Doubling the Number of Nurses with a Doctorate by 2020: Predicting the Right Number or Getting it Right?

Currently, fewer than 1% of nurses have a doctoral degree. In light of data forecasting substantial shortfalls in the numbers of nurses by 2020 (Health Resources and Services Administration [HRSA], 2004), the nation’s workforce supply chain will be crippled as faculty age out of academia with a limited pipeline of replacement nurse educators impeding the adequate preparation of new nurses. Even with conservative workforce estimates, some projections suggest the Affordable Care Act (ACA) will likely increase demand for health providers including RNs. Coupled with the Robert Wood Johnson Foundation and the Institute of Medicine’s (IOM) The Future of Nursing: Leading Change, Advancing Health (2010) proposal for a more-educated nursing workforce including the recommendation to increase the proportion of RNs who have an earned baccalaureate degree from 50%, which is what it is now, to 80% over the next 10 years, the need for doctorally prepared teachers is even more critical.

Even without the ACA passage, the need for APRNs, nurse faculty, and nurse researchers was increasing to meet the complex health needs of patients today (Cronenwett, 2010). To respond to the increasing demands for PhD and doctor of nursing practice (DNP) degrees, the IOM (2010) recommends schools of nursing, with support from private and public funders, academic administrators, and university trustees and accrediting bodies, double the number of nurses with a doctorate by 2020 to add to the cadre of nurse faculty and researchers, while addressing the need to increase diversity. The report contrasts the growth in numbers and distribution of post-master’s degrees including the DNP, complement to other practice doctorates such as the MD and PharmD, and the PhD, as the traditional, academic, research-oriented degree designed to educate nurses in a wide range of scientific areas. But the report does not prescribe what mix of preparation is warranted or what educational pathways can best solve the problems we face such as the 32 million new patients who will need health care as a result of the ACA or the aging cadre of university-based nursing faculty and nursing science researchers.

This confluence of demand led the Future of Nursing committee (IOM, 2010) to challenge leaders to commit to advancing education of nurses at all levels. But it left open the question of how many and what kind of graduate and post-master’s education should be fostered. Is it a realistic recommendation for the Commission on Collegiate Nursing Education (CCNE) and the National League for Nursing Accrediting Commission to monitor the progress of accredited nursing schools to ensure at least 10% of all baccalaureate graduates matriculate into a master’s or doctoral program within 5 years of graduation? And in these tough economic times, will the proliferation of DNP programs, which outpace the production of graduates over the PhD program whose curricula requirements are longer, create unintended consequences in the university environments as warned by some authors (Cronenwett et al., 2011)?

Questions need to be addressed. The future nursing workforce is in our hands and lies in our collective ability both to predict and match the right numbers of PhD and DNP degrees. These “calls-to-action” may be counterproductive if we don’t exercise some caution and call for data! As we ride the freight train of new initiatives to meet the “doubled by 2020” goal, the proliferation of DNP programs, with federal support and variable curricula, may produce doctorally prepared graduates that solve some problems but fuel others.
Getting the Numbers Right

Nurses with doctorates are needed to educate future generations of nurses. To get the right numbers, there must be competitive salary and benefit packages available so that highly qualified academic and clinical nurse faculty are recruited and retained. Doctorally prepared nurses are well positioned to lead change and advance health care in America. They stand ready to conduct research that becomes the basis for improvements in nursing science and practice. But there are multiple pathways to the doctorate and expectations for graduates are different. Many rapidly developed DNP programs have appeared in the wake of serious conversation and deliberations related to workforce issues (Cronenwett et al., 2011) and concomitant concerns about the flat growth in PhD programs (IOM, 2010) and precedents for underresourced academic doctoral education (Minnick, Norman, Donaghey, Fisher, & McKirgan, 2010).

There were eight DNP programs in 2004. To date, 52 DNP programs have been accredited by CCNE, and an additional 69 DNP programs are pursuing CCNE accreditation; 153 DNP programs are currently enrolling students at schools of nursing compared to 124 research-focused doctorates; an additional 106 DNP programs are in the planning stages (American Association of Colleges of Nursing [AACN], 2011). Growth in enrollments of PhD students from 2007 to 2008 was less than 0.1% (AACN, 2009) and DNP graduates will surpass PhD graduates (722 to 703) in 2012 (Ellenbecker, 2010).

Getting the Right Mix

To meet objectives set forth in the ACA, as well as demand for the delivery of safe, patient-centered care, nurses need to attain requisite competencies to deliver high-quality care. The clinical doctorate promises to meet the changing demands of this nation’s health care environments. Between 2004 and 2008 the number of programs offering the clinical doctorate increased 40%. With fewer than 1% of nurses with research doctoral degrees in nursing or a nursing-related field, the qualification generally respected as the one needed to conduct independent research (HRSA, 2010), and with the enrollment trends in PhD graduates generally flat for the last decade (AACN, 2009), the Future of Nursing report questions how the number of PhDs in nursing programs and related research outcomes can keep pace for future faculty needs in academic institutions (IOM, 2010). And so should we!

This is especially critical in light of the current controversies over the DNP programs (Dracup, Cronenwett, Meleis, & Benner, 2005; Ellenbecker, 2010; Meleis & Dracup, 2005; Swider et al., 2009) with the (a) confusion in academic pathways for prospective applicants, (b) lack of evidence of any educational outcomes that have led to promoting a sea of programs with mixed clinical and non-clinical foci, (c) competition for scarce resources in public funding for education that is traditionally part of the federal role, and (d) future DNP graduates who will sit side-by-side future PhD-educated faculty debating the academic expectations for traditional issues such as promotion and tenure. Silva and Ruth (2006) discuss the ethical aspects of respect for persons. Professional disagreements can lead to disenfranchisement when issues are confronted.

Call for Data

We need to take a breath and vociferously call for data! The train is out of the station but we need to question how many and what kind of DNP’s and PhDs will truly help us catch up with the projections of retirement vacancies, the new demand for increasing faculty to support BSN students (80 in 20), and health reform changes that will shake out new patients from the woodwork in need of primary care. It is not a responsible position to advocate for “wait and see” on how the professional arguments settle and how the need for discussions will arise from the proliferation of graduates. It is also important not to take our eyes off what’s important in nursing education; it should occur within the American academic institutions who set the expectations for what constitutes doctoral education (Carnegie Foundation for the Advancement of Teaching, 2008), where we have strived for legitimacy as a discipline for so long.

When two trains are on parallel tracks, we have to consider the proper switches and merge points along the journey as checkpoints toward the goals. Other than studies and articles on current or prospective DNP students questioning their personal consideration prior to selecting doctoral education (Hawkins & Nezat, 2009; Loomis & Cohen, 2007), there are no studies on the graduates of programs and their experiences in the clinical practice and/or academic workplace. What are the salary differentials? What are the role changes? What are the research expectations? What solutions do they bring to the faculty shortage issues? How do they impact the nation’s need to improve access to health care? Questioning is the role of thought leaders in nursing. We need to call for data as we hop on board.

REFERENCES

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