

Professional Concerns and Challenges

Dr.Amean A.Yasir,PhD

Although conversations about the best educational model for nurses at all levels of practice are a professional responsibility, any solutions drafted are fraught with challenges. As the profession moves forward with this initiative, nursing must acknowledge that the proposal presents consequential challenges. The profession is obligated to ask and pursue unanswered questions. Nursing does not yet know the effect of the DNP credential on the number of nurses pursuing a PhD, nursing faculty's ability to obtain tenure, current nursing faculty workload, consumers, the health care system, the profession of nursing, patient safety, and health care costs.

The profession of nursing fought for the right to be acknowledged as a discipline with a unique body of knowledge. The almost 30-year gap between the creation of the first PhD program in nursing and the nurse scientist program was not because nurses were not interested in developing the profession and the research and theory underpinning the discipline. The PhD, the highest degree awarded by academe, is the degree granted by a university, not a department of nursing. Universities that granted this degree required proof that nursing possessed a higher body of knowledge worthy of this credential. It took almost 30 years for the discipline to be considered "worthy." The draw to PhD programs in the nation, however, has been static over time with fewer than 500 graduates from these programs per year for the past decade. Nursing has struggled for more than 100 years with the practice/theory dichotomy. The PhD serves to bridge that gap by demonstrating that practice cannot be a theoretical, that practice must be developed and new practice knowledge created from the unique paradigm of nursing, and that research is essential to furthering the legitimacy of our discipline. Nursing has fallen short in mentoring nurses for research career trajectories. The requirement of the "one year of med/surg" after graduation, the development of boring and pedantic introductory research courses, the invention of language for nursing theory, and general failure to create learning environments that celebrate the development of the discipline have resulted in the valuing of practice and the dread of research. The consequence has been the persistence of the traditional and dangerous practice/education dichotomy. The DNP initiative may divert nurses who might have chosen the PhD by providing them with an option that values practice over the development of the discipline.

Nurses who hold a DNP may find it difficult to find faculty positions with a tenure track or to obtain tenure. The PhD is considered in academe as the entry-level degree for an assistant professor on a tenure track. Other doctoral degrees are considered secondary. In many settings, with the possible exception of the MD degree, non-PhD doctorates are considered less rigorous. Although the DNP will open opportunity for clinical instruction and may alleviate the current shortage of clinical faculty, this initiative may not alleviate the faculty shortages in the long term. When colleges and universities accept the DNP credential as appropriate preparation for nursing faculty, it is conceivable that those faculty lines will not be tenurable. Non-academicians may miss the importance of this possible problem. However, tenure confers unique rights, privileges, and status on professors. In some institutions of higher learning, only tenured and tenure-track faculty are permitted to fully participate in college and university decision making. In many systems faculty who do not have tenure, or who are not tenurable, do not have voting rights on governance committees. The DNP has the potential to create a second class of faculty by preventing nursing faculty from full and equal participation in policy issues, budget allocations, and other questions

central to the growth, development, and actually sustainability of nursing as a discipline in higher education. Despite laudable and necessary support for the DNP credential within nursing education, it may take years before the DNP will be considered by other disciplines as equal to the PhD. Indeed, this may never happen at all.

Curriculum development requires human and financial resources. New curricula are researched, written, tested, and evaluated by members of the faculty. The current climate of faculty shortages will require that DNP curricula be developed by an already shrinking nursing faculty. In the immediate future, the nursing shortage crisis is hindered by diverting faculty from teaching entry level students to developing this curriculum. Policy makers and the public may find this involvement counterproductive to efforts to alleviate the nursing faculty shortage.

Attention to the development of this credential has the potential to divert the profession's attention from urgent issues threatening the health care system such as the nursing shortage, threats to the provision of quality care, disparities in the provision of care, access to care, disparities in reimbursement among health care providers, artificial barriers to autonomous nurse practitioner practice, and a nursing faculty shortage. Health care consumers see issues of access and quality as much more important to their health and the safety of the health care system.

The effect of this new credential on currently practicing nurse practitioners has not yet been fully explored. Nurse practitioner leaders and state and national organizations have spent considerable time and finances ensuring the public, legislators, and other members of the health care community that the education that nurse practitioners currently possess results in high-quality care. The credibility of nurse practitioners who do not hold the DNP degree may be stretched when the profession demands an additional credential. Opponents of nurse practitioner practice may "spin" the profession's attempts to more clearly articulate educational paths and conclude that the current educational preparation is inadequate for practice.

Although it is intuitively appealing that educational requirements and standards will address the Institute of Medicine's concerns about patient safety and health care quality, there is no evidence that the DNP addresses these issues. Studies relating educational preparation and quality at the entry level do support that more and different education results in higher quality.^[21] These data are not generalizable to advanced practice, and the suggestion that better patient care will result from this preparation, although intuitively appealing, has not been made on the basis of evidence.

More educational preparation places a larger financial burden on the provider. Nursing has not yet begun to address the effect that a larger tuition burden will have on individual providers or on the cost of health care. Nurse practitioners have a long and proud history of delivering cost-effective, accessible, and quality care. It is not an unrealistic expectation that nurse practitioners who hold a DNP will seek greater compensation for their increased level of education.

These challenges and unanswered questions must not halt the discussion about the best educational preparation for advanced practice nurses. Rather, nursing must be prepared to embrace these issues and respond to them.

References

1. American Association of Colleges of Nursing. Position Statement on the Practice Doctorate in Nursing. Available at: www.aacn.nche.edu/DNP/DNPPositionStatement.htm 2004; Accessed June 10, 2007.

