

# “Lest we forget”: An issue concerning the Doctorate in Nursing Practice (DNP)

Ann L. Whall, PhD, RN, FAAN

The academic community within nursing is currently discussing an interesting option to the PhD, or Doctorate of Philosophy degree. Termed the Doctorate in Nursing Practice (DNP), it is currently described as a practice-focused rather than a research-focused doctorate (such as the PhD). Several issues are being explored, including descriptions of the differences between programs of study for the DNP versus the PhD; one of these differences is sometimes described as less of a meta-theoretical focus within the DNP. While this distinction is a clear and worthy one, it brought back remembrances of past nursing practices that are perhaps best seen as unexamined or at least ill informed. Before describing such practices, it is helpful to remind ourselves that one's view of science (arguably a meta-theoretical issue) dictates how one practices (eg, what is focused upon, how one approaches assessment, interventions, etc). These views of science thus determine the possibilities of and for practice, including (in part) the domains (or proper subject matter) of such practice, the truth criteria (or practice standards) accepted, as well as the persistent questions used to guide the research supporting the evidence base for such practice.

Less of a focus within the DNP upon meta-theory might be interpreted as viewing nursing practice as a stand-alone phenomenon, affected remotely, if at all, by philosophic beliefs and views of science held within the discipline. Such a view would not only greatly affect nursing practice, but will concomitantly increase the influence of other disciplines upon nursing practice. When nursing in the past was not clear concerning its meta-theoretical stance, practicing nurses at times assumed the practice values of other disciplines. The result might be described as analogous to a “rudderless ship,” greatly influenced by the winds of the day and not by specific values of nursing.

Some cases in point include that from the time of Nightingale to roughly the mid-twentieth century, nursing education and practice was focused primarily on

rote-learned nursing care procedures. Focus on carrying out technology in an expert fashion, without questioning philosophic issues involved, might have allowed nurses to expertly assist with pre-frontal lobotomies, patient restraint (chemical/physical), and such events as the “syphilis experiment” with disadvantaged subjects and/or other practices ultimately seen as abhorrent. The positivistic view of science under-girding such practice included that “observables” were the only “proper” focus of science and that culture and other values were unimportant to science. This view of science was ultimately rejected within nursing, but unquestioning acceptance and “rote compliance” with existing practice norms and procedures remains a part of nursing's past. Since the mid-twentieth century, the postmodern (ie, post-structural) philosophic view of science has predominated within nursing, and this view includes assessment of cultural preferences, patient input, etc.<sup>1</sup> However, the half-century preceding this era is a reminder that nurse leaders (especially those supporting the DNP) must understand the philosophic foundations of practice that define the nature and possibilities of advanced practice.

As nursing discusses ways to develop the DNP, it is important to keep in mind the philosophic views of science that have negatively affected nursing practice and research in the past. *Practice is not a “stand alone” phenomenon*; rather, it is a direct outcome of philosophic beliefs. DNP graduates will lead nursing practice forward and they need a clear grounding in philosophy of science (or meta-theoretical) issues that define the nature of nursing practice and research. A cursory familiarity will not do. As Nelson and Gordon<sup>2</sup> have argued, nursing has the tendency to approach current issues as not having a “past” and of repudiating our disciplinary past experience. Hopefully this will not be forgotten in current discussions of the DNP.

## REFERENCES

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