

Letters to the Editor

To the editor

With respect to the articles concerning the DNP, we agree with Dr Broome that we need more “constructive debate and dialogue in nursing.”¹ However, we would add that nursing is in *dire* need of more critique, debate, and even some “prickly academic disagreement and discord”—especially with regard to the doctor of nursing practice. Despite the initiation of some 20 new PhD programs in nursing since 2000, this degree continues to fail to attract a large cadre of students, and PhD programs across the nation continue to fail to graduate those enrolled expeditiously. In 2004 Dr Terry Valiga of the National League of Nursing testified in a congressional briefing that it takes an RN an average 8.3 years (post-MSN!) to obtain the doctorate, clearly a disincentive for increased enrollment in doctoral programs.

Dracup et al² refer to Drexel’s DrNP in that same issue and we would like to respond. The Drexel Model DrNP degree was designed in part because we felt it illogical to ask any CRNA, CNM, or NP to forego employment and weaken their clinical skill base and pursue PhD study full-time for three years or more (unless to become a nurse scientist). The aim of the Drexel Model Clinical Research DrNP is to give the post-MSN doctoral student advanced nursing knowledge in the context of clinical practice and additionally give the student clinical research skills that are essential if we are really going to grow our evidence-base for practice. It is folly to assume PhD in Nursing graduates should or can conduct *all* the empirical clinical nursing research our society needs. Further, the DNP graduate *will not* have the research skills necessary to

credibly lead an interdisciplinary clinical research team.

Unlike the DNP, we think our knowledge-generating practice doctorate model (with a clinical dissertation) will be a partner to the PhD (like the DrPH, PsyD, or DSW degrees). Our first class of DrNP students have told us they generally want to allot approximately 25% of their careers to knowledge generation and clinical research. Indeed we earnestly anticipate the contributions these clinical scientist scholars are going to make to our nursing science knowledge base and they won’t have to give up their positions or put them on hold to accomplish this.

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To the editor

When Whall’s guest editorial on the Doctorate in Nursing Practice (DNP) degree appeared in *Nursing Outlook*,¹ I began to draft a letter to the editor supporting Whall’s stand on the relevance of nursing philosophy/theory, but questioning the need for **another** professional doctorate and suggesting the redundancy of the word “practice” in such a degree. In discussing my concerns with an active member of AACN, I was told

that it was a *fait accompli*, implying that it was too late to question the position that AACN had taken. I am heartened by the last issue of *Nursing Outlook*, in which the debate is alive and well,² and I hope to contribute to the considerations of this movement.

First, I think the designation of the DNP as a terminal degree is a fallacy regarding professional education. Professional education **begins** with a doctorate, as in DDS, JD, MD. That was what the original ND degree was intended to be. Its failure, if we can deem it such, was a result of misplaced expectations of the degree as an advanced degree rather than a basic professional degree. If this were understood, it would build on undergraduate prerequisites and be completed in about 3 years devoted to professional education. It would not take a lifetime of hop-scotching from one degree to another with inherent gaps and redundancies. The curriculum of this basic professional education would be based on the discipline of nursing and its cognates. If a graduate of such a program desired specialization, then another program would be needed.

The program described by Munding² emphasizes a curriculum grounded in other disciplines and aimed at answering the shortage of primary care physicians. The fears expressed by Dracup et al³ regarding the possibility of the DNP’s detracting from PhD programs and the subsequent effect on nursing research would not be a factor if the professional doctorate were seen as a basic degree rather than an advanced degree. The length of time taken to complete the degree and, if desired, a PhD to prepare for research would not be longer than current routes, and perhaps be even shorter.

So what happens to the “plethora” of degrees we now have? And how does this suggestion relate to the needs of the health care system?

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