A matter of degree
Janis P Bellack
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EDITORIAL

A Matter of Degree

ND? DNP? DNPr? DNSc? PhD? The nursing profession seems to be entering a new era characterized by an ever-expanding array of options for "doctoral" level graduate education, without first having solved the issue of a common credential for entry-level licensure and practice. Is this a case of "déjà vu all over again"?

Why are some in the academic nursing community continuing to compound the existing confusion about nursing education by creating new graduate degrees, or new definitions of existing ones? How well does it serve the public and potential students to have such a diverse menu of graduate degrees? What are the various doctoral programs in nursing preparing students to do or be? How does a prospective student decide? Do the marketing materials, admissions officers, and faculty provide "truth in lending" to prospective students about what they will be qualified to do (and not do) after graduation?

My experiences with nurses who hold different doctoral degree credentials, and with faculty who teach in the programs that prepare nurses, indicate that many in the profession, as well as those outside of it, do not clearly understand how these programs differ and what each is designed to do. Further, they have not considered how one degree versus another may limit or enhance their "marketability" or potential for career advancement in certain career tracks. For too many, "a doctorate is a doctorate is a doctorate."

Many doctoral prepared nurses who earned their terminal degree in nursing in the 1970s and 1980s—Doctor of Nursing Science (DNS, DNSc) or Doctor of Science in Nursing (DSN)—have discovered that the unfamiliarity of their degree has in some instances been a barrier to their advancement in the academic hierarchy as well as in certain other arenas. However, nurses who hold the widely-recognized and accepted hallmark PhD degree do not experience such misunderstanding, and have been able to access a wider array of career advancement opportunities, especially in the broader academic arena. At the very least, they do not find themselves having to repeatedly explain their doctoral credential to others.

Clearly, there is near universal understanding and acceptance of the PhD among the public, both in the United States and abroad, as the premier academic credential in any discipline. The good news is that almost all research-oriented doctoral programs in nursing have been able to overcome the idiosyncratic and political barriers in their institutions and now are able to award the PhD (in nursing), instead of the DNS, DNSc, or DSN, as the terminal academic degree in the discipline. The not-so-good news is that academic nursing is perpetuating the confusion among the public, prospective students, and the profession by creating new doctoral degree programs, and new degree titles to go with them.

Internet searches of doctoral programs in nursing reveals that programs such as the University of California-San Francisco, the University of Alabama-Birmingham, and Indiana University-Purdue University-Indianapolis currently are awarding the PhD rather than the "doctor of nursing science" degrees they formerly awarded. In virtually all cases, the original goal for the early doctor of nursing science programs was to award the PhD, but nurse educators and academic leaders often encountered objections from older, more established disciplines in their institutions who questioned whether a clinical discipline such as nursing qualified as a research-oriented discipline that merited the award of the PhD. Research-oriented doctoral nursing programs have largely overcome that barrier.

Doctoral education in nursing has focused on preparing nurse scholars and researchers in the science of the discipline. However, the early Doctor of Nursing (ND) degree programs at schools such as Case Western Reserve University and the University of Colorado Health Sciences Center were clinical rather than research-oriented, and they were designed as entry-level clinical degrees similar to the MD or DDS. Although these programs still exist, they have not achieved the vision of the founder of the ND career path, Dr. Rozella Schlotfeldt, former Dean at Case Western Reserve University, or led to widespread adoption of an ND entry-level model for the profession.

Instead, the profession has adopted baccalaureate to master's to PhD in nursing as the recognized and accepted path to academic career advancement. Nursing science finally has achieved and been granted recognition as a field of scholarly inquiry that merits the award of the PhD. Most schools that once awarded a DNS or DNSc as the research doctorate now award a PhD at program completion, as evidenced by the dwindling number of Doctor of Nursing Science degrees and growing number of PhDs in nursing. This is an accomplishment the profession deserves to be

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proud of and celebrate. Regretfully, though, no sooner did the discipline achieve this dreamed-of milestone than an array of new "doctoral" programs, or redefined and redesigned existing ones (ND, DNS/DNSc), began to appear.

Virtually no other health profession or other discipline that offers doctoral education has created such a confusing array of degree options. Medicine, dentistry, and pharmacy all have clearly identified and professionally sanctioned paths to credentialing in their respective disciplines. Physical therapy is moving toward adopting the Doctor of Physical Therapy as its entry-level credential. Each of these disciplines offer a single clinical doctorate, the meaning of which is clearly defined and understood through a uniform set of national accreditation standards that ensure program quality and outcomes. Prospective students know that regardless of which institution they attend, they will acquire a common set of knowledge, skills, and values for professional practice in the discipline.

For nursing, this is true of education for the master's degree as well as the PhD. However, it does not hold true for the "advanced" professional or clinical doctorate, which is not governed by accreditation standards or a set of professionally adopted criteria. Nursing schools that choose to offer a non-PhD doctorate are free to design their own programs without refererence to such standards or criteria. This is not to say these programs do not have standards. However, there are no criteria or assurances to prospective students, employers, or the public in terms of a clear and reliable set of program outcomes and competencies for non-entry-level, non-PhD doctoral degree programs in nursing.

A small number of entry-level ND programs that reflect the founder's original intent still exist. However, there are also ND programs (e.g., those at Rush University and the University of South Carolina) that prepare graduates for roles as clinical practice leaders, scientists, strategic planners, change managers, and health and social policy leaders. The University of Kentucky offers, and Columbia University is developing, a Doctor of Nursing Practice (DNP, DNPr) program that focuses on development of clinical leadership skills and use of evidence-based practice to improve care delivery, health outcomes, and system management. This program is similar to the ND programs at Rush University and the University of South Carolina, but different degree titles are awarded. Johns Hopkins University offers both a PhD and DNSc, the latter of which is comparable to the ND of Rush University and the University of South Carolina and the DNP/DNPr of the University of Kentucky and Columbia University. The DNSc programs at Columbia University, Yale University, and the Catholic University of America prepare nurse scientists, similar to PhD programs in nursing elsewhere. The University of Texas-El Paso offers three(!) doctoral degree programs—PhD, DNSc, and a new "collaborative" DNS.

How do prospective students, employers, and the public differentiate among these options? What can and should the profession do to ensure that those with a given degree have a common core of knowledge and skills, and are prepared for the roles to which they aspire? Currently, some DNSc programs are akin to the ND and DNP/DNPr, while others are designed to prepare nurse researchers similar to PhD programs. Is the ND degree an entry-level professional degree or an advanced academic degree? Is the DNSc a research or clinical doctorate? Do prospective students understand that a DNP/DNPr and some DNSc programs are not considered equivalent to a PhD, and may inhibit promotion and career advancement in some settings and institutions? Depending on career goals and institutional context, students in these programs may discover—often too late—that the doctoral degree they earned is not the credential they need or will be expected to have, especially in research-oriented universities. For those who pursue research-oriented DNSc programs, are they aware their degree may not be well understood or granted equal status to the PhD in the academy?

Why has the academic nursing community chosen to inflict another case of "degree confusion" on the profession and the public? Why have some found it necessary to create entirely new degree titles (DNP/DNPr), or to redefine existing degrees (ND, DNSc)? Nursing needs a doctoral education model that is readily understood by prospective students and our academic colleagues in other disciplines. The ND may need to be redefined as a clinical leadership doctorate for practicing nurses rather than an entry-level credential, with the master's degree remaining a clinical practice specialty degree that leads to advanced practice certification. The profession also could choose another degree title, such as the DNP, as the clinical doctorate. Regardless, we cannot afford to continue offering what is essentially the same degree under three or four or five different degree titles. We need to choose, and choose carefully, and then embark on a campaign to explain our doctoral education models and degrees to prospective students, colleagues in other disciplines, officials in the academy, and the public.

For now, schools of nursing must look carefully at how they may be contributing to the confusion about doctoral education in nursing, and consider what they can do to lessen it (or at least not add to it). The profession itself, and in particular, the accrediting organizations for nursing education, should take it on themselves to clearly define what doctoral education is, what forms it may take, and what competencies the graduates of each of those forms can be counted on to have. It is an urgent matter of degree.

Janis P. Bellack, PhD, RN, FAAN
Associate Editor

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