The case for doctorate in the clinical nursing

by Joyce Fitzpatrick

NURSING is a clinical discipline; clinical practice is an important part of what we do as nurses and who we are as a profession.

Nursing is also a research-based discipline. Since the early 1970s, with the advent of research funding for preparation of nurse-scientists, and the more recent expansion of doctor of philosophy (PhD) programs in nursing, we have committed to developing our science base. PhD programs in nursing have expanded considerably in the past 30 years. We now accept the academic community's expectation that adequate preparation for a research career requires a research doctorate, the PhD. At the same time, we have not yet committed to the development of clinical practice knowledge at the highest level possible, the clinical doctorate.

Rather than commit to excellence in nursing practice through the health care community's generally recognized mode of clinical doctorates, we continue our rigorous and lengthy master's degree programs to prepare advanced practice nurses (APNs) as expert practitioners. By failing to raise the level of academic preparation, we continue our anti-intellectualism in nursing. And we place faculty prepared at the master's degree level and APNs in lower status positions than their colleagues from other disciplines.

Most other professional disciplines have moved toward expecting clinical doctorates for those engaged in clinical teaching and expert clinical practice. The pharmacists have accepted the PharmD (doctor of pharmacy) degree, psychologists the PsychD (doctor of psychology) degree, while still maintaining the PhD for research preparation. Physical therapists moved toward post-baccalaureate entry for professional practice and are now considering moving to the clinical doctorate as entry into practice.

The two professions that remain more like nursing, and consequently at the lower end of status ranking, are teaching and social work. To what extent is this related to the female dominance of these two fields, as well as that of nursing? Yet, even in the education field, although less the case in social work, to join a college or university faculty, it is expected that you hold the professional degree in your discipline, the EdD (doctor of education). In social work, the DSW (the clinical doctor of social work) is not yet an expectation for academic
appointments, but a doctoral degree in some related field of study is expected for full-time faculty, and the master's degree in social work is expected for faculty who supervise field work.

Repeating past mistakes

Most of us no longer try to explain basic nursing education to a public that clearly does not understand why we equate associate degrees and diplomas with baccalaureate degrees in nursing. And while our articulation models provide a needed service to nurses who may have chosen the resources to pursue advanced education, they also are not easily explained in rational academic terms. They often complicate our past mistakes, as we readily create special programs for special groups of students, waiving requirements and equating associate degree courses with baccalaureate-level nursing course work.

We may be leading ourselves down the same path of confusion with doctoral education. Minnick and Halstead (2002) confirmed that, while the PhD was the most common degree title (n=71) in the 87 doctoral programs in nursing they surveyed, the degree title was not consistently related to academic requirements.

Even further confusion is reflected in other types of doctoral degree programs, specifically the seven DNSc and the four DNS or DSN (doctor of nursing science) programs surveyed. In addition, there were four ND (doctor of nursing) programs in existence as of 2002 and proposals for new doctoral programs in nursing practice, or DNP (Mundinger et al., 2000).

Minnick and Halstead (2002) call for a moratorium on new degree names until a consensus can be reached. While this goal is most important to reduce confusion and to avoid treading past paths, it should not interfere with the discipline's urgent need to prepare more expert clinicians and clinical faculty with clinical doctorates.

The need for expert clinicians

We have long known that advanced practice nurses have a strong clinical preparation. Yet, due to the fact that they enter the collaborative health care team with a master's degree rather than a clinical doctorate, they are not given

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the same status and privileges. While there are beginning to be programs designed to address this gap and to further prepare these advanced practice nurses through programs leading to the clinical doctorates, there is not yet professional acceptance of the clinical doctorate as an expectation for advanced nursing practice.

The need for nurse faculty

The shortage of nursing faculty may be greater than the shortage of nurses for practice. Indeed, it is a more difficult problem to solve, with further-reaching consequences. First of all, it takes more time to prepare a faculty member than it takes to prepare a nurse for clinical practice. Second, without adequate numbers of faculty, we cannot expand programs to prepare new nurses.

According to the reports of Berlin and Sechrist (2002), even though the doctorate is considered the academic standard for teaching at the collegiate level, less than half (49.4 percent) of full-time nurse faculty in baccalaureate and graduate programs in 2001 held doctoral degrees. It would be expected that if faculty teaching in associate degree (AD) programs were included, this percentage would be considerably less. To further complicate the issue, and contributing to the growing shortage, there was an 11.1 percent decrease in the number of doctoral graduates from 2000 to 2001 (Berlin & Sechrist, 2002).

There is something wrong with this picture!

There are, in fact, several things wrong with the landscape of doctoral education in nursing at the present time. While the majority of doctoral programs are research degree programs-PhD programs-the majority of graduates do not assume positions in which their primary responsibility is research, or generation of new knowledge. The majority of doctoral graduates have teaching as their primary responsibility. (Minnick & Halstead, 2002). Often this teaching is clinical teaching, and often the teachers are no longer expert clinicians. For years, the challenges of faculty members maintaining clinical expertise have been the subject of conferences and debates. And yet, faculty practice has not been integrated into the academic models within the majority of schools of nursing.

The clinical doctorate for teachers

The dominant skills needed by faculty teaching in schools of nursing at the basic degree levels (BSN and AD) and the advanced practice level (clinical master's degree) are expert clinical skills and skills in clinical teaching. The PhD degree provides neither of these sets of skills, nor should PhD programs prepare either clinicians or clinical teachers. Rather, it is unethical to accept students into PhD programs that do not develop research careers.

There are considerable personal and institutional resources committed to the preparation of PhD graduates. Markedly different resources are required for preparation of scientists from those required for clinicians and teachers. It is both a disservice to students and a misuse of resources to confuse the academic preparation of researchers and clinicians and to perpetuate the myth that the majority of nurse faculty members can, and should, be both expert clinicians and expert researchers. Those who can develop expertise in both domains are the minority, not the majority. Research scientist roles should be different from those of clinician educator roles within our academic settings.

The best preparation for clinical teachers is the clinical doctorate. It is not less than the research doctorate but rather different from the research doctorate, preparing the individual for a different career goal. In a clinical science such as nursing, there are two distinct ways of knowing, requiring different sets of skills (Fitzpatrick, 2002). In development of knowledge, researchers approach problems quite unlike clinicians. Expert clinical practice requires quick synthesis of large amounts of information to make clinical judgments and interventions, often within a very short time. The expert clinician should be the clinical teacher, preparing future generations of nurses for basic and advanced clinical practice.
At a recent national meeting of nurse educators, many of us were shocked to learn that PhD prepared faculty who had not practiced for 30-plus years were being placed in positions of clinical teaching, due to the faculty shortage. This is not only a poor use of resources, but also unsafe and unethical behavior on the part of academic administrators.

Another issue in the design of graduate education in nursing is that advanced practice master’s degree programs in nursing are most often close to twice the length of master’s degree programs in other disciplines. By strengthening and lengthening these advanced practice programs as clinical doctorates—adding courses in clinical teaching, clinical research (application and dissemination strategies), and leadership and health policy development—we could better prepare future generations of nurse faculty for clinical teaching.

The clinical doctorate for leaders in health policy
While the case has been made for the clinical doctorate for expert clinicians and clinical faculty, we also need nurses prepared at the clinical doctorate level for leadership roles in health policy development, analysis and implementation. Again, the skills required are not those of the PhD prepared nurse. Many of our health policy issues are grounded in knowledge currently possessed by advanced practice nurses.

Summary
There are solutions to the nursing education dilemmas we face. First, as nurse leaders and educators, we must face the reality that we, individually and collectively, have created some of the current confusion in nursing education. To accomplish leadership goals for our profession, we must rid ourselves of the anti-intellectualism that abounds throughout our discipline and our educational programs. It is time to reach upward in our programs to prepare nurses at the highest clinical level. The clinical doctorate for advanced clinical practice and clinical teaching would do much to advance our profession, and consequently, the publics we serve.

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