

Doctoral Education in Nursing: Seeking Clarity

Sandra Schmidt Bunkers, RN; PhD; FAAN

Associate Professor of Nursing, Augustana College, Sioux Falls, South Dakota

This column explores the issues of doctoral education in nursing by presenting an overview by Dr. Rosemarie Rizzo Parse, professor and Niehoff Chair, Loyola University Chicago. After the overview are three interviews focusing on the doctor of philosophy, doctor of education, and doctor of nursing science programs in nursing with the following educators: Dr. Marcia Maurer, associate dean for academic affairs, Niehoff School of Nursing, Loyola University Chicago; Dr. Elaine La Monica Rigolosi, professor of nursing education and program coordinator of the Doctor of Education Degree in Nursing at Teachers College–Columbia University, New York, New York; and Dr. Carol Dashiff, professor and chair of graduate studies, the Doctor of Philosophy of Nursing Program at the University of Alabama School of Nursing in Birmingham. These educators reveal the strengths and concerns surrounding doctoral education in nursing today. The question is posed, “What is on the horizon for the future of doctoral education in nursing?”

Nursing education is facing many challenges related to nursing shortage issues, faculty shortage issues, healthcare disparity issues, and as well, a shift to a global perspective in healthcare. However, one of nursing education's preeminent challenges is in addressing the lack of clarity surrounding the doctorate in nursing. I would pose the following questions: Why is the doctor of philosophy (PhD) not good enough for nursing when other disciplines with a practice component find it to be so? For example, psychology, which has theoretical perspectives coupled with a practice component, similar to nursing, accepts the PhD as exemplar academic attainment. Why is it so important for nursing to offer multiple doctoral degrees that seem to muddy the waters and create a disparate perspective on what nursing is? Will there be one doctorate in nursing, the PhD, or will we try to make more out of less by proliferating degrees that are misunderstood by future scholars of our discipline and other disciplines? From the viewpoint of this author, having the PhD as the terminal degree in nursing would solidify the academic standing of nursing and continue the scholarly knowledge development of the discipline. There are doctoral programs in nursing that are now moving from the doctor of nursing science (DNSc) to the PhD, which you will see in one of the following interviews. But what you will also see in the interviews that follow are diverse opinions on what constitutes doctoral education in nursing and what the focus of the discipline should be. Is there a way that such diverse views can converge to further the development of the discipline?

Editor's Note: Submit notions for exploration in relation to teaching-learning in nursing to Sandra Schmidt Bunkers, RN, PhD, FAAN, Associate Professor, Department of Nursing, Augustana College, Sioux Falls, SD 57197; phone: (605) 336-4726; fax: (605) 336-4723; E-mail: bunkers@inst.augie.edu

As I introduce this column, which consists of an overview written by Dr. Rosemarie Parse and three interviews that I conducted with esteemed nurse educators on doctoral education programs in nursing, I find myself reflecting on a model of education used in the Quaker tradition. Palmer (1993), in *To Know as We Are Known*, describes in detail this model of education which emphasizes questioning. The Quaker educational practice is called the *clearness committee*, and such committees were first formed to counsel couples wishing to be married. Today this Quaker practice has extended to anyone who needs assistance in thinking through a situation clearly. The process begins with individuals writing out a question with background information. They then choose a committee of five or six others who will sit with the individuals to talk things over. There is one firm ground rule: Committee members do not offer their own answers or solutions to the situation. They are to only ask questions, which the person answers in the presence of the committee. The answers generate more questions. The process is a rigorous one and it demands that everyone listen. What emerges is that the individual comes to an answer; the questions draw out the answer. “This is ‘education’ in the root sense of the word—drawing out the learners’ truth” (Palmer, 1993, p. 83).

I would suggest that the questions posed in the following interviews have drawn out truths concerning doctoral education in nursing. Within these pages there is a call for clarity, collaboration, and further dialogue over concerns surrounding doctoral education. I would ask the readers of this column to serve as the *clearness committee* to further a dialogue that has begun here. What should be on the horizon for doctoral education in nursing? What will we cocreate as a future truth for nursing?

Keywords: doctoral education, nursing science, nursing theory

Doctoral Education: A Serious Undertaking— An Overview

Rosemarie Rizzo Parse, RN; PhD; FAAN
Professor and Niehoff Chair, Loyola University Chicago

Doctoral education is a serious undertaking requiring a commitment in time and energy like no other educational endeavor. There are now three types of doctoral degrees offered as the terminal degree in nursing, the doctor of philosophy (PhD) in nursing, the doctor of nursing science (DNS or DNSc), and the doctor of education (EdD). The degrees are distinguished by the level of original research required. The PhD degree requires original research grounded in a philosophical perspective, and graduates are prepared to conduct research. The DNS and DNSc focus on practice areas in nursing, require research in a practice area, and prepare graduates for leadership positions in practice settings. The EdD is an education doctorate where nurses study teaching-learning and administrative processes and are prepared to teach and administer nursing in a variety of settings. The choice of a doctoral program is critical in light of future contributions to the advancement of nursing knowledge. Nurses should choose programs that espouse a philosophical perspective that matches their own. Those interested in making such a commitment should examine, for example, the nature of a program, whether it is an all-summer program or a traditional academic year program. They should also critically review the credentials of the faculty of the program, interview the director of the doctoral program, attend a class, and explore the details of the program with students before committing to attend a particular program. It is important for potential students to study with faculty and students who have similar philosophical and scientific interests. Graduate assistantships are usually available for full-time students. These may be funded by the graduate school or faculty research projects and generally provide full tuition benefits plus a monthly stipend for 15 to 20 hours of teaching or research per week. Admission to a doctoral program ordinarily requires a master's degree in nursing from an accredited program. Some doctoral programs will admit students from bachelor's in nursing programs, and these students may earn a master's degree on the journey to the doctorate.

For example, Loyola University Chicago offers a post-master's and postbaccalaureate PhD in nursing program founded on the ideals of excellence and social justice, in keeping with Jesuit standards of higher education. The program has strong moorings in philosophy, ethics, and nursing theory. A value for nursing theory has long been a tradition at Loyola strengthened by former faculty members, Imogene M. King and Myra E. Levine, and current Niehoff Chair holder, Rosemarie Rizzo Parse. These nurse theorists have fortified the foundation of nursing science that undergirds the program. The emphasis in Loyola's PhD program on philosophy, ethics, and nursing theory is unique in the United States. An-

other uniqueness is availability of faculty to guide targeted research on women's health issues, community policies, informatics, psychobiological phenomena, and healthcare administration issues. Disciplinary knowledge development through qualitative and quantitative research is a major focus of the program. Graduates of the PhD program enjoy positions as teachers and administrators in higher education, nurse researchers in various venues, and administrators in healthcare settings. Persons who desire substantive educational opportunities to gain in-depth disciplinary knowledge to contribute to humankind will want to attend a program such as this.

Interview With Marcia Maurer, RN; PhD, **Associate Dean for Academic** **Affairs, Loyola University Chicago**

SSB: Thank you Dr. Maurer for participating in this interview.

MM: You're welcome.

SSB: What do you see as the differences in the PhD in nursing, the EdD in nursing, and the DNSc?

MM: I think that the PhD and the DNSc have become very blurred. When you look at the literature from those types of programs they are both stating that they are preparing scholar researchers and scholar teachers. Typically, the thrust of the scholarship in a DNSc program had been more toward clinical research. Whereas, the PhD has been clinical research for some people, but usually geared more toward research focused on nursing theory and nursing knowledge. However, these delimitations are currently blurred. If you were to look strictly at titles of dissertations, and not at the initials after someone's name, you may not be able to pick out whether the candidate graduated from a PhD or DNSc program. I think the American Association of Colleges of Nursing is struggling with this as well and has indicated in their latest statement on indicators of quality PhD programs that the PhD and DNSc are basically the same. The EdD, however, in most institutions, is typically awarded by the school and not by the graduate program, or the graduate school within the university. It is considered to be more of a technical or practical degree. It prepares persons to be educators, or to be educational administrators. It has a research component in terms of research methods and statistics, but it often does not have the rigor of the dissertation that is seen in the PhD and DNSc programs. In some cases, indeed, it is even a practical project such as trying out some innovation in the classroom or in an administration role, and then writing about it. So, there is not quite the standardization of the outcomes of an EdD program as there are standards for PhD and DNSc programs.

SSB: What is included in your program of study?

MM: It is important to note that with the requirements for admission we look for some scholarly writing from the applicant to our program. We actually look very carefully at

that. I think what is important to say is that in our program there is not any one single criterion that would keep you out of the program. In other words, if you had a great grade point average and great letters of recommendation, and had appeared to have written a scholarly paper, but your graduate record examination [GRE] scores were below our cutoff, that does not mean we would not accept you because of the GRE. We try to look at the entire picture of the applicant and to make a decision on whether the student has the ability to be successful and whether or not the student has a fit with the program, the faculty, and the philosophy of the program. Some people come into the program thinking they are going to get one thing and then they come and ask, "Well what is all this philosophy and theory?" So, we look more at the whole picture and whether or not the student has a fit with us. Now, I am sure other programs do some of this, but I think it is really what is unique about Loyola. The program of study requirements, as outlined on the Marcella Niehoff School of Nursing [2002], Loyola University Chicago Web page, are given in Table 1.

Students will be required to take electives and other courses to subvent the dissertation as dictated by their academic advisor or dissertation chairperson. Students must have a minimum of 64 credits to graduate, which includes advanced standing credit and course credit.

SSB: What type of research is required for the dissertation?

MM: It is a PhD in nursing so we are looking for research that addresses nursing problems and nursing questions. We would like to see the research embedded in some sort of nursing theoretical framework. However, there are some students who choose other theoretical frameworks to ground their studies, and there is not a rejection of that within the school if the student can substantiate why that particular model or theoretical framework more effectively drives the research. If that perspective is more appropriate to answer the research question, we certainly support the student doing that. However, first and foremost, we would like the student to do research related to a nursing problem and by that I do not mean it needs to be a clinical problem. It could be related to a nursing theory, for example, a discrepancy within the theory that a student believes exists. The research question would be grounded within a nursing theoretical framework or nursing model. That would be the kind of research we would be looking for. We certainly do not have a particular thrust toward just quantitative research or qualitative research. We are looking for students in the program to find the type of research that is most suited to how they think and view the world. And then we want them to pursue the questions along those lines, instead of trying to fit into the type of research that predominates in a school. From that perspective, even within the school, we do not have a particular focus; we have a number of foci for research. We see ourselves as multifaceted, with faculty expertise in a number of methods and paradigms for doing research.

SSB: How does your doctoral program emphasize the development of nursing theory and nursing science?

MM: I think our doctoral program has always focused on the roots of knowledge, which we believe is philosophy. The philosophical thrust in the program really undergirds the way the students begin to think and the way they begin to develop their own nursing knowledge. So, what we are looking for is for the student to begin to question prevailing nursing theories. What are the roots of that theory? How did it emerge? Did someone sit at their kitchen table and dream this up, or is it embedded in some solid foundation that comes out of a philosophical perspective that drives the way that theorist views nursing and drives the way the theorist evolved his/her theory of nursing. What we are trying to tell the student is that philosophy is where it begins, and from there we grow our other courses such as the epistemology course, the nursing theory course, and then the capstone is the nursing philosophy course. We hope in the nursing philosophy course that the student pulls all those dimensions of thought together.

SSB: What do you see as the future possibilities and challenges for doctoral education in nursing?

MM: One of the major challenges right now (as acute as the nursing shortage is) is the shortage of nursing faculty. At the same time, what we have noticed nationally is that enrollments in doctoral programs, although they look like they are in a steady state, have indeed declined. If you were to compare the number of students in doctoral programs today versus 10 years ago, we have grown more doctoral programs, but the number of students enrolling in programs is pretty much flat. Thus, the other concern is graduating those students in a timely enough fashion to get them out into the academic arena so they can continue the work of teaching and research. I believe juxtaposed with this is the dilemma and trend for students to come to the doctorate at a later age compared to some other disciplines such as English, history, or biology. Therefore, by the time the doctorate is earned, the number of years to develop a program of research that would undergird teaching and move the profession forward is a shorter period of time. The result is that some of the research that needs to be done is not getting done because the person does not have enough professional life span in which to carry that research forward. Important questions for nursing that emerge from these patterns are, How are we going to attract the younger student? How are we going to get them excited about doctoral education when they are still in their baccalaureate program? How are we going to move these students right along into the doctoral program so that they can develop their research and carry that research program throughout their professional lives? How can we help them grow and sustain their research so as to get the type of funding that is required to move nursing research along? On top of all of these questions, is the fact that our culture is changing. We are now a global society. We know today what is happen-

Table 1
Program of Study at Loyola University Chicago, Niehoff School of Nursing

Year 1	Year 2	Year 3	Year 4
Advanced educational statistics	Methods of teaching nursing	Elective	Dissertation seminar
Theory of knowledge	Philosophy of nursing	Preliminary paper	
Epistemology Of Nursing Science	Qualitative research methods		
Multivariate Statistics	Concept analysis seminar		
Theoretical foundations of nursing	Computer applications in nursing research		
Ethics for advanced nursing practice	Methods and measurement in quantitative research		
Special topics			

ing in Afghanistan when a century ago it would have taken 2 weeks or longer to find out what was happening in Afghanistan. But what this means is that we need to be more cognizant of the healthcare needs of not just our society, but of the international society. I think this fact will have an interesting impact on the development of nursing curricula, particularly at the PhD level. Also, within higher education doctoral programs are being asked to take on a more interdisciplinary approach. Certainly that will affect nursing as well. We may be looking at students from other disciplines that want to take courses in nursing, and we may be looking at students in nursing that want to take courses in other disciplines. This may take the development of a different type of paradigm in education. So these are some of the challenges we are going to be facing in the future. And then, finally, there are always the economic issues. Doctoral education is not nearly supported as much by institutions as it used to be. The only way it will be supported is through research dollars. So that will always be a tug and pull kind of problem for doctoral programs.

SSB: Do you have any final comments?

MM: From attending national meetings, it is my perspective that nursing is getting somewhat schizophrenic or frightened by the nursing shortage at both the practice and academic levels. As a result, many programs are attempting to mount different outcomes for students such as an advanced practice doctorate, a public health nursing doctorate, or an administration doctorate. I think what is going to happen is that it is going to have a very negative impact on what we have always seen as the epitome of any educational endeavor, and that is the doctoral degree, the PhD in particular. I am concerned about what is happening in nursing with this attempt to attract people into advanced education. It bothers me because in some ways it reminds me of what we suffer with at the baccalaureate level, and that is the associate arts degree or the baccalaureate degree, the entry into practice issue. We are almost going to be creating different entries into practice for the doctorally prepared nurse, and I'm not sure that is where we want to go. It might be the wave of the future, it might be exciting, but I think it is so new that right now I am very skeptical about it. We might be diluting our efforts even more. I think, as I said before, the PhD and DNSc have moved

closer together, but I am concerned about these new emerging doctoral degrees that are somewhat like the old nursing doctorate [ND] which we found out did not work very well. So I am afraid we are proliferating more of these kinds of products that will only hurt us.

SSB: Thank you for your time to do this interview.

MM: You're welcome. It was enjoyable.

Interview With Elaine La Monica Rigolosi, RN; EdD; JD, Professor and Program Coordinator, Doctor of Education Degree in Nursing, Teachers College, Columbia University, New York

SSB: Thank you Dr. Rigolosi for this interview.

ER: You're welcome. Thank you for the opportunity.

SSB: What do you see as the differences in your EdD and the PhD in nursing and the DNSc degree?

ER: The difference is simply the degree offered by the university. There are really no differences in the research requirements of our program at Teachers College, which is an EdD program, and PhD programs in nursing. There is sometimes a feeling among people, not connected with our program, that a PhD program is more research based than is an EdD program. However, this is not true at Teachers College. We require a strong research program and the process for completing a dissertation is very scrutinizing for our students. Not only do we require a strong quantitative foundation for every student, but also we require additional courses in other methods if the students desire to use qualitative research, or another research method of choice. Basically, students obtain an EdD that is heavily research based not only in the course work, but also in the dissertation. Now, it is true that there are some students from other programs who have a PhD and are particularly research minded; it is equally true that some students with an EdD are particularly research minded in practice. So, it's really not a difference among programs, but rather a difference among the students and what they choose to do with their degree. As far as the DNSc goes, from what I understand about these programs, they are more clinically based in their research. That is a key difference. We do not require clinical research. We require research on what a student wants to study in the broad spectrum of nursing.

SSB: I have received your mailing [Rigolosi, 2001] describing what is required for your program of study [see Table 2]. So, with that information, I would ask, What type of research is required for the dissertation?

ER: In order to be a candidate to do a dissertation, students have to pass a certification test. It is a daylong test in both the general area of nursing practice and in the specialized area of nursing administration. Then, once students pass the certification and meet college requirements, they become doctoral candidates and students have to start taking dissertation courses. They have already been prepared with statistics and the required and core research courses [see Table 2]. If students are doing a research study that requires the use of another research method, they must take courses in that method to prepare for the dissertation. So students come into the dissertation with a strong background. Then, they start taking dissertation advisement courses where faculty actually work with them to develop a proposal. The actual dissertation advisement is at least two semesters long, maybe three, depending on whether the students pass their proposal hearing, which is called the departmental examination. Then students must complete a dissertation and pass the oral defense. It is quite a scholarly process.

SSB: How does your doctoral program emphasize the development of nursing theory and nursing science?

ER: Our doctoral program is a program for nurse executives. But as you well know, and, this may get to some of the other questions, nurse executives have to be interdisciplinary since they are working with people from a variety of professions. Of course, we require in our elective cohort course requirements, theory and theory development courses, interdisciplinary theory, nursing science, and crisis intervention. These are theory development programs. However, we do not encourage our students to focus only on nursing theory in their dissertations. We hope that they incorporate an interdisciplinary theoretical framework and interdisciplinary healthcare model for what they are doing because, in healthcare, all work together. Nursing theory is applied from many other theories, so we really encourage our students to get a firm foundation on where theories come from and where they may be going. And, of course, they need to use not only nursing, but other applied theories in terms of everything that they do.

SSB: What do you see as the future possibilities and challenges for doctoral education in nursing?

ER: I think the most important aspect of how we educate people, especially at the master's and doctoral levels, is that they have to be interdisciplinary. Graduates of our program have to be able to sit with every other board member and know what is going on, know how to speak in other people's professional languages, and know all of the data and all of the kinds of management and informational sheets and systems that come to them at the board level.

Table 2
Academic Study Program, Doctor of Education Degree

Elective core courses (major)	Theory of nursing Interdisciplinary theory Nursing science Informatics—beginning and advanced Crisis intervention Health problems and issues
Required specialization courses (major and broad and basic)	Personnel management Fiscal management Nursing administration Legal issues in healthcare Leadership and management Marketing Healthcare policy and analysis Managerial ethics Innovations in management Accounting and finance
Required core courses (research)	Methods of empirical research Methods of nursing research Understanding behavioral research Nursing research development Probability and statistical inference Statistics (two-course sequence to support selected area of research)
Dissertation research courses	Advanced seminar on dissertation design development Dissertation seminar in nursing Directed dissertation research Dissertation advisement in nursing

They have to be equal players if not dominant players in the healthcare arena. What that means is that we have to educate people in an interdisciplinary arena. That means we should allow people to come into nursing with a registered nurse license, but also with a variety of backgrounds so they can not only learn from one another, but also teach one another. I think that is one of the biggest challenges. To break out of what we see as nursing and our need to protect nursing as a sole entity. We are an entity and nobody can infringe on that. What we need to do now is step out and have other people come to respect the entity that we hold secure right now. People need us in healthcare today just as much as they need physicians and social workers, for example. I think this is a developmental change in nursing. We do not need to build salaries anymore. Of course, we need to pay constant attention to workplace issues. But, we are not in a deficit stance. We do not need to say that we are as important as physicians or anyone. We are as important. We have a different way of going about our independent and interdependent responsibilities. We also have a similar way. But, we need to see ourselves as equal players and prepare ourselves to be equal players. That means interdisciplinary education so that nurses can be an integral part of the healthcare team, beginning at the formal educational level.

SSB: Do you have any final comments?

ER: I am a firm believer in education. I think education is a preparing step. And, the higher people go in education, the higher they are going to climb on the ladder of their goals. But, education without experience is not quite the fullness that is going to be required. We need people who come into the educational process with experience and go out of it with a stronger foundation for everything they believe they should do. It can be a dance between education and practice. Education has to be extremely important, but I must underscore the fact that it has to be interdisciplinary, and it has to be business minded in today's healthcare environment.

SSB: So these are what you see as the opportunities and the challenges.

ER: Yes.

SSB: Dr. Rigolosi, thank you very much for the interview.

ER: Thank you. It was a pleasure.

**Interview With Carol Dashiff, RN; PhD,
Professor and Chair of Graduate Studies, School of
Nursing, University of Alabama at Birmingham**

SSB: Thank you Dr. Dashiff for this interview.

CD: You're welcome. I look forward to it.

SSB: What do you see as the differences in the PhD in nursing, the EdD in nursing, and the DNSc?

CD: I can start with the DNSc because we had that program and decided to make a change. We have currently the PhD, so I will discuss that next, and then I can do the projections about what I think concerning the EdD. We had a doctor of science in nursing, which is equivalent to the DNSc. But, for us the difference was in the area of the role focus. In the DSN program there was a very strong role focus in one of four areas that the students chose. There was nurse educator, policy analyst, nursing service administrator, or educational administrator. Then, the last area we developed was the practitioner. The most heavily subscribed of these roles was the nurse educator, followed by the administrator. There was a complement of course work that was oriented toward performance in these roles. This was obviously a strength, but it diluted the research focus. While there was significant research focus in the program, the role focus was at least equal to the research focus. So, what I see as one of the primary differences in the PhD in nursing that we have now is that we have a very strong emphasis on research. In the PhD program we emphasize the development of a substantive base of knowledge in a particular area of research. In fact, students take a number of credits to actually strengthen their knowledge base in the area where they are going to do research and where they are going to be developing a program of research. In our DSN program our goal was not that our graduates would leave here thinking in terms of a program of research, and we accommodated to any interest that they had. In the PhD program we look very closely to see if the students' interest match our faculties' strength in research,

and when we accommodate a student in the program the understanding is that the student will be building a program of research that is complementary to the faculty member that is his/her mentor or advisor. So, the goal is to develop a stronger knowledge base in nursing science in the PhD program. In contrast, I think an EdD is a degree that prepares a person very strongly in teaching and education, but not necessarily bringing the nursing component to it. I am making this point because I think a variety of schools of nursing are looking at how we need to strengthen doctorally prepared individuals in the teaching role and trying to do it within the nursing curriculum as opposed to sending students outside for a degree in another discipline where nursing may not be as well understood. We have developed such an opportunity for our own PhD students through a series of courses that can be incorporated into their programs of study.

SSB: What is included in your program of study?

CD: What we try to emphasize to prospective applicants of the program is that we have 21 credits that are in philosophy, theory, research methods, and statistics. Of course the heaviest number of credits in that grouping is in methods and statistics. Then we have another 21 credits that the student takes in a focal area. Some of those courses are prescribed for all students in that particular focal area, but there is also the opportunity to select others based on what the student's research focus and interest is. Currently we have 11 credits of research practica in which the student is working with a mentor. Our goal is that the student will be publishing and presenting with that faculty member on the faculty member's research. So, the students are getting a solid base of experience before they actually embark on doing their own dissertation. Three credits are also allocated for an elective and another 18 [minimum] credits are required for the dissertation. Our program of study requirements, as outlined in the University of Alabama [UAB] School of Nursing's program advisement guide [2002], are listed in Table 3.

SSB: What type of research is required for the dissertation?

CD: Our graduate school stipulates that it must be original research. That, however, does not mean that the student cannot be working on a study that is the mentor's funded research and develop a component of that that is his/her original own idea. We try to have a blend of the student capitalizing on the knowledge base that already exists while at the same time developing something that is original and their own. All of our PhD students are engaged in research that I would label as clinical research or applied research. I cannot think of a student that is doing something that is pure basic science. However, we do have faculty that are doing research that includes aspects that are very bench oriented, that is, laboratory assays to assess psychoimmune function. For example Dr. Kang's research is in the area of psychoneuroimmunology, and her students will develop some skills in bench science activities in addi-

Table 3
Doctor of Philosophy of Nursing Program at the University of Alabama, Birmingham

Required courses: All PhD students (21 credits)	Designs for nursing studies I Designs for nursing studies II Methods and measurement in nursing research Theory building in nursing Linear models for clinical nursing research Multivariate statistical methods for clinical nursing research Research practicum
Required courses: Students with focal area of health status and functioning of families (21 credits)	Family health and caregiving across the lifespan Theory development in family health and caregiving Families research methods Families and caregiving proseminar
Required courses: Students with focal area of health status and functioning of individuals and communities (21 credits)	Conceptual foundations of health status and function Health and functional status interventions Health status and function of individuals and communities proseminar
Dissertation (minimum 18 credits)	

tion to the clinical research activities of an intervention study. All of our students are doing either quantitative descriptive or experimental work. We will permit qualitative studies if the students have strong grounding in research course work and appropriate faculty to work with them. We do not demand that all students do intervention studies, but a good number of our students do that. I think that is partly because we have several faculty who are involved with funded intervention studies. The focus of the student's research must match our faculty's strength. At University of Alabama, students, who during their doctoral education have some record of publication and have participated in research other than their original dissertation research, also have the opportunity to prepare articles for publication in lieu of the usual more traditional dissertation document.

SSB: How does your doctoral program emphasize the development of nursing theory and nursing science?

CD: We have a course that is focused on theory development in nursing. This course focuses specifically on concept development and theory development. We do not expose students in the program to the whole range of nursing theories. However, a student would get some working familiarity with a nursing theory from a research perspective in that course. In addition to that, in other course work we have a strong emphasis on theory-based intervention and theory testing. I think you would see that threaded through our research methods courses and you would also see it incorporated into some of the required course work in the focal areas. For example, for the *individuals and communities* area we have a course on designing interventions which focuses very much on theory-driven intervention. In the *family* area we have courses on family research methods and family theory, both of which draw upon theory-based interventions and theory testing in research.

SSB: You have recently moved from a DSN to a PhD in nursing program. Could you tell me the reasons for this change?

CD: We are in a *Research I* institution where research is a primary component of the university's mission. We have a great deal of strength in this university in procuring federal funds for research. Because we are the premier institution in this state in that area, and the only doctorate in nursing in the state of Alabama, we felt the transition to the PhD was the most appropriate degree for us. We have good resources in the medical center and in the other departments of the university for complementing our faculty depth and we had built over time a solid base of faculty with extramural funding. We were poised to get extramural funding, so we felt we had the strength to support a PhD with strong research emphasis. We are grappling, as are other people, with how to prepare people for the educator component of the academic role.

SSB: What do you see as the future possibilities and challenges for doctoral education in nursing?

CD: I think the number one challenge will be to recruit and prepare a cadre of nurses to meet the need for nurse academicians in the future. We are all faced with the anticipated shortage of nursing faculty members in the future. I think it will be increasingly difficult for all of us to bring on board the kinds of people we would like to have teaching the future generation of nurses. I think right now there is a need for us to mobilize to get a number of doctorally prepared people who have a commitment to research and a commitment to teaching in an academic setting so we will have a workforce to meet future needs. We are trying to address this need at UAB through our bachelor of science in nursing to PhD option. In this option 15 postbaccalaureate credits are taken to transition into PhD course work, bypassing the master's in nursing. I think another issue that fits with this is the issue of communicating to the public, that would be consumers, policy makers, legislators, and prospective nursing students, what the doctorate means. I think our profession needs to be more unified about how we conceptualize the doctoral degree and how we label it so people can understand it better than they understand it

now. I think the environment is very, very competitive, and each nursing program gets rather insular in trying to be creative in meeting the needs. I think it confuses the public and it confuses our constituency of individuals that might be thinking about going into nursing in the future. So, I think a big challenge for us is some unification on what we all believe about doctoral degrees in nursing. And, then, the next challenge is some cooperation among a variety of schools so that we each have our own niche, but we get skilled at referring individuals to other schools when other schools can better meet their needs and we share resources whenever that can strengthen our programs.

SSB: Do you have any final comments?

CD: I don't think so. I've said what I needed to say.

SSB: Thank you very much.

CD: You're welcome. I think this was a very creative idea and I hope this column will stimulate some dialogue and dis-

cussion through the journal. It will be interesting to see the different perspectives all laid out.

References

- Marcella Niehoff School of Nursing. (2002). *Marcella Niehoff School of Nursing, traditional PhD*. Retrieved February 26, 2002, from Loyola University Chicago, Marcella Niehoff School of Nursing Web site: <http://www.luc.edu/schools/nursing/majorsprograms/PhD.html>
- Palmer, P. (1993). *To know as we are known*. New York: HarperCollins.
- Rigolosi, E. (2001). *Program for nurse executives advisement guide, doctor of education degree*. New York: Columbia University, Teachers College.
- University of Alabama. (2002). *University of Alabama School of Nursing, the University of Alabama at Birmingham in collaboration with the graduate school presents the PhD in nursing*. Birmingham: University of Alabama at Birmingham.