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Authors

Gilliss, Catherine L

Woods, Nancy F

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## Commentary on: Nursing research and graduate education

If you knew Virginia Cleland, you can almost hear her voice ringing through the print of her 1975 article “Nursing Research and Graduate Education.” Consistent with her tradition of always being frank and clear regarding her point of view, she sets forth well-grounded, practical advice for strengthening nursing research and doctoral preparation in nursing. The “soothsayer” qualities of her essay are especially obvious when you realize that her paper appeared in an era when nursing research and the institutional support to sustain it were in the nascent stages of development.

Early research-focused doctoral programs (PhD/DNSc) in nursing appeared in the mid-1960s, but the majority of the research programs in Nursing in the US are less than 30 years old. During the intervening years, many of the strategies proposed by Cleland have proven to advance both nursing research and the quality of research doctorate.

When the Doctor of Nursing Practice (DNP) programs emerged in the mid-2000s, many argued that DNP enrollments would erode PhD enrollments and interfere with the advancement of the science. This argument was based on the dated notion that knowledge development only emanates from discovery science. Accelerated by the economic downturn of the last decade, all of higher education is facing demands to curb our costs and ensure educational affordability. The larger social context collides with “nursing’s moment” to define the educational programs essential to building a discipline well able to meet the demands of an increasingly complex health care system and develop the knowledge that is essential for improving the health of the public. Thus re-emerges the need to once again define the relationship of our practice-based and our knowledge-generating educational programs. We must address the complementarity of the PhD and DNP programs.

Within the next decade we will face the challenge of sustaining both programs to advance our science and practice in an era of declining resources for higher education, and educators will be required to compare and contrast the curriculum and expected outcomes of the PhD and DNP programs.

Although early programs created bright lines of distinction between the PhD and DNP coursework, the external environment and the needs of the field may drive these 2 educational tracks closer together. Overlooking the practical matter that many schools cannot afford to offer completely distinct coursework for each degree, separating PhD and DNP students from one another denies them the opportunity to understand how their scholarships complement each other. The PhD-prepared scientist generates new information through the methods of discovery science, but that

scientific information is seldom of immediate value to those facing implementation in the clinical world. The DNP-prepared nurse is able to critically review the work of discovery scientists and plan a thoughtful implementation to improved care delivery or care delivery outcomes. In the process of improving care, or reflectively attempting to improve care, the DNP-prepared nurse generates knowledge regarding implementation. Working together, these 2 groups can contribute to the full cycle of knowledge development in nursing.

Assuming this result is possible and good, actively facilitating discussion of and education for advancing the cycle of knowledge development must be pursued within our doctoral programs. We believe that one approach involves creating learning opportunities for our doctoral students that combine them in the classroom and in their pursuit of knowledge, both discovered and applied. Another important approach is to engage both our PhD-prepared and DNP-prepared faculty in teaching activities that support both the PhD and DNP programs. The benefits of such a plan are several, including the clarification of the professional contributions of each. The overall goal is to advance the full range of knowledge development and clinical scholarship that supports the ultimate goal of advanced practice nursing and nursing science—improved health for the public.

Virginia Cleland herself might be surprised at how close we are to taking her 35-year-old advice.

Catherine L. Gilliss, DNSc, RN, FAAN  
Dean and Helene Fuld Professor of Nursing  
Vice Chancellor for Nursing Affairs  
School of Nursing, Duke University  
Durham, North Carolina

Nancy F. Woods, PhD, RN, FAAN  
Professor and Dean Emerita  
School of Nursing, University of Washington  
Seattle, Washington

Corresponding authors: Dr. Catherine L. Gilliss  
School of Nursing  
Duke University  
Durham, North Carolina

Dr. Nancy F. Woods  
School of Nursing  
University of Washington  
Seattle, Washington