

Endorsing the Doctor of Nursing Practice Pathway for Nurse Educators

Few would argue that the development of the specialty practice of nurse educator reached a milestone with the introduction of nurse educator competencies by the National League for Nursing (NLN, 2005), shortly followed by NLN's certification program for nurse educators (NLN, n.d.). Since then, the demands on nurse educators continue to grow. Today's expectations of nurse educators go beyond proficiency in pedagogy, learner and program assessment, curriculum design, and education scholarship. Faculty must also be prepared to provide content that is more advanced and experiential learning that is more technology infused to prepare nurses for an increasingly complex health care environment. Furthermore, faculty are asked to facilitate learning among students who are more diverse, technology-savvy, comfortable with digital curricula, and expectant of individually customized educational offerings and formats than previous student cohorts. These demands necessitate renewed discussion of the educational preparation for today's nurse educators and consideration of full endorsement of a nurse educator Doctor of Nursing Practice (DNP) track.

The nurse educator is an advanced role in nursing. As has been the case with advanced practice nurses, consistent recommendations have been made that doctoral education is the preferred preparation for nurse educators (American Association of Colleges of Nursing [AACN], 2008; Institute of Medicine, 2010; NLN, 2013). The research-focused doctorate (PhD) remains the standard degree in higher education for advancing disciplinary science and, in many

universities, is the required degree for faculty promotion and tenure pathways. To prepare graduates for faculty roles, most PhD programs must add educator courses (AACN, 2004, 2006a), but most programs currently add these courses only as electives, which are chosen infrequently by cash- and time-strapped doctoral students. Minnick, Norman, Donaghey, Fisher, and McKirgan (2010) noted that only 20% of PhD programs required a teaching practicum. This low percentage indicates that programs cannot prepare sufficient numbers of aptly prepared faculty (Tanner & Bellack, 2010). Compounding the problem is the relatively slow growth in the number of PhD programs (Kirschling, 2014) and the relative inaccessibility and infeasibility of PhD programs for some nurses interested in doctoral education (Graves et al., 2013).

In 2004, the nursing pathway to doctoral education opened greatly with the AACN's launch of the DNP degree. The AACN presented solid rationales for the creation of the practice doctorate, despite the predictable criticism levied by creating another level of educational preparation for nurses. Central among the distinctions between the research- and practice-focused doctorates is the different emphases on scholarship—the PhD focuses on Boyer's (1990) scholarship of discovery, and the DNP focuses on translational research and its associated scholarship of application. Preparation in both types of scholarship is essential in advancing disciplinary knowledge, while also addressing pressing clinical concerns and meeting health care outcomes (AACN, 2006a, 2006b; Florczak, Poradzisz, & Kostovich, 2014).

The DNP option, however, did not offer a new pathway for nurse educators. The AACN clearly excluded a nurse educator DNP pathway by defining DNP nursing practice as being limited to the four advanced practice roles (nurse practitioner, nurse anesthetist, nurse midwife, and clinical nurse specialist) and roles in nursing administration and health policy. DNP nursing practice was further defined as pertaining to direct-care providers and to the expert nurse clinicians who develop, organize, and monitor direct-care policies and protocols (AACN, 2004). Perhaps in anticipation of questions about a nurse educator pathway, the AACN noted:

The discipline of education encompasses an entirely separate [non-nursing practice] body of knowledge and competence. Many nursing practice doctoral graduates may choose the educator role.... However, just as for graduates of research-focused doctoral programs, graduates of practice-focused nursing programs may need additional education in the educator role and pedagogical methodologies. (AACN, 2004, p. 13)

The AACN (2006a) strengthened the exclusion 2 years later by stating in its publication of the essential competencies of the DNP-prepared nurse, "...the major focus of the [DNP] educational program must be on the area of practice specialization within the discipline, not the process of teaching." (p. 7)

The characterizations of the nurse educator implied by the AACN exclusion are incongruent with purveying opinion. Nurse educator practice constitutes specialized nursing practice that requires graduate education, as prescribed by

most boards of nursing and accrediting bodies, not unlike those in advanced practice roles in nursing. The specialized practice of nurse educator moves beyond “the process of teaching” (AACN, 2006a, p. 7) and requires relevant advanced knowledge in the biological, psychological, and sociological sciences and arts. Nurse educators lay the foundation of disciplinary knowledge, ethics, and professional formation of the future nursing workforce and therefore should be prepared at the doctoral level. Although the stature of the discipline of education is unquestioned, nursing’s ability to integrate the theories, content knowledge, and skills based in the discipline of education into nurse educator practice is no different than nursing’s integration from the disciplines of psychology, sociology, pharmacology, organizational science, and the basic sciences into advanced clinical practice.

The exclusion of a nurse educator DNP pathway might have impeded, albeit unintentionally, progress in preparing nurse educators with terminal degrees that include appropriate coursework in educational methods and pedagogies. Untold numbers of current and emerging nurse educators choose the DNP degree over the PhD. The reasons for this choice are not well researched, but nurses and faculty may find the often shorter DNP pathway more affordable and congruent with their schedules and find the rigorous, practice-focused DNP content more in line with their career plans than the traditional PhD path. Preference for the DNP degree may be strengthened as more non-PhD-granting institutions accept the DNP as a terminal degree for rank, promotion, and tenure considerations. However, the current DNP pathway choice is problematic, where as few as 11.75% of DNP programs even offer nursing education courses (Udlis & Mancusco, 2012), perpetuating an old practice of preparing expert clinicians for faculty roles without sufficient educator preparation. For those with master’s degree preparation in nursing education, enrollment in current post-master’s DNP programs may not provide ideal faculty preparation, as it is yet unclear how well current DNP curricula build on master’s-level nurse educator knowledge and competencies. Furthermore, many programs discourage stu-

dents from designing and implementing DNP scholarly projects embedded within a nurse educator or academic context.

For these reasons, there has been renewed interest in implementing education doctorate (EdD) programs designed for nurse educators (Graves et al., 2013). These programs offer advanced courses in educational methods, pedagogies, and leadership, but these programs emphasize content in traditional research methodologies and the scholarship of discovery. These programs require dissertations that may differ from PhD dissertations in depth only. As such, these programs often appear as fast-track PhD programs to the potential student. It is not likely that these programs will supply sufficient numbers of doctorally prepared nurse educators by enticing large numbers of students interested in faculty positions away from current DNP programs.

PhD-prepared faculty proficient in the scholarship of discovery are needed to substantively advance the science of nursing education. PhD-prepared faculty also are needed to educate and mentor the nurse scientists of the future. The need for these faculty is high (Florczak et al., 2014), but an exclusive push for PhD (or EdD) preparation is unwise. Many nurse educators work in schools whose primary mission is teaching. These educators are often challenged by teaching workloads and a lack of research supports that prevent substantive scholarship of discovery productivity. These educators may find their academic environments more amenable to other types of scholarship, including translational research, but advanced preparation for these types of scholarship is uncommon in PhD programs. Consequently, an exclusive PhD push will impede scholarship diversity. The specialty practice of nurse educator needs faculty who are highly proficient in translational research methods and who can apply and evaluate nursing education research into teaching and learning environments embedded in complex and chaotic academic systems. In short, faculty proficient in DNP competencies could provide scholarship that is highly beneficial and possible in today’s academic environments.

It is time to develop and standardize a specialized DNP track for nurse educators. This track should include an edu-

cation curriculum that moves the nurse educator core competencies beyond the master’s level, while integrating core DNP competencies in organizational and systems leadership, technology, interdisciplinary practice, and translational research methods. Analogous to the clinical setting, collaboration among DNP-prepared and PhD-prepared faculty will make great strides in closing the nursing education research nurse-educator practice divide and will benefit students, patients, academic institutions, and the specialty practice of nurse educator. Some accrediting bodies appear amenable to the DNP nurse educator track, but widespread acceptance of the practice doctorate in nursing education may take time. Let us hope this time is short.

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Chad O'Lynn, PhD, RN, CNE

Director of Educational Research and

Instructional Innovation

Chamberlain College of Nursing

3005 Highland Parkway

Downers Grove, IL 60515-5799

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