

# SCHOLARLY PURSUIT OF EXCELLENCE: DOCTORAL EDUCATION IN NURSING

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Doctoral education is the scholarly pursuit of excellence in a defined discipline. Doctoral education in nursing provides an opportunity for nurses to study, test and evolve theories, to conduct research, and then to translate theoretical concepts and research findings into care of clients and patients.

To discuss this scholarly pursuit of excellence, the following areas will be reviewed: the growth of doctoral programs in nursing, development of nursing science, and finally, the continued growth of scholarly excellence in nursing.

## *Growth of Doctoral Education Programs in Nursing*

Doctoral education in nursing has evolved with the development of the discipline. Nursing began as a practice-oriented discipline consisting of technically trained apprentices. It slowly eased into academia and professional education by incorporating relevant knowledge from the arts and sciences, by conducting research on practice, and by developing theory which could be translated into practice. Such progress was not without resistance:

The education of nurses in an academic setting, however, was not encouraged due to the fear by some health-related groups that nurses would become too knowledgeable and hospitals might suffer an economic loss in its dependable source of workers needed to staff the agency.<sup>1</sup>

As early as 1923, the Goldmark Report advocated moving the control of nursing education from hospitals to institutions of higher learning.<sup>2</sup> That report and many others that followed had little impact. It was not until the end of World War II when large numbers of nurses eligible for G.I. benefits enrolled in colleges and universities, that the growth of schools of nursing and institutions of higher education began to move forward. Consequently, this expansion of university based undergraduate programs for nurses stimulated a greater need for graduate level studies designed to prepare nurses for teaching or administrative roles. As a result, master's level programs in nursing were established or expanded in every region of the United States and Canada during the decade of the 1950's.

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\* Dr. Floris King organized the first National Conference on Research in Nursing Practice held in Ottawa in February, 1981. She was at that time on faculty at the University of British Columbia.

During this period, nurses began to enroll in a wide variety of doctoral programs — in education, natural and social sciences. The Nurse Scientist Training Act supported doctoral programs offering the doctorate of philosophy in the health, the natural, and the behavioral sciences related to nursing. Matarazzo and Abdellah stated this development very succinctly:

First generation nurse scientists sought their doctoral training predominately in education and the behavioral and social sciences. A few pursued the biological sciences. More recently, doctoral training in the clinical specialties has produced clinical nurse specialists. These kinds and combinations of training have produced hybrid teachers (second generations). Such individuals are nurses, but they are also scientists and clinical specialists. From these programs will come the third generation, teachers of Ph.D. in nursing.<sup>3</sup>

Cleland also noted the importance of these initial academic steps:

Women are considerably more welcome in academia today... In fact, with the current uneasiness about too many people with doctorates, the qualified nurse applicant is especially attractive, because job placement in nursing is not a problem. In addition, nurses have proven themselves as able students who also possess easy access to the health care system for research purposes.<sup>4</sup>

Readiness for doctoral educational growth is reflected in many ways. Job requirements are demanding that nurses have doctoral preparation in the roles of educator, administrator, research or clinician.<sup>5</sup> Nurse scholars, in whatever role, seek to study behavioral and physiological phenomena that would add to or validate previous knowledge about human phenomena, and thereby contribute to theory development relevant to nursing practice.

Conferences and seminars have been conducted to further support doctoral education growth in Canada and the United States. For example, Canada's first National Conference on Research in Nursing Practice was held in Ottawa, February 16-18, 1971 with over 300 present. This unique conference focused on research in nursing practice, essential to doctoral education.<sup>6</sup> The Kellogg National Seminar on Doctoral Preparation for Canadian Nurses, held in 1978, also provided much impetus for the consideration of developing doctoral education in Canada for nurses.<sup>7</sup>

The type of doctoral preparation that is considered, is significant in directing the evolution of scientific systems. Nursing science needs persons with doctoral education in nursing; there is also a need for doctorally prepared persons in all nursing-related disciplines. However, the critical need at the doctoral level is not the area of preparation but the commitment to develop science in nursing.

### *Development of Nursing Science*

The ultimate goal of nursing's scholarly pursuit of excellence is the development of nursing science. There are several stages to this scientific development.

Science is an attempt to organize experience. Frank states:

science advances through the formulation of a body of postulates and assumptions, a conceptual framework... (which) provides a coherent, internally unified way of thinking about the events and processes in each discipline for which it is relevant. This approach fosters the conception of science as a systematic and never ending endeavor...<sup>8</sup>

Frank's conceptualization suggests that science is a *product* that advances, as well as the *process* by which it evolves.

Kuhn, in *The Structure of Scientific Revolutions*<sup>9</sup> states that the early stage of scientific development is the pre-paradigm stage. This is characterized by divergent schools of thought which, although addressing the same range of phenomena, usually describe and interpret these phenomena in different ways. Through accumulation of knowledge, testing and retesting, a metaparadigm evolves. This is considered the broadest consensus within a discipline. In general, the metaparadigm or prevailing paradigm: 1) is accepted by most members of the discipline, 2) serves as a way of organizing perceptions, 3) defines what entities are of interest, 4) tells the scientists where to find these entities, 5) tells them what to expect, and 6) tells them how to study them.

Although the period of theory development in a discipline is characterized by ambiguity and uncertainty, nurse scientists can help build the knowledge base that will help formulate an acceptable paradigm. They can do this by being well informed in a substantive area and participating actively in both theory construction and research.<sup>10</sup>

To select only one paradigm for the discipline of nursing is questionable. This may be restrictive. The body of knowledge of nursing science must ultimately withstand the repeated investigation of theoretically based problems. In this way knowledge is redefined as research results accumulate. Several paradigms will evolve.

Theoretical formulations are already evolving within the discipline. A sample of related discipline theories used in nursing research today include: the disengagement theory, cognitive dissonance theory, theory of status consistency, systems theory, communication theory, self-actualization theory, and grief and loss theory. Some select nursing theories include the following:

- Roy (1976): Man, as a holistic being in constant interaction with the environment, adapts through mechanisms that manifest themselves through adaptive modes: physiological, self-concept, role function, and interdependence.
- Orem (1978, 1980): Individuals have self-care that facilitates self-care health practices. If this agency is insufficient to meet self-care demands, then self-care limitations occur that legitimate a relationship with a nurse.
- King (1971, 1978): Man operates in social systems through communication in terms of perceptions that affect his health.
- Paterson and Zderad (1976): Nursing is an intersubjective transaction that occurs in "the between" of the nurse-nursed and through which nurturance occurs.
- Johnson (1974): Man is a behavioral system composed of seven subsystems. If the behavioral system is functioning effectively (ineffectively) in meeting subsystem goals, then the system is in balance (imbalance).
- Rogers (1970, 1978): The life processes are unidirectional along the space-time continuum where continuous interactions between man and environment are characterized by wave patterns.

There is an interrelatedness of theory and experience. The discipline includes nurses who are clearly "doers" or practitioners. The discipline must also include scientists dedicated to generating knowledge. Nursing practice and nursing science are not antithetical — each depends on the other. Doctoral education provides the bridge.

### *The Continued Growth of Excellence in Nursing*

The continued growth of excellence evolves from the practice of nursing, the research which is conducted on nursing phenomena and their interrelationships, and the rigorous testing for developing theories in nursing. The fruits of the refinement of nursing science is not only reflected in — but actually enjoyed and further tested in nursing practice. This organization of postulates and assumptions in a systematic structure is continuously tested as it relates to the real world of practice.

Doctoral education provides the level of scholarly endeavor toward this pursuit of excellence. As Ralph Waldo Emerson stated: "The office of the scholar is to cheer, and to guide men by showing them facts amidst appearances."<sup>11</sup>

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## RÉSUMÉ

### **La recherche de l'excellence en milieu universitaire: programme de doctorat en sciences infirmières**

Les études qui mènent au doctorat traduisent la recherche de l'excellence en milieu universitaire dans un domaine donné. Les sciences infirmières ont connu, au cours des années, une évolution en ce sens. D'abord axée sur la pratique, cette discipline s'est progressivement engagée sur la voie de la recherche, de la théorie et de l'application des résultats à l'administration des soins infirmiers aux clients, aux malades et à leurs familles.

A la fin de la Seconde Guerre mondiale les études de 1er, 2e et 3e cycles connurent un essor qui est à l'origine de la présence d'universités dans toutes les régions des Etats-Unis et du Canada. C'est



à cette époque que la Loi sur la formation scientifique des infirmiers (Nurse Scientist Training Act) aux États-Unis appuya les programmes de 3e cycle menant à un doctorat (Phd) en sciences de la santé, sciences naturelles et en sciences du comportement pertinentes aux sciences infirmières. Des conférences et des séminaires stimulèrent également le développement des études de 3e cycle en sciences infirmières. Au Canada, la première conférence nationale sur la recherche en soins infirmiers s'est tenue à Ottawa en 1971 et le Séminaire national Kellogg sur les études de 3e cycle pour les infirmiers canadiens en 1978. Ces instances étudièrent l'objectif ultime de la recherche de l'excellence chez les infirmiers: le développement des sciences infirmières. Les connaissances se développent grâce aux échanges au sein du milieu infirmier et les perfectionnements théoriques sont atteints dans le cadre d'une structure axée sur la recherche. Les rapports étroits entre ces deux aspects sont les fondements de la formation de 3e cycle qui inscrit la poursuite de l'excellence dans un cadre universitaire.

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