The Practice Doctorate in Nursing: Future or Fringe?

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Abstract and Introduction

Abstract

Although the current masters and PhD programs in nursing are critical to the future of the profession and are evolving to keep pace with new demands, they do not fill the growing need for expert clinical teachers and clinicians. Informational shifts, demographic changes, growing disparities in healthcare delivery and access, and stakeholder expectations are all creating new demands on the nursing profession. The practice (also called clinical and professional) doctorate, with a focus on direct practice and healthcare leadership, offers nursing an exciting opportunity to meet these demands. Programs are already underway or being developed at several institutions, although problems and challenges such as standardization, regulation, and potential "devaluing" of existing programs have yet to be adequately resolved. The National Organization of Nurse Practitioner Faculties (NONPF), along with professional organization and educational institutional partners, supports the development of the practice doctorate and is committed to providing leadership to ensure quality educational outcomes. Nursing must develop a shared strategic vision to shape the rapidly moving practice doctorate initiative.

Introduction

At one university, a student graduates with a baccalaureate degree in nursing. After 6 years of practice in an adult intensive care unit, she completes a graduate program to become a women’s health nurse practitioner (NP). Later, because she wants to broaden her scope of practice to include comprehensive, multisite primary care of families with complex health problems, she completes a post-master's certificate program to become a family NP. She has completed 4 years of post-baccalaureate rigorous clinical study, and her highest credential is a master's degree. Furthermore, her education increased the breadth of her practice without advancement beyond the traditional NP role.

At a nearby health science center, an acute care NP specializing in care of patients with pulmonary disorders has sought every possible learning experience, including continuing education and on the job training for the newest technical skills and has participated in a year-long institute for leadership development. He collaborates with an interdisciplinary team on advanced pulmonary diagnostic and treatment procedures. He communicates with patients and families, providing and coordinating information and services across multiple settings. However, he finds he must prove himself again and again to clinicians and students. His master's credential lacks parity with those of colleagues from other disciplines, such as pharmacy, psychology, and medicine.

A nurse manager is also a clinical nurse specialist in an emergency department of an academic health center (AHC). She not only manages the healthcare unit but also ensures staff competence and occasionally serves as a staff nurse, as is required at this institution. As an exemplary nurse leader, she has been asked to join the corporate management. While she has the skills for operations management in her department, she does not yet have skills for strategic planning and implementation for the next level. She has some competence for systems thinking from a unit perspective, but she is not ready to collaborate with chief executive, operations, and information officers for corporate leadership. As an advanced practice nurse (APN), she needs additional training in evaluation of process and outcomes to ensure the highest healthcare quality. She also needs more education related to AHC human resource management and health policy.
These examples are just the tip of the iceberg. Schools of nursing faculty struggle within the current educational structure to prepare their students for cutting-edge roles in a changing healthcare system, knowing that the system will demand ever-higher levels of clinical skills and clinical knowledge. Similarly, prospective graduate students from other fields shy away from nursing because it does not offer a comparable credential after 4 years of professional preparation as pharmacy or medicine.

The practice doctorates in nursing are designed for people in these scenarios and others. There is a growing interest in these programs as they reflect the continually increasing complexity of healthcare and clinical leadership within the existing systems. Nurses with practice doctorates are needed to do the following:

- Evaluate the evidence base for care;
- Deliver that care;
- Set healthcare policy;
- Lead and manage clinical care units and health systems;
- Develop interdisciplinary standards;
- Solve healthcare dilemmas; and
- Reduce disparities in healthcare delivery.

It is our belief that the graduates will ultimately affect the entire healthcare delivery system.

**Current Master's and Doctorate Education**

Master's degrees in nursing programs have been remarkably successful in preparing APNs to deliver quality healthcare as well as nurse administrators to lead and manage within healthcare systems. These programs evolved from continuing education certificate programs with and without on-the-job apprenticeships. The APN master's programs offer quality, standardized curricula, and clinical practica to assure that students gain nationally accepted competencies and achieve national certification.

The APN workforce is no longer relegated to highly specific roles but employs varied competencies to meet diverse knowledge and skill demands throughout the healthcare delivery system.

The prestigious doctor of philosophy (PhD) degree is devoted to research, and nurses with PhDs form an elite core with distinguished research achievements. They have received funding from the National Institutes of Health and other sponsors to build the discipline's knowledge base. However, where do the expert clinical teachers and practicing clinicians fit in? The doctorates of nursing science (DNS/DNSc/DSN) and education (EdD) may have been intended to meet the need for advanced clinical practice and education, but a review of these programs reveals little difference between these and the research-intensive PhD programs.[1,2]

The nursing doctorate (ND), in contrast, has had clinical practice as its goal from its inception. However, the 4 existing ND programs are varied and lacking a unified approach and have not created the critical mass needed for change at this time.

When viewed together, doctorally prepared nurses do not spend the majority of their time in direct patient care, but rather in research (11%), education (32%), and administration (30%).[3] With these demanding roles, they cannot be expected to maintain expert levels of clinical competence required for teaching APN students. While research and practice are critical components of nursing, each requires a different skill set and education.[4]

**Impetus for Change**

Societal trends have created the impetus for a new level of practice in nursing. We are experiencing a societal shift to an information society, an aging and more diverse health care consumer, a complex and chaotic healthcare delivery system, healthcare workforce shortages, and new educational demands. Expansion of master's degree curricula and attainment of multiple master's degrees and certifications have been attempted to keep pace with the growing need for knowledge and skills.

**Knowledge Revolution**

Nursing leaders will face a future that is far different from today -- there will be a true knowledge revolution, and traditional institutions as we know them will cease to exist.[5] There will be much less manufacturing and far more knowledge work worldwide. While guilds, religious orders, and governments once controlled specialized knowledge, in the future information society, everyone will have access to immense stores of information through the Internet and an array of wireless transmissions. These trends will change the meaning of effective and satisfactory care. Knowledgeable clinicians will increasingly be needed to navigate systems, synthesize and integrate bodies of
knowledge, and advocate for quality care in an interdisciplinary and evidence-based environment.

The information age has created a vast potential for dramatic healthcare improvements in procedures, medications, and behavioral change interventions. Short-term, intensive training programs followed by extended apprenticeships such as the early NP programs no longer meet the needs and expectation of an evidence-based healthcare system or an information society. Carefully designed, competency-based, formal education programs are required for the expert clinician positions of today and tomorrow. Most healthcare professions have upgraded their master's degree programs and/or created practice doctorates in response to the need for increasing knowledge and skills. Both pharmacy and psychology have professional doctorates, and public health programs have enhanced the doctorate of public health (DrPH).

Demographic Changes

As the baby boomers age, the demand for quality, cost-effective, and acceptable management of comorbid chronic illnesses will increase. An emphasis on wellness and prevention, concomitant with healthy aging goals, will drive traditional and alternative healthcare markets. More knowledge, skill, and caring will be necessary to ensure a dignified and comfortable end-of-life experience. In addition, the field of ethics will become more important in dealing with genetic-based discoveries and personal, family, and societal healthcare dilemmas. With increasing cultural and ethnic diversity among consumers and the sharp reality of related health disparities, culturally competent care will be imperative.

Future Healthcare Consumers and Self Care

An impending healthcare revolution will include much more self-diagnosis and treatment among traditional, "new," and uninsured\(^\text{[8]}\) consumers. The traditional consumer generally does not question the healthcare provider. The well-informed "new" consumer demands a partnership and shared decisional control with the healthcare provider. The uninsured 15% of the US population\(^\text{[7]}\) rely on themselves for basic care and on emergency departments for acute care. Nevertheless, all types of consumers will increase use of free self-diagnosis and treatment from various media, the Internet, and local pharmacies. Also, the demand for and growth of multispecialty care has resulted in a severe lack of continuing, coordinated, and cost-effective healthcare. Together these forces expand self-care beyond the abilities of consumers. As a result, all types of consumers will increasingly need individualized self-care support, culturally appropriate interventions, and comanagement of complex care across specialties and settings.

Improving Quality in Healthcare Systems

The US healthcare delivery system, in spite of its phenomenal advances in technology and procedures, has not lived up to its potential. The Institute of Medicine has documented the dire situation and proposed changes.\(^\text{[8]}\) Medical errors, workforce shortages, slowness of information technology to identify and prevent problems, and the lack of well prepared leaders/managers are major challenges to quality. This ever-widening divide is a result of several issues, including rapid growth in knowledge, technology, and demand for services from diverse consumers. To ensure a culture of quality including safe, effective, patient-centered, timely, efficient, and equitable healthcare, all disciplines need to raise the bar in leadership training. Furthermore, management and executive training for clinicians can create a larger and better prepared workforce for improving our healthcare delivery systems.

Healthcare Workforce Shortages

Nurses with practice doctorates will offer a response to workforce shortages in nursing and other health professions. While shortages are projected throughout health professions and their specialties, the nursing shortage is already severe and worsening in almost all settings. In schools of nursing, aging nurse faculty members are retiring but are not being replaced with current doctoral graduates.\(^\text{[9]}\) Master's-prepared nurses are versatile and competent to practice in different settings. A shortage of other healthcare providers, such as pharmacy doctorates, has created opportunities for APNs in a variety of roles in addition to direct care provider.

In addition, fewer physicians choose primary care careers, preferring specialized medicine where the reimbursement for care is greater. Cooper and colleagues\(^\text{[10]}\) identified a shortage of primary care providers and forecast an increased need for other types of fully accountable primary care providers to meet the needs. The demand for APNs, specifically NPs, will intensify with the impending shortage of primary care physicians and the resulting burden on rural and other underserved communities. The ND is seen as a way to increase the workforce of accountable healthcare providers, clinically expert nursing faculty, and clinical leaders/managers and to attract new types of students who seek these roles into the nursing profession.

Increasing Educational Demands
Nursing faculties are engaged in almost constant curriculum revision and expansion of essential content in APN programs. Managed care, genetics, end-of-life care, and effects of terrorism on primary and mental healthcare need to be incorporated into existing curricula. In response, between 1995 and 2000, NP classroom and practicum hours increased significantly, but the total number of formal credit hours did not increase.[11]

While changes in nursing master's degrees have tried to keep pace with many demands and changes that are part of today's world, faculty have identified deficiencies in some areas, especially information and business management of APN practice.[12] Likewise, in an effort to add more depth and breadth to their practices, APNs and APN students have sought dual, blended, and joint degrees and various post-master's certificates. As the educational demands increase, the option of a longer program with commensurate credentials becomes more appealing.

**A Bold Step for Nursing: A Practice Doctorate**

**Educating an Independent Care Provider**

The practice doctorate is an acceptable and available educational option that offers nursing a new and exciting opportunity to meet the healthcare demands of the future head on. A higher degree of clinical skill and knowledge provided by the degree can advance clinical nursing practice and help keep pace with demands for clinical leaders and advanced practice teachers. The enhanced leadership skills developed for advanced nursing practice will strengthen healthcare delivery across the board. Practice doctorate programs will provide a much needed flexibility: they can balance the desired focus toward direct practice, healthcare leadership, and other competencies demanded of high knowledge technologists.

Nurses with practice doctorates would be prepared and credentialed as independent practitioners just as other professional disciplines credential their providers: doctors of pharmacy, doctors of clinical psychology, and doctors of medicine. Traditional titles like physician and nurse will blur as we transcend disciplines and overlapping roles to provide evidence-based and satisfying care, albeit with different perspectives. While many states continue to mandate an APN-physician relationship, the premise of the direct practice doctorate in nursing is that the graduate would not require specific physician ties. Instead, nurses with practice doctorates would be fully accountable for their own practice and would collaborate with specialists of all kinds.

Rapid, widespread implementation of the practice doctorate will challenge our traditional ways of thinking about delivering clinical education. A blend of the current master's degree APN curricula, components of doctoral education, and new knowledge and skills will result in a uniquely qualified provider, for today and the future.[4,5,13] As baccalaureate graduates from other majors consider healthcare as a career, practice doctorates can attract new learners with diverse skills, experiences, and cultures. Finally, by providing educational parity with other health professions, graduates of the practice doctorate will infuse nursing values strategically into healthcare.

**Types of Programs**

Currently, emerging practice doctoral programs prepare students in 2 overlapping roles: direct healthcare (eg, Columbia University DrNP, Doctorate of Nursing Practice), and health systems/clinical leadership (eg, University of Kentucky, DNP, another Doctorate of Nursing Practice).

Regardless of role emphasis, most practice doctoral programs include applied research, health policy, human biological sciences, healthcare finance, and business, in addition to the emphasis on direct healthcare or health systems/clinical leadership. Thus, programs cannot really be divided into 2 mutually exclusive categories, and there is extensive, and necessary, overlap among all programs.

Some programs have already enrolled students (eg, University of Kentucky, Rush University) while others are seeking university approval of the program (Columbia University). Many others in the exploratory or planning phases (University of Illinois, University of Iowa) recognize the need to prepare for the complex needs brought about by changes in society, the population, and the healthcare system.

There are also at least 2 educational program delivery models. One is a seamless program of study that requires a prerequisite baccalaureate degree, begins with basic nursing, and ends with a practice doctorate (University of South Carolina, ND, University of Colorado, ND).

The other model has layers of established educational programs -- the BSN or accelerated nursing education, the master's degree, and the new practice doctoral preparation (University of Tennessee at Memphis, DNSc, Doctorate of Nursing Science). Some programs also mix or offer both models and support multiple entries and exits, providing maximum flexibility for the student. Case Western Reserve University, home of the original ND, offers multiple paths to doctoral preparation for research as well as APN careers.
The array of options and titles has the potential to confuse the public, employers, policy makers, potential students, and most nurses. Several articles written by nursing leaders acknowledge the need to standardize ND titles, curricula, and credentials, but Fitzpatrick emphasizes the need to continue to move forward. The American Association of Colleges of Nursing (AACN), Columbia University School of Nursing, and NONPF have formed groups to study and influence the evolution of practice doctorates, and all recognize the need for a unified approach.

**The Challenges That Lie Ahead**

As a potentially disruptive healthcare innovation, a proliferation of practice doctorate programs in nursing will pose several challenges already familiar to NPs. Standardization of a credential title, curricula, terminal competencies, and educational delivery models are major issues, especially since no one person, organization, or governmental body has the authority to mandate a standard model. One of the first questions to confront planners is whether the practice doctorate should replace the clinical master's degree or serve as a clinical ladder for those with master's degrees who wish to build on their clinical expertise and advance to a higher level of leadership and authority for decision making and policy setting.

**Master's Degree Replaced by Doctorate**

If all APN master's degree programs were entirely replaced by practice doctorate degrees, regulation, including state-by-state licensure, accreditation of programs, and certification of graduates, would need extensive changes. "Grandfathering" would need consideration in each regulatory arena for a smoother transition. This path recognizes that APN practice is complex and requires additional preparation and competencies beyond master's level education that should be acknowledged with the appropriate degree and autonomy to both traverse the healthcare system of today and create one for tomorrow. Such a sweeping revolutionary change may also be accomplished incrementally over time.

**Two-Tiered System**

On the other hand, if the master's degree remains the basic APN credential while practice doctorates proliferate, currently practicing clinicians and APN faculty may feel devalued in a "two-tiered" system. The identity and visibility gained by years of legislative and policy advocacy for advanced practice and the people and communities served could be diminished. Efficiency in learning could be compromised as various schools present untried programs to students, and costs will rise with at least 1 additional year of study.

**Accreditation and Certification Issues**

Currently, there is no mechanism for accrediting practice doctoral programs or certifying the graduates. To fill this void, Dean Mary Mundinger of Columbia University School of Nursing has proposed a formal accrediting and certifying body for practice doctorates in nursing (Mary Mundinger, personal communication, April 22, 2003). Others propose that the existing nursing accreditors and certifiers expand their work in assuring quality education and practice to the practice doctoral arenas. Regardless of how this dilemma is resolved, the Institute of Medicine has made clear the importance of addressing continuing competence as well as other critical competencies among healthcare providers through licensure, accreditation, and certification.

These are some of the expected barriers to the dramatic changes proposed, and others may emerge. Nevertheless, each challenge will present the opportunity for creative problem solving in nursing education and healthcare delivery, enhancing both.

**The NONPF Contribution**

NONPF supports the development of practice doctoral education and is committed to providing leadership to ensure quality educational outcomes. The Board began to study the issue in 2000 and presented it to the membership first at the annual conference in 2001 and then again in 2002. The NONPF Practice Doctorate Task Force, (also known as Clinical Doctorate Task Force [CDTF]), formed in 2001, is currently examining the potential need to develop practice doctorate competencies and to develop a conceptual framework to guide its members considering the practice doctorate. In fall 2002, the CDTF offered an educational "teleweb" on the Internet for information exchange by faculty and clinicians about the practice doctorate movement and created a Web-based resource center. The NONPF and AACN task forces share information and consultation on a regular basis to provide collaborative leadership for faculty and deans who seek information and support as they consider practice doctorates for their institutions. Columbia University has invited NONPF and AACN task force leaders to their meetings designed to create shared vision for their version of the practice doctorate, DrNP.
NONPF developed and refined the first set of Core Competencies[19] for all types of NPs, partnered with AACN and other professional organizations to extend this work to 5 primary care specialties,[20] and now is sponsoring the development of mental health and acute care specialty competencies. The Core Competencies reflect a broad base of client-centered, evidence-based, nursing competencies for helping individuals and families stay well and to return to optimal status following health problems.

The competencies have been revised with the explosion of knowledge in genetics, emphasis on end-of-life care, telehealth, and cultural specific competencies. Faculty from Columbia University and other nursing programs that offer or are considering practice doctoral programs have also drafted proposed competencies beyond the APN Core. The NONPF task force will take all proposed changes into account as they assess the need for new competencies and frameworks for practice doctorates.

What's Next?

The movement toward the practice doctorate may have reached the "tipping point"[21] -- a critical mass of organizations and institutions are now committed to the future development of this degree. The pioneering ND programs began the movement but did not transform APN education. Perhaps the environment was not ready for widespread innovation at that time. Nevertheless, recently, there has been a spate of new practice doctorates, titles, and terminal objectives that reflect the early ND mission. Now, a group of 10-15 institutions either have practice doctoral programs or are planning programs, and others are contemplating new programs (Table 1). Only time will tell if the practice doctorate is truly the future or just a fringe movement.

Nursing programs use different approaches to introduce the "disruptive innovation," or nursing practice doctorates, into their universities and geographic regions. In times of workforce shortage and an ever-widening quality healthcare chasm, the revolutionary approach of making a practice doctorate as basic entry to advanced practice nursing can be very appealing. However, the risks of this innovation can potentially delay progress. For instance, medical backlash may occur as economic competition among providers increases.

The incremental approach offers a clinical ladder for advancement of master's prepared NPs to the doctoral level. This approach postpones the immediate need for some of the regulatory and legislative impact, maintains the current APN role, and provides a pipeline for practice doctoral students.

Nursing and nursing education are in a state of flux. We are being challenged by the forces of change, while still being tethered by our own traditions. Nursing sorely needs a shared strategic vision to shape the rapidly moving practice doctorate initiative. Leaders from the various task forces and institutions working on practice doctorates must come together and engage in a dialogue that will better inform and achieve consensus, and develop universal guidelines and objectives for practice doctorate programs. These leaders need to agree about major issues, including titling and whether to maintain the master's or replace it with a practice doctorate -- then use their collective influence to affect change. The set of agreed upon statements and principles can be brought to various stakeholders. As evidence mounts about the advantages and disadvantages of various approaches and quality standards further take shape, nursing leaders can present a unified front.

NONPF and other professional organizations and educational institutions have set the stage for national dialogue to support the current trend. For further evolution of the practice doctorate in nursing, the time for leadership and unification has come!

Tables

Table 1. Nursing Practice Doctorate Programs

<table>
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<tr>
<th>Name of Institution</th>
<th>Title and Status of Practice Doctorate</th>
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<td>Case Western Reserve University</td>
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<td>Rush University</td>
<td>Active ND</td>
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<td>Program Level</td>
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</tr>
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<td>ND</td>
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<td>University of South Carolina</td>
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<td>University of Illinois at Chicago</td>
<td>Exploring/ planning</td>
<td>DrNP</td>
</tr>
<tr>
<td>Oregon Health and Science University</td>
<td>Exploring</td>
<td>ND</td>
</tr>
</tbody>
</table>

ND = Nursing Doctorate; DNP = Doctorate of Nursing Practice; DrNP = Doctorate of Nursing Practice; DNSc = Doctorate of Nursing Science

References


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