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 expediently. 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 al[2] 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.

Dr. H. Michael Dreher
E-mail: hd26@drexel.edu
Drexel University

Dr. Mary Ellen Smith Glasgow
Dr. Kathleen Fisher
Dr. Vicki Lachman
Dr. Patricia Suplee
Dr. Kathy Falkenstein
DrNP Faculty, Drexel University

doi:10.1016/j.outlook.2005.08.004

REFERENCES

1. Broome ME. Constructive debate and dialogue in nursing. Nurs Outlook 2005; 53:167-8.
2. Dracup A, Cronenwett L, Meleis AI, Benner PE. Reflections on the doctorate of nursing practice. Nurs Outlook 2005;53:177-82.

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 Mundinger[2] emphasizes a curriculum grounded in other disciplines and aimed at answering the shortage of primary care physicians. The fears expressed by Dracup et al[3] 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?

Nurs Outlook 2005;53:268-269.
0029-6554/05/$–see front matter

doi:10.1016/j.outlook.2005.08.004

Clearly there will be a continuing need for practitioners of nursing/medical technology as well as for professional nursing clinicians. Educators in associate degree and baccalaureate programs are doing a commendable job of preparing graduates for the technology role. The components of baccalaureate education that are properly a constituent of professional education could be moved into an ND program. Specialization in nursing practice would be at the post-ND level and remain at the master's level. That leaves associate degree and some baccalaureate ladder programs to prepare for nursing technology, an ND program for professional practice, Master's programs for practice specialization, and PhD for research. Not much of a plethora.

Foundational to all of this is a clear understanding of the philosophical/theoretical underpinnings of the nursing discipline. Without it we lose our place in the whole scheme of things.

Margaret A. Newman, RN, PhD, FAAN
E-mail: mnewman6@midsouth.rr.com

doi:10.1016/j.outlook.2005.09.004

REFERENCES

1. Whall AL. "Lest we forget": an issue concerning the Doctorate in Nursing Practice (DNP). Nurs Outlook 2005; 53:1.
2. Mundinger MO. Who's who in nursing: bringing clarity to the doctor of nursing practice. Nurs Outlook 2004;53:173-6.
3. Dracup A, Cronenwett L, Meleis AI, Benner PE. Reflections on the doctorate of nursing practice. Nurs Outlook 2005;53:177-82.

To the editor

On behalf of the National Organization of Nurse Practitioner Faculties (NONPF), I am writing to clarify an inaccurate statement that appears in the article "Reflections on the Doctor of Nursing Practice" by Dracup et al in the July issue of *Nursing Outlook*.[1] This article incorrectly attributes a 2005 resolution to adopt a position acknowledging parity between the PhD and the practice doctorate in nursing to NONPF. Our organization did not have such a resolution introduced this year during our annual business meeting, nor have we ever had a resolution addressed on this issue by the membership.

We wish to note, as well, that the NONPF Board has not issued any statements that have stated there is parity between the research doctorate and the practice doctorate. In fact, our statements have promoted the ongoing distinction between the two academic degrees. We have contended that the practice doctorate helps to preserve the integrity of the PhD by ensuring that it remains a true research degree available to support a related career trajectory. The practice doctorate, on the other hand, should be available to provide the highest, terminal degree to the clinician. The only time that our organization has addressed parity in our statements is in suggesting that the practice doctorate may offer parity with other health disciplines that offer a terminal, practice-focused degree.

Ann L. O'Sullivan, PhD, CRNP, FAAN
E-mail: nonpf@nonfp.org
President, National Organization of Nurse Practitioner Faculties

doi:10.1016/j.outlook.2005.09.005

REFERENCE

1. Dracup A, Cronenwett L, Meleis AI, Benner PE. Reflections on the doctorate of nursing practice. Nurs Outlook 2005;53:177-82.

Reply

We thank Dr O'Sullivan for this significant correction. Although this comment was made in open discussion at the annual meeting, we should have confirmed that the point did not move to the resolution stage.

The risk remains of considering the degrees equivalent since both are terminal degrees, so we are pleased that the National Organization of Nurse Practitioner Faculties (NONPF) makes the distinction between a clinical practice-based advance degree and a research doctorate.

With a relatively short research and academic tradition, nursing will need to continue to develop strong research programs. We worry that the DNP would take a similar path as the practice doctorate in education (EdD), emphasizing administration and policy. Studies in administration and policy cannot substitute for developing advanced practice roles.

Kathleen Dracup
E-mail: kathy.dracup@nursing.ucsf.edu
Professor and Dean
UCSF School of Nursing
San Francisco, CA.

Linda Cronewett, PhD, FAAN
Professor and Dean
University of North Carolina
School of Nursing
Chapel Hill, NC.

Afaf I. Meleis, PhD, FAAN
Professor and Margaret Bond Simon Dean
University of Pennsylvania
School of Nursing
Philadelphia, PA.

Patricia E. Benner, PhD, FAAN
Professor and Thelma Shobe Endowed Chair in Ethics and Spirituality
UCSF School of Nursing
San Francisco, CA.

doi:10.1016/j.outlook.2005.09.002