Health & Wellness Resource Center

Doctoral education in nursing for practitioner knowledge and for academic knowledge: the University of Adelaide, Australia.


Abstract:

The need for professional nursing doctorates in Australia is evidenced by a wide range of social, political and professional demands. A system that elevates theoretical knowledge while devaluing practical knowledge should be replaced by one that values both equally. Doctorates for practicing professionals are as crucial to the continuing vitality of the nursing profession and of health care itself as are doctorates for academic research.

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Australian nursing has undergone rapid academization in the past 10 years and this radical change has tended to meld the somewhat different academic traditions of North America and Britain. The introduction of doctoral education in nursing in 1987 has led to a massive increase in scholarly activity and to the preparation of talented leaders. We concur with the view expressed by Henry (1997), "I am convinced that the problems we face in the nursing services would be much more creatively solved if the majority of our doctoral programs prepared young, energetic nurses, early in their career, for clinical practice, not for research and teaching' (p. 162). Image: Journal of Nursing Scholarship, 1997; 29:4, 365-368.(9)1997, Sigma Theta Tau International.

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The 1980s was a significant period in the development of nursing education worldwide. In Northern Europe, North America, and Australia nursing was relocated from the vocational to the higher-education sector. Following a long process of lobbying by Australian nurses, the federal government announced in 1984 that nursing education would be totally transferred to the advanced education sector by 1993 (Short & Sharman, 1989). Subsequent to this momentous decision, one university school of nursing was established in 1987, which offered a PhD program in nursing in that year, and the advanced education sector was merged with the university sector to form a Unified National Higher Education System with university status conferred on most institutions by 1990 (Commonwealth of Australia, 1994).

The only route to registration as a nurse in all States and Territories of Australia is through the acquisition of a Bachelor of Nursing degree from a recognized university. Building on this important development for nursing are postgraduate diploma programs in clinical specialties, master's degrees in nursing, and PhD programs. A rapidly increasing pool of master's degree graduates seeking entry to PhD programs have proliferated in university schools of nursing. While this is indeed a source of great pride to Australian nurses, it is becoming increasingly clear to some that PhD preparation focuses on research activity and the education of academics and career
researchers. Thus, contemporary nursing in Australia is characterized by a flourishing academic role within universities unmatched in the health services.

The need to create opportunities for nurses in practice and service leadership (whose interests do not coincide with those of academics and scholarly researchers) to pursue studies at the doctoral level is becoming increasingly evident. As a result, two Australian nursing schools -- The University of Adelaide and La Trobe University, both in leading research universities -- have developed professional doctorates, the Doctor of Nursing degree, with a clear focus on practice. Whilst North America has a history of offering Doctor of Nursing Science degrees and PhDs, the Australian approach to doctoral preparation differs.

American and British influences on the Australian Academy

Traditionally, the Australian PhD program is research-only and has no coursework component. Entry is usually restricted to those with an undergraduate honors degree, which involves a year of research training following the award of a first "ordinary" degree. Those who hold a master's degree, where a research thesis comprises at least half the program, are also eligible for entry. The PhD program consists of individual supervision of a student who pursues a single research topic and submits a thesis at the end of 3 years of full-time study. The thesis must be an original contribution to knowledge. Australian and British academics argue that this approach to the doctorate ensures that graduates acquire advanced skill in scholarship and expertise in a particular area of study. There is growing evidence supporting the usefulness of this approach in preparing researchers and academics; but industry and the professions argue that the PhD is not serving them well in preparing either team players who can engage in research from a variety of paradigmatic positions, or professional leaders who can advance the theory and practice of nursing's contribution to societal health and well being.

The North American approach to the PhD in nursing, which incorporates a sizable component of coursework and supervision, is not widely accepted in Australia as appropriate for advanced preparation of researchers. The coursework doctorate (frequently seen as a North American hybrid) is gaining some support in Australian universities, but a majority of academics are firmly committed to doctoral education without coursework.

Although the debate has yet to develop any strength, a small group of Australian nurses are of the view that doctoral education does not necessarily have to have a single template and that alternatives to the PhD for nurse clinicians are essential for developing nursing practice. The Department of Clinical Nursing, a graduate nursing school situated within the Faculty of Medicine at The University of Adelaide has invested in this debate and now offers a Doctor of Nursing degree following intense, and sometimes hostile, resistance from other disciplines.

Doctor of Philosophy and Doctor of Nursing -- Equal but Different

While the PhD program offered by the department will continue to attract and serve nurses who wish to pursue a particular type of professional career (principally academic or research focused), doctorally prepared nurses who continue to work in, shape, and change professional settings are needed.

Need for Professional Doctorates

Changes in political priorities have set a new agenda for health care and nurses are being exhorted to become aware of the potential changes and to "plan accordingly" (Footner, 1996). Nurses who are able to see that health care should be placed within the "bigger picture" of a world characterized by scarce resources, complex social problems, and an aging population (Gleeson, 1996) are better placed to influence decisions positively and control the changes."
The contribution that well-educated nurses can make to health care planning and service management was recognized by a WHO Expert Committee (Nursing Practice, 1996) who, commenting on the changing health policy environment worldwide, urge that nurses be involved in legislation relating to health care planning and priority setting. They go on to cite evidence that nurses with more education deliver more cost-effective health care.

Most healthcare professionals are currently employed in acute-care hospitals. The changing nature of the acute-care sector demands that nurses' voices be heard (Footner, 1996), because to be able to negotiate reasons for and against fiscal policy is crucial for the maintenance of optimum patient care. Yet there is increasing acknowledgment among nurses about the lack of debate and critical input surrounding the changes taking place. There appears to be limited direction on the part of nurses who are in positions to influence decisions and control changes.

What appears to be lacking is a critical mass of doctorally prepared nurses who actually work in professional service rather than in the academy. Nursing is in need of clinical leaders who have competence as investigators, collaborators, communicators, and disseminators; who are able to transform their own thinking as well as that of others; who have a political (and economic) awareness and capacity for action; and who can see the vast "windows of opportunity" for nursing.

For these reasons and others, we think the time is right for a professional doctoral degree in nursing. Nursing has a unique perspective and health care is highly complex. The increased complexity of health care demands that nurses be skilled in communication, technically competent, and analytically able clinicians. The support and endorsement given to the nursing education goals developed by our national nursing organizations (Cochrane 1983), illustrates the concern that nurses be involved in all levels of decision-making and that nursing practice is research-based and reflects an holistic approach to health care.

There exists substantial demand for courses in nursing that prepare clinical nurses for advanced practice. Academically sound clinical courses which offer registered nurses new approaches to the study of nursing are required to meet these demands.

The Doctor of Nursing focused heavily on professional practice has the potential to produce nurses with the attributes needed: nurses who will be able to take strong, creative, and courageous leadership roles (Pearson & Borbasi, 1996) and hence play leading roles in health service delivery and so assist in securing a "healthier" future for nurses and those who would be nursed. Nursing education in Australia has evolved, with unprecedented haste, from an apprenticeship system organized around the medical model to an academic system organized around nursing's own emergent disciplinary base.

We do not contest the need for rigorously prepared nurse academics and researchers through the PhD. It is important to emphasize that professional doctorates are not designed to take the place of PhDs. The traditional PhD will continue to attract and serve nurses who are in (or aiming to enter) an academic position or a professional research post. But for those potential candidates seeking to improve performance in specific clinical areas, the path provided by the totally research-based PhD is not, we argue, the best suited to their professional development.

Professional Doctorates

Although there has been a substantial increase in the variety of professional doctorate awards in Australian universities (Jongeling, 1996) there is resistance among some nursing academics to the notion of a professional doctorate in nursing. Concerns appear to center around status and a professional doctorate not being of the same academic standing as the traditional PhD.
While professional doctorates in nursing are offered outside Australia (Watson & Phillips, 1992), only two professional nursing doctorates are currently available in Australia. Yet there have been Federal government initiatives for changes in doctoral studies in line with employers' concerns for many years. Some perceive that graduates from conventional PhD programs lack the ability to adapt to workplace realities. This perception, together with the immense body of evidence on the theory and practice divisions would lead some to argue the case for, rather than against, the development of professional nursing doctorates.

In 1988, the Federal Minister for Education strongly supported the demand for postgraduates with multidisciplinary training, capable of the broad analysis needed in "rapidly changing social, technological, and economic circumstances" (Dawkins, cited in Jongeling, 1996). This ideological shift together with the growing dissatisfaction and disillusionment in Western societies with the course health care has taken and the commitment to reform see nurses compelled to act and realize the new potential afforded to the profession.

We argue that the professional doctorate, with its emphasis on professional practice underpinned rather than led by research, can prepare flexible nurses equipped to lead colleagues into an uncertain future. These are professionals who will rise to the "unprecedented requirement for adaptability" essential for all professional practitioners in the 21st century (Fitzpatrick & Modly citing Schon, 1990). The need for advanced education and training is recognized by the nursing profession and also by national and international health care policy makers (WHO, 1986; 1989; 1991): This can be accomplished through doctorally prepared clinical nurses.

Comparing the Doctor of Nursing with the Doctor of Philosophy

Where the professional doctorate takes the candidate directly to the clinical field, the PhD tends to take him or her away from it. The Doctor of Nursing program offered by the Department of Clinical Nursing at The University of Adelaide expects candidates to make a significant and original contribution to knowledge in professional practice through a series of related studies or innovations in professional practice.

Thus the DNurs has been established as an award different from but complementary to the PhD. The latter award, by thesis alone, is recommended to those aiming for an academic position or a research post. However, many potential students are seeking an extension of their professional and research capacities to improve performance levels in specific professions. For such prospective candidates the path provided by the totally research-based doctorate may not be the one best suited to their professional development.

The Doctor of Nursing Degree

The educational approach taken in the Doctor of Nursing degree at the University of Adelaide is one of a liberating pedagogy (Lather 1991) which allows students to move out of the domain of conventional textual practices of purely "scientific" writings into the world of "heterogeneous reality." In this world they can shape the process and product of inquiry rather than have a particular process and product imposed upon them. The course aims to prepare graduates who are able to act effectively in a leadership role.

In keeping with this, the course aims to graduate nurses who are able to bring to their professional activities a critical intelligence which enables them to respond effectively to the many challenges and problems of modern health care.

The DNurs program aims: to effect positive change in health care delivery through practice based research, scholarly inquiry, and articulation of professional nursing in disciplinary and
interdisciplinary forums; to support colleagues in their professional development; to exercise leadership in disciplinary and interdisciplinary research; and to generate and disseminate nursing knowledge through scholarly activities.

Program objectives are that students of the DNurs program will:

* Demonstrate that they have made a significant, original contribution to nursing knowledge;

* Demonstrate an ability to explore their field of practice in order to identify areas for development;

* Develop a sophisticated and defendable understanding of nursing and its role in health care;

* Conceptualize, contextualize, critique, and communicate ideas relating to nursing and health care policy, organization, and practice;

* Demonstrate the ability to advance nursing knowledge through research;

* Demonstrate the ability to plan and manage formal research projects; and

* Demonstrate an ability to disseminate ideas through publication, seminar, workshop, and conference presentations.

The program consists of focused coursework in intensive residential schools; field work in professional settings; and the conducting of a research program which culminates in the submission of a research portfolio for external examination.

Conclusions

Nursing education and practice in Australia, as in other parts of the world, is in the midst of rapid change. Pressure for increased opportunities for higher nursing education and for changes in the organization of nursing practice are part of wider demands. Such demands include the recognition of nursing as central to the reorganization of health services to reflect client centered care as well as effective and efficient resource management at local, state, and federal levels.

While an increase in research and scholarship through additional PhD programs may be essential to the development of nursing knowledge by academics and researchers, so, too, is an increase in pragmatic operational research, high-level clinical practice, and strong professional leadership through the provision of professionally focused doctoral programs for nursing clinicians and leaders.

In our view, the argument that the PhD is the only credible credential for use of the title "doctor" devalues nursing. Such a view fails to recognize that an original contribution to knowledge from a broad, action-oriented perspective grounded in professional practice is different from, and equal to a contribution from a narrow, methodologically refined perspective grounded in philosophy, theory, and method. For us, viva la difference, as long as different is equal.

References


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