

Constructive debate and dialogue in nursing



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“What we have to do . . . is find a way to celebrate our diversity and debate our differences without fracturing our communities”

. . . Hilary Rodham Clinton

It has been many years since a plethora of debate about any substantive issue within the nursing discipline has taken place. The development of a new post-baccalaureate degree option—the Doctor of Nursing Practice (DNP) sponsored by the American Association of Colleges of Nursing¹—has been the impetus for a resurgence of polite discourse in many public forums of nursing, as well as some less polite “parking lot conversations.”

I noted to a colleague recently that these increasingly public “conversations” reminded me of similar earlier debates by theorists (“nursing theory” vs “practice theory”) and nurse researchers (quantitative vs qualitative methods). My colleague disagreed, remarking that there were no competing paradigms in this current debate. I disagree—I think this current debate is, in fact, an exemplar for competing paradigms about the real role of education in nursing, what type of knowledge counts for “power” and “prestige,” and, in this particular argument, how research preparation (eg, the PhD/DNS degree) is still seen as so very different and divorced from everything else in nursing.

I, for one, applaud the debate and dialog—one must admit it does get the creative and intellectual juices going! In the past few months, many position papers, editorials and resolutions have been published about the DNP degree.²⁻⁶ These papers pose questions about the

purpose of this new credential and point out some of the salient issues concerning the processes by which this initiative has developed and evolved. Yet, with the exception of Loretta Ford,² no one seems willing to discuss the real “elephant in the room” and the real crises at hand that the DNP does not address. These are need for the Bachelor of Science (BSN) as the entry level degree and the impending faculty shortage. Instead, the focus has been placed on advanced practice—where no crisis has been documented. This situation is actually pretty ironic given the recent resolution by the Association of Nurse Executives³ who should know, if anyone does, what credentials are crucial in tomorrow’s health care system for the survival of the nursing profession. It appears many stalwart leaders who have fought the entry into practice battle for many years have diverted their energy into areas where few would agree any crisis is, or will be, in 10 years. This seems to me to be the real fracture in our profession, one from within that poses the real threat. In the worlds in which most of us live, there are very real issues related to scarce resources and a clear need to focus all intellectual energies, collaborative efforts, and financial resources where they will make the most impact.

A quick look at the data related to the need for more BSN-prepared nurses and the faculty shortage would make anyone question just where the profession is heading. After reading the available literature on the subject, it appears we have a situation full of ambiguities, misconceptions, and solutions for the wrong problems. Leaders in nursing practice are calling for college-educated (BSN) nurses as a minimum and, yet, some nurse educators are planning other pro-

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grams. And the assumption that the only reason advanced practice nurses have not chosen to go on for the traditional doctoral preparation in nursing is because they aren't interested in research is shortsighted and very simplistic. A corollary assumption (and one which is completely ungrounded in reality) is that nurses in practice are not engaged in research.

I will leave you to read the 2 articles in this issue, written by leaders in our discipline who feel very strongly about this new initiative, as well as refer you to other papers on the topic.¹⁻⁶ Ideally, much more dialog and consensus should have taken place before now. Most of the literature, as this editorial is being written, is asking for more time, more assessment, and more engagement of all leaders in the profession. The development

of new educational programs seems to be a symptom of a larger problem. Any action on the part of one group clearly has implications for all of us. It is very important that the profession not appear, one more time, to be divisive and contentious. Other, more pressing issues must be examined and leaders must come together, dialog, debate, and propose some meaningful strategies to address important issues around entry into practice and the faculty shortage. Each of these is a very real and immediate issue. It is critical that all segments of the profession are given an opportunity to be heard. Nurses throughout the profession are asking for transformative leadership that will solve the problems we are all living with day-to-day. This is the time to call for a summit to discuss just what the priorities are for the discipline.

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