whatever proportion of that cost is attributable to APN practice is not likely to be large, and small increments are certainly not going to add substantially to the health care cost problem. To base the future preparation and delivery of APN services on the potential incremental increase in overall health care costs is to ignore the larger issue of the overall cost of health care.

Rather than worry about the possible negative impact of the DNP on overall health care costs, we should instead consider how DNP-prepared nurses can contribute to solving health care problems. By emphasizing a systems perspective, the goal of DNP education is to equip nurses with the knowledge and skills to solve illogical system issues one-by-one in their own area of practice and sphere of influence. Many of these solutions will be very local in scope, but others have the potential for raising policy issues at organizational and governmental levels. DNP graduates, armed with evidence-based arguments and policy skills, should be able to make measured inroads until the country decides to make real health care reform.

An example of one DNP student’s contribution is an emergency medication program implemented in one county to address the lack of timely access to care for persons in psychiatric crisis (LaBreche, 2007). The program not only meets the needs of persons in crisis but also precludes the use of expensive emergency rooms and, in some cases, police arrest and incarceration. Another example is a student’s cost–benefit analysis of integrated physician/nurse practitioner practice that showed a significant improvement in clinic financial performance when NPs are given an opportunity to practice at the top of their scope of practice (Watson, 2008).

The nursing profession is not alone in deliberating the preparation of its practitioners. The education discipline is going through much of the same effort. Doctoral studies in education typically begin midcareer, and the field has struggled to define the distinctions between practice and research in education. The doctor of education was often defined by subtraction from the PhD with fewer requirements and less full-time study—sometimes referred to as “PhD lite” (Schulman et al., 2006). Researchers from the Carnegie Foundation’s Initiative on the Doctorate have proposed a practice degree that is remarkably similar to the DNP. The professional practice doctorate “…would be an extremely demanding, rigorous, respectable, high-level academic experience that prepares students for service as leading practitioners in the field of education…” (Schulman et al., 2006). The degree would be postbaccalaureate and employ substantive professional assessments at the end in lieu of a dissertation (Schulman et al., 2006).

Nursing, like education, diverges from the model of preparation of other practice professionals because of the large number of practitioners required to fill the pivotal role that nurses at all levels play in enhancing and restoring the health of the population. Nurses at all levels are crucial to the operation of our health care system. All are dependent on scientific knowledge and professional wisdom to carry out their roles within the health care system. Rather than disenfranchising their master’s-prepared colleagues, DNP nurses should be expected to bring to bear new tools for solving their mutual practice problems.

This essay has emphasized the fact that PhD and DNP preparations represent differences of kind. Whereas the PhD nurse is prepared for a life of research and scholarship into fundamental scientific and theoretical issues, the DNP nurse is prepared for a career in delivering services and translating scientific and theoretical knowledge into the solution of practice problems. If colleges and universities apply the same high standards of quality to both programs, there should be no doubts about the rigor of preparation and future contributions of the graduates of either program.

References


