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The Clinical Doctorate— Asset or Albatross?



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In recent years, there has been increasing dialogue about the development and expansion of doctoral degrees options for advanced practice nurses. However, a consensus has not yet been reached on these issues. Those who are interested in pursuing additional education have expressed a desire that there be a doctoral degree with a clinical rather than research focus since the majority of nurse practitioners, including those in pediatrics, work in clinical settings. A recent article by Fitzpatrick (2003) suggested that the clinical doctorate would be an important degree for faculty whose interests lie in teaching clinical skills and professional development but not in participating in research. Certainly, there are benefits to this type of degree, but there are also potential pitfalls for the profession at large. While the majority of those who are in favor of this degree say that it will not become the standard for entry into the profession, it is conceivable that this may eventually become a requirement at some point in time. Two groups have been investigating this issue. The American Association of Colleges of Nursing (AACN) currently has a task force addressing this issue. On November 22, 2002, the National Organization of Nurse Practitioner Faculties (NONPF) sponsored a Teleweb Conference on the clinical doctorate (DNP—Doctor of Nursing Practice). At the time of their annual conference in April of 2003, NONPF had

not taken a stand on this issue. Both of these groups continue to gather information and input on this topic. Therefore it is imperative that PNPs strive to understand this issue and communicate their thoughts on this topic to those in leadership positions in both educational and professional organizations. It is the purpose of this article to discuss both the benefits and potential problems. This article will present a review of the doctoral programs available to nurses, discuss the clinical doctorate, highlight the proposed advantages and potential problems and stimulate dialogue on this topic.

BACKGROUND

The PhD has long been recognized as the research degree and is the doctorate held by the majority of nursing faculty. The DNSc had its beginnings in 1960 at Boston University and was clinically focused but required a dissertation, which had to generate new clinical knowledge. The purpose of the DNSc was to attest to the highest level of

preparation for specialization in nursing practice (Schlotfeldt, 1978). The DNSc has been equivocated with the PhD by the majority of those in nursing, although there has been discussion about differences. The list of doctoral degree titles has increased since the initiation of the DNSc, and a recent review of the American Association of Colleges of Nursing (AACN) website listing of 83 doctoral programs throughout the US revealed the following 7 degree titles: PhD, ND, EdD, DNS, DSN, DNSc, and DNP. The PhD comprises 83% of the doctoral degrees conferred. This number of degree titles proves confusing to those within the nursing profession, but can be overwhelming to those outside of our profession including the consumer, other health care providers, and legislators. So many different degree titles now exist that a call for a moratorium on new degree names has been proposed (Minnick and Halstead, 2002). The question exists whether this call to avoid the creation of further degree titles will in fact be heeded.

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What is the clinical doctorate (DNP) and how does it differ from other nursing doctorates? This new degree has been in discussion for a few years, having been proposed originally by Mary Mundinger, PhD, RN, FAAN, Dean of the School of Nursing at Columbia University, and Principal Investigator for the first randomized clinical trial of the effectiveness and acceptability of primary care services provided by nurse practitioners compared to physicians. The *Journal of the American Medical Association* (JAMA) published the results of this study in January 2000 (Mundinger, 2000). Dr. Mundinger's proposal for the DNP was in response to data showing that there is an increased desire among nurses for a doctorate with a strong clinical focus not found in the Doctor of Philosophy programs (PhD) or the Doctor of Nursing Science (DNS or DNSc) programs currently available to students.

POTENTIAL BENEFITS

According to proposals, the program of study for the DNP degree would center on knowledge and skill building in the areas of scholarly practice, practice improvement, innovation and testing of care delivery models, evaluation of health outcomes, health policy/change agent, leadership in establishing clinical guidelines, and clinical expertise for advanced nursing education. The proposed benefits expected from this new degree option include providing nurse practitioners with a higher level of knowledge that could advance clinical nursing practice, enhance leadership skills, provide greater career flexibility, and confer a higher credential and parity with other health professionals with whom APNs collaborate in providing health care (Gottesman, 2003).

What is the benefit of this degree for PNPs? The following purported benefits have been suggested. Enhanced preparation would help in the management of increasingly complex patients throughout a variety of settings including hospitals, rehabilitation facilities, and primary care settings. There is an expected decline in the number of physicians in primary care settings and, as access to primary care services from physicians decreases, some believe that the clinical doctorate would offer an increased level of assurance of receiving high-quality care to those pa-

tients receiving care from NPs. The clinical doctorate builds upon the strengths of nursing in the areas of prevention and adaptation. Additionally, there are those who suggest that the clinical doctorate would offer NPs degree parity with other health professionals with whom they collaborate in providing services to the patient. Presently, pharmacy and audiology programs have instituted the require-

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ment of a professional doctorate and the OT/PT profession is discussing this requirement. The rationale for requiring this degree is that it will assure the graduates of these doctoral degree programs direct access by patients and that a physician referral will not be required. Currently, this is the case with optometrists and chiropractors. It is hoped that the clinical doctorate will help to assure independent practice by NPs but this is certainly debatable in light of the recent AAP position statement on nonphysician providers. Perhaps this enhanced education will pro-

vide NPs with the autonomy that the profession has sought. The enhancement of critical skills in leadership, health policy, and research utilization would prove helpful in advancing nursing's agenda at the local, state, and national level. For those who are in search of advanced educational preparation, the clinical doctorate is enticing.

POTENTIAL PROBLEMS

If these are the suggested benefits, what then are the potential problems? The greatest problems for the PNP will most likely result if the clinical doctorate becomes endorsed as the entry level into the NP profession. At the present time, 88% of NAPNAP members have a master's degree and only 4.5% have a doctoral degree. The remainder of these members have a vast amount of clinical experience but became a PNP through a certificate program. The disenfranchisement of those with certificates and master's degrees is a serious concern. Many PNPs would have to return to educational programs to earn the clinical doctorate degree in order to stay in practice. The requirement of additional time of study and cost of the programs, which, in many cases, would require securing educational loans with the burden of repayment, would be difficult for many. The attainment of this degree will most likely not result in salary increase in the majority of cases. Anecdotal reports from those in professions such as audiology, which have instituted the requirement of this degree, have expressed frustration at having to return to school and not receiving additional financial or personal compensation. While it is likely that many PNPs would be "grandfathered in" as long as they remain in the state in which they are currently licensed, others will be faced with the prospect of being unable to practice as a PNP if they move to another state, a frequent occurrence in our mobile society. Additional issues may be title confusion for our own profession, other professionals, consumers, and legislators. Boards of Nursing will need to create new licensure requirements for another type of advanced practice nurse. Legislative issues would be complicated as new sets of standards of practice would need to be developed in every state should the requirement become instituted.

Because this is an important topic that may eventually affect the practice of all PNP's, now is the time to consider your views and to voice your opinion. Certainly, education is extremely important and the clinical doctorate may be of great benefit to those who desire to teach and practice. However, a major concern lies in the confusion that may exist within the profession when yet another degree is added to the growing list of titles. This proliferation of titles has only contributed to the fragmentation of the profession. Since the profession has been unsuccessful at getting

regulatory agencies to arrive at a uniform standard of educational preparation for entry into basic nursing, there are concerns that this will be yet another area where we have "muddied the waters" of our professional practice. Discuss the clinical doctorate with your colleagues, talk about the advantages and possible pitfalls, and voice your comments and concerns to those in positions of leadership within your professional organizations. Now is the time to let your voice be heard on this issue as it may affect you, personally, as well as the future of your profession.

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