The Doctor of Nursing Practice Graduate as Faculty Member

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KEYWORDS

• DNP • Clinical scholarship • Faculty roles

KEY POINTS

- This article focuses on the emerging role of the doctor of nursing practice (DNP) graduate as faculty member.
- Re-evaluation of Boyer's model of scholarship in relation to faculty roles is examined.
- Discussion includes barriers facing current DNP faculty as well as the potential advantages that DNP graduates may make toward school of nursing faculties.

HISTORICAL COMPOSITION OF FACULTY AND TRADITIONAL FACULTY ROLES

Nursing has overcome its roots as an apprentice-based educational system. In the days before Florence Nightingale professionalized nursing, a good nurse was one who showed up clean, sober, and ready to engage in heavy manual labor. Miss Nightingale created an education system for training nurses in 1860, with the first secular school of nursing at St. Thomas' Hospital, London, now part of King's College. Miss Nightingale's nurses went on to develop other nursing training programs throughout the world, with training based on an apprenticeship model emphasizing direct care provision as well as teaching.[1]

By the beginning of the twentieth century, preparation as a nurse educator had progressed into the university system, but there were no nursing doctoral programs until the 1970s.[2] Doctoral preparation for nursing faculty was often completed in schools of education, with the first doctoral program awarding an EdD to nurses at Teachers College, Columbia University in 1924.[3] Other nurses pursued doctoral degrees in related fields, such as human development, anthropology, physiology, and other sciences. The first PhD in nursing was awarded by New York University in the 1930s.

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The 1960s were a time of many milestones for advanced education in nursing. Federal funding was available to nursing doctoral students for the first time, with an emphasis on preparing nurses as scholars and researchers.[4] Nursing specialization developed, setting the stage for nurses to earn doctoral degrees specifically geared to preparation as academicians in a nursing specialty.[2] By the mid-1970s, there was sufficient nursing science developed to support different types of nursing doctoral degrees: the PhD focused on nursing science and the doctor of nursing science (DNS or DNSc) was intended to be more clinically focused. Academic politics played a role in this separation and the preparation at the DNS level was often identical to PhD preparation at other institutions.[3] In recent years, universities have recognized the nature of the original education and converted graduates' degrees to PhDs.

At approximately the same time, preparation as a nurse educator was replaced by increased content in research and nursing science. Where students had previously developed expertise in teaching strategies, often at the master's degree level, the focus shifted to developing content and research expertise. As the PhD replaced the master's degree as the required education for nurse academics, preparation as a teacher disappeared from the curriculum. How PhD-prepared nurses were supposed to learn how to teach was not addressed, leaving many new faculty members unprepared to develop their courses and teach their classes. Universities began offering on-the-job training to prepare their new scholars to succeed in the classroom; however, a pedagogical base and knowledge was often lacking in curriculum development. Recent trends include a return to education courses as electives in the doctoral curriculum.

Nurses still sought an opportunity to earn a doctoral degree that would focus on clinical expertise and scholarship. Many expert nurses did not want to leave clinical nursing for the realms of the classroom and of knowledge generation and theory development. The DNP has begun to fill that void. The origin and merits of the DNP degree have been discussed extensively elsewhere. One decision, however, that became part of *The Essentials of Doctoral Education for Advanced Nursing Practice*[5] had a major impact on the content of DNP education. Teaching expertise was left out of that document. DNP graduates were not prepared to be educators, in spite of a shortage of nursing faculty. A window remained slightly open, however, by indicating that DNPs could seek preparation as educators outside of their doctoral program. The Research Council of The National Academies, in their 2005 report, *Advancing the Nation's Health Needs: NIH Research Training Programs*, indicated that a clinical doctorate in nursing similar to the MD and PharmD degrees could ameliorate the shortage of clinical faculty.[6] As DNP-prepared graduates enter the workplace, schools of nursing are common employers. The number of graduates with DNP degrees exceeded the number with PhD degrees for the first time in 2011.[7] Who better to teach the DNPs of tomorrow than DNP-prepared educators?

THE ARRIVAL OF THE PRACTICE SCHOLAR IN THE ACADEMIC SETTING

DNP-prepared educators make the link between education and practice. DNP-prepared faculty want to remain in clinical practice: that was often the reason that they sought a DNP degree. As the demands of research output increased for PhD-prepared faculty, they most often left the clinical practice arena. Clinical knowledge changes rapidly over time, so nurse academics are often disconnected from the clinical world. Choices must be made in the pursuit of academic progression, and active clinical practice is often discarded. This creates a disconnect between what is taught in the classroom and what is happening in clinical practice. DNP-prepared nurse educators can change that scenario. As clinically active nurse educators,