Is There a Doctorate in the House?
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Masthead Date July 14, 2003

Connection Failure

(Left) Virginia Capasso, RN, PhD, codirector, Wound Center at Massachusetts General Hospital consults with Katherine Rosa, APRN, BC, FNP, PhD(c). “Research is essential to advance the science of nursing, but it’s more,” says Capasso. “It’s a way for science to leave the pages of a dissertation and change the lives of patients.” Photo by Brian Snyder.
When 89-year-old Jean Fitzpatrick, RN, worked, she was urged to sing to her patients. “My nursing school instructors said it was a proven fact that patients liked to be sung to, so I did it. I felt a little foolish, but if it helped, so what?”

Ah, nursing research.

While today we tend to limit our singing to the shower, the torch of nursing research has stayed lit, its flames fanned by study successes — and failures. And thanks to a trail blazed by hundreds of nurse-researchers before them, today’s PhD-prepared RNs are often our profession’s leaders and voices. They can be found in every nook and cranny of patient care; still chipping away at an endless mountain of knowledge.

Chalkboard to Bedside

“Research is essential to advance the science of nursing, but it’s more,” says Virginia Capasso, RN, PhD, codirector, Wound Center at Massachusetts General Hospital (MGH). “It’s a way for science to leave the pages of a dissertation and change the lives of patients.”

Capasso’s work, nearly a decade old, centered on arterial function and diabetic wound healing, a topic that sprouted out of her day-to-day practice. Timing was key. In the mid-1990s, MGH needed to reduce patients’ length of stay — the same time Medicare was about to launch a prospective payment system. “We needed to find a way to speed wound healing or to find a way to decrease the frequency of dressing changes,” she says.

What she proposed was a study comparing the cost and efficacy of traditional wet-to-dry saline dressings with amorphous hydrogel preparations. It worked — and it worked well. Besides great results for patients, Capasso saw her research change the face of patient care altogether.

“The project opened a door to the burgeoning wound care product industry,” she says. She began dabbling with other products that absorbed excess wound fluid, reduced bacterial counts, and encouraged healing. Soon, her team introduced new wound products to their home care patients — creations that trickled into every corner of the
hospital's inpatient setting. Continued success with new concoctions fuels her future studies, too.

What Capasso did was put her finger on quantitative proof. But measuring research's impact is often like figuring out an unsolved mystery.

“Though it's hard to estimate, I do know my work on Feminism and Nursing — an idea that started with a dream of a healing house — is still being used today to guide nurses who are seeking ways to provide better, more holistic nursing care,” says Peggy Chinn, RN, PhD, FAAN, professor of nursing at the University of Connecticut. Additionally, research that she and her team are completing now — called the NurseManifest project (see box) — will have further, far-reaching effects to help nurses tackle some of the difficult issues they face today. Clearly, research, the path of the past continues to be the wave of the future.

**A Voice for Nursing**

“We need nurse-researchers for other reasons, too,” says Chinn. “We need to have our own body of evidence. Without it, we can’t move [nursing’s] agenda forward politically.” Chinn points to nursing research that has underlined the benefits of prenatal care and the national Head Start program — an initiative that has often fell victim to the budget chopping block. “It’s not that we’re doing something wrong, it’s the nature of politics. Nothing will change until more of us are involved in policy making and a PhD preparation can help nurses get a foot in the door, be a credible voice.”

And nursing needs more of these voices. According to AACN, seventy-one US doctoral programs have churned out an estimated 8,435 practicing RNs; another 8,821 have a doctorate in a field other than nursing. A current shortfall of PhD-prepared faculty is hampering the progress. Unfortunately, the American Association of Colleges of Nursing (AACN) has seen the shortage coming, citing faculty shortages at nursing schools across the country contributing to the overall decline in new enrollments just as the need for well-prepared RNs, especially PhD-prepared nurses, is escalating.

According to the AACN’s 2001-2002 Enrollment and
Graduation of Baccalaureate and Graduate Programs in Nursing, nursing schools turned away more than 5,000 qualified students due to insufficient number of faculty, clinical sites, classroom space, preceptors and budget constraints. Compounding the problem is understanding that once the graduate RNs begin working full-time, it’s difficult, if not impossible for them to add the full-time class load of a doctoral program.

“Nurses need to see others like them succeed in a doctoral program, especially if they have a family,” says Capasso, mother of four. She balanced family, full-time work and part-time doctoral study. It took her five years. “Informally, I encourage my colleagues with master’s degrees to return for a doctorate so we can all do funded research in our golden years.” She also supports many of the new RN-PhD programs as a way to advance the profession.

Perhaps one of the greatest barriers to doctoral study is the self-concept of nurses themselves. “Often, nurses think they’re not good enough or they probably shouldn’t be in a doctoral program,” says Chinn. She doesn’t deny the quirk may stem from a nursing’s long-time image problem and schools that still forget to include nursing as a viable career path for their brightest students. “Clearly, we must change the profile of nursing so this problem doesn’t exist.”

**The Heat Is On**

Thankfully, at the University of Connecticut, doctoral nursing programs are as popular as lemon at a clambake. Nearly double the number of applicants vie for a limited number of spots. Both programs and professors are sought after for individual reasons; the doctoral tract means students must identify a faculty person with whom they want to work closely. “Applicants tend to apply where they see a good fit for themselves,” says Chinn. “Some programs and schools are attractive to applicants because of their high prestige and the chance to obtain funding for their work.”

No matter where students attend, they’ll be able to find work — just as the nursing workforce is aging, the profession’s faculty is graying, too. The average age of a PhD-prepared faculty member has topped 56.

“I’m an idealist and dreamer,” says Chinn. “I think PhD
preparation is going to be more critical to patient care and if hospitals and agencies are smart, they’ll start building reward systems for RNs who seek these degrees."

A Call for Your Research Help

The purposes of this study are to explore RNs’ perceptions of their work life and describe changes nurses envision that would nurture their ability to practice nursing — as they wish to practice.

While there are studies that address organizational cultures and nurse job satisfaction, many focus on what nurses want to stay in a job or to improve patient care. This study will focus solely on the interests of nurses themselves.

Nurses worldwide are invited to participate through several different nursing websites and local focus groups. More information on the Nurse Manifest and a guideline for the group is available at www.nursemannifent.com.

Editor's Note: Interested in a PhD? Find any US nursing doctoral program easily at www.allnursingschools.com/featured/phd.php. Good luck!

Carrie Farella, RN, MA, is a contributing writer to Nursing Spectrum.

References

