

DEVELOPMENT OF NURSING THEORY:
**DOCTORAL PROGRAMS: CRITICISMS,
PROBLEMS, BELIEFS, SOLUTIONS**

by
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With the total lack of Canadian doctoral programs in nursing how will development of nursing theory progress in Canada? To find a perspective from which to explore this question I have chosen a philosophical model(1) which views the concerns of any particular profession as a series of criticisms, problems, beliefs, and solutions which have sequential changes in pattern over time. I have added to the original model a subsection entitled "Background to the Problem" which will be inserted directly after the Problem Statement. Five series of criticisms, problems, beliefs and solutions will be presented.

SERIES I

Criticisms: A certain percentage of nurses who take doctorates in other disciplines do not return to nursing (Pitel and Vian, 1975, p. 348). In Canada only 60% of the employed nurses with earned doctoral degrees are known to be working in the field of nursing (Zilm, LaRose and Stinson, 1979, p. 65). Moreover the nurses who do return to nursing have to go through a "resocialization process" and adapt to the "necessary value shifts" (American Nurses Association, 1974, p. 1) between the discipline selected for doctoral study and the discipline of nursing.

Problem: "Shall we continue a pluralist approach to doctoral education for nurses (American Nurses Association, 1974, p. 1)?"

Background to the problem: The evolution of doctoral programs for nurses as opposed to *in* nursing started with the Ed.D. which accounted for 60% of the degrees awarded to nurses in the 1950s (Pitel and Vian, 1975, p. 342). In the 1960s and 1970s the Ph.D. became the most frequently awarded degree to nurses and "coincided with the development in the 1950s of the American predoctoral fellowship programs and, in the early 1960s, of the Nurse-Scientist Training Program of the Division of Nursing of the U.S. Public Health Service (Pitel and Vian, 1975, p. 342)." There had always been the opportunity for a nurse to pursue a doctorate in any discipline for which she could meet its program's entrance require-

1 The author is particularly indebted to Stephanie G. Edgerton, Ph.D., Head of the Division of Historical and Philosophic Foundations, New York University for the formulation of this model which Dr. Edgerton originated to examine a profession's concerns.

ments. However, the latter two programs were organized in the 1950s and 1960s to foster research training of nurses specifically in the sciences most closely related to nursing. The rationale was to create a cadre of scholars who, after having achieved a philosophical style of approaching and developing the science of an established discipline could make the conceptual leap and attempt to do the same for the emerging science of nursing.

BELIEFS:

Belief #1 "Nursing is a (discipline) and as such contains a body of scientific knowledge which requires constant exploration and revision. The broad conceptualization of this knowledge is that it deals with the human being as a whole person in constant interaction with his environment throughout the entire life cycle (Calendar, Division of Nursing, New York, University, 1978, p. 14; Crowley and Donaldson, 1978; Leininger, 1976a, p. 8)."

Belief #2 Scholars and researchers in nursing can only be prepared "in doctoral programs that have as their core the critical and creative study of the science of nursing and not that of other disciplines. The elaboration of nursing's theoretical system is dependent on this foundation (Calendar, Division of Nursing, New York University, 1978, p. 14)."

Belief #3 Any discipline needs the most advanced degree "in its own field of study if it is to maximize its potential contribution to society (Doctoral Education in Nursing, Canadian Association University Schools, 1978, p. 1)."

Belief #4 "There is a definite trend toward acquisition of doctorates in nursing rather than in a non-nursing discipline (Leininger, 1976a, p. 22)."

Belief #5 Some "deans of schools of nursing (will seek and employ) nurses with a nursing doctorate rather than a doctorate degree in a cognate discipline (Leininger, 1976a, p. 22)."

Solution: From the 1962 outset of the American federally funded "nurse-scientist" programs in related disciplines, the plan was to phase out most of these programs "in preference for doctoral programs which grant degrees in nursing (Leininger, 1976b, p. 204)." In 1976 an extension of the United States' National Research Award Act, although retaining the format for training nurses primarily in basic science departments, allowed "a few (out of 35) institutional awards" for doctoral preparation in nursing "in graduate departments in well-qualified schools of nursing (National Research Council, (NRC) Committee Report, 1978, pp. 128-9, 141)."

Twenty American doctoral programs in nursing exist (*AJN*, 1978, p. 1290); 12 offer the doctor of philosophy in nursing; 7 offer the

professional doctor of nursing science and one offers the doctor of education. Twenty-nine more American universities have doctoral programs in nursing in various stages of approval or planning so it is estimated that at least 50 doctoral programs in nursing will exist in the U.S. by the year 2000 (*AJN*, 1978, p. 1290).

Although the nursing profession in both Canada and the United States has moved towards consensus that nurses should seek doctoral preparation in the discipline of nursing, if theory development in nursing is to occur another series of criticisms, problems, beliefs, and solutions are on the horizon.

SERIES II

Criticism: The same problems faced by the nursing profession in the adage "A nurses is a nurse is a nurse" is evident in the adage "A doctorally prepared nurse is a doctorally prepared nurse is a doctorally prepared nurse."

Problem: How does the nursing profession differentiate among the various types of doctoral preparation in nursing so that its members may select a doctoral program congruent with their individual career goals?

Background to the Problem: Three types of professional doctorates have been identified in nursing. Schlotfeldt (1975, 1978) and Newman (1975) have proposed a doctoral program for nurses as a first professional degree. This Doctor of Nursing (N.D.) degree will prepare its graduates for entry into professional practice, not for careers in either university teaching or research. The first N.D. curriculum commences in September 1979 at Case Western Research University (*Nursing Outlook*, 1978, p. 413). Schlotfeldt (1978) envisions this type of nursing doctorate as a post-baccalaureate program. That is, the program will be for non-adolescent, mature students, who would come liberally educated, have a degree to attest to their ability to survive in academia, and presumably, evince a commitment to nursing as a life-time professional career. This N.D. degree would be analagous to the M.D. (Doctor of Medicine) or the D.D.S. (Doctor of Dental Surgery) and its product would be addressed as 'Doctor.' Schlotfeldt (1978, p. 306) contends such a title would be beneficial as the current discrepancy would be resolved between the nature of the education of students in the other health disciplines and that of the current generic baccalaureate nursing graduate. Newman (1975) writes: "I challenge anyone to deny that the difference in title conveys a difference in status (p. 705)."

Two other types of professional doctorates for nurses are well established. Both these degrees often are built upon baccalaureate and/

or masters degrees in nursing. The first of these is the Doctor of Nursing Science (D.N.Sc. or D.N.S.) degree which was first established at the University of California in 1964 (Leininger, 1976b, p. 206). By 1978, five other American universities offered this degree (NLN, 1978) and at least one more university commenced such a doctoral nursing program in 1978 (Downs, 1978). It has been contended that this type of professional doctorate is "the highest university award given in [a] field in recognition of completion of academic *preparation for practice* and other professional activities (Association of Graduate Schools (AGS), 1966)." From this perspective the D.N.S. label connotes an expert practitioner who would be more likely to be found as discerning utilizer, in the service setting, of research findings from her own or others' theoretical formulations than as an academician. That is, he/she might be expected to seek employment in service agencies, or as a cross-appointment between a service agency and a university where, as a clinical faculty member, she/he would be an exemplary role model for undergraduate and graduate students.

An allied contention is that "while persons with a professional doctorate may provide the necessary clinical teaching . . . most cannot meet the academic requirements for research and scholarly contributions expected of graduate faculty members in major research-oriented universities (Cleland, 1976, p. 632)." Undoubtedly, the nurse faculty member will have to meet the same university-wide criteria for appointment to the graduate faculty as a person in any other field. Cleland also points up that it is significant that the professional doctorate is awarded by the university, not the university's graduate school (Cleland, 1976, p. 631).

Few Canadians have sought the D.N.S. degree. Currently one Canadian holds such a degree; four others are currently enrolled in D.S.N. programs (Zilm, LaRose and Stinson, 1979, p. 65).

The second type of doctoral degree that was often built upon undergraduate and/or graduate nursing degrees is the Doctor of Education (Ed.D.) degree where "the doctorate level focuses on scholarship and research, but . . . (in an) applied aspect . . . (Downs, 1978, p. 59).

Prior to 1960 the Ed.D. was the most frequently awarded doctoral degree to nurses (Pitel and Vian, 1975, p. 342). It is understandable that nurses during and prior to the 1950s "would pursue doctoral degrees in education since the focus of the profession at that time was on teaching and curriculum development . . . (Pitel and Vian,

1975, p. 343; Gortner and Nahm, 1977, p. 18). Undoubtedly all disciplines need teachers with the capability to transmit knowledge to their students. However, it is believed that the award of the Doctor of Philosophy (Ph.D.) degree "usually implies appropriate preparation for teaching (AGS, 1966)." Nevertheless, the onus is on the new holder of the Ph.D. degree in a university setting to seek peer, administrative, and student evaluation and to take the readily available tool courses in Colleges of Education during their probationary years in order to ensure that they will be rated, when evaluated by tenure criteria, as skillful transmitters of knowledge for their disciplines.

The report of the U.S. N.R.C. Committee (1978) studying the needs for research personnel "called for a significant reorientation of the program of fellowship support" away from such fields as education and administration and emphasized training should be in research (p. 129). Only one of the twenty American universities listed in 1978 as offering doctoral programs for nurses continues to offer an Ed.D. program (AJN, 1978, p. 1290). Eighteen percent (15) of Canadian nurses with earned doctoral programs are known to hold such a degree, but only three percent (2) of those enrolled in doctoral programs are currently seeking such a degree (Zilm, La-Rose, and Stinson, 1979, p. 65).

In distinction from its definition of a professional doctorate AGS (1966) defined the Ph.D. as "the mark of the highest academic achievement in preparation for creative scholarship and research." A Ph.D. degree is designed to allow the student to think creatively about the emerging science germane to a particular discipline and to explore and to test theoretical models. Formal research training is incorporated throughout the Ph.D. program and the graduate is expected to be able to conduct meaningful research independently and to discover new knowledge throughout his/her career.

The Ph.D. degree has assets for those who wish a career in academia. "Institutions of higher learning were at one time far more tolerant than they are today of accepting and granting promotion and tenure to nurse faculty with lesser educational preparation than members of other disciplines (Downs, 1978, p. 57)." Whether the holder of a professional doctorate has in fact any less preparation is not the point; it is what the label of D.N.S. may connote to appointment and granting agencies' members holding Ph.D.s that is at issue. If one's career goal includes a desire for primary responsibility in a graduate nursing program, the Ph.D. or comparable academic qualification and proven ability to conduct original research in a discipline

are essential, particularly for those who plan to guide doctoral students' research (Chater, 1976, p. 90).

The Ph.D. degree in nursing was first offered in 1934 at New York University (Leininger, 1976b, p. 206). No other Ph.D. nursing program was established until 1970 (Leininger, 1976b, p. 206). In 1978, however, of the twenty United States doctoral programs offered for nurses, the majority (12) were of this type. Seventy-two percent (59) of Canadian nurses with earned doctorates have a Ph.D. (most of these not in nursing; 86 percent (63) of Canadian nurses currently working on doctoral studies are seeking the Ph.D. degree (Zilm, LaRose, and Stinson, 1979, p. 65).

Beliefs:

Belief #1 The N.D. (Doctor of Nursing) will be used to designate a post-baccalaureate nursing degree for entry level professional practice (Schlotfeldt, 1978, p. 302).

Belief #2 The D.S.N. and D.N.Sc. are practice-oriented professional degrees (Cleland, 1976, p. 632; Leininger, 1976b, p. 206; Schlotfeldt, 1978, p. 302).

Belief #3 The Ph.D. is a research-oriented degree (Cleland, 1976, p. 633; Leininger, 1976b, p. 206; Schlotfeldt, 1978, p. 302).

Belief #4 The number of different symbols used to designate nurse-doctorates should be kept to as few as possible and the distinction between them should be as clear as possible (Downs, 1978, p. 59; Kroepsch, 1968, p. 7).

Although the second and third beliefs cited above seem to attest to distinctive attributes of different types of doctoral programs a word of caution is in order. In 1968 Kroepsch predicted "that eventually we shall have a variety of doctorates in nursing in which the similarities among and between them will not be reflected in their titles (p. 7)." For instance, the D.N.S. program at the University of California at San Francisco does not have a clinical practicum but does have a strong emphasis on theoretical formulation, whereas the Ph.D. program in nursing at Wayne State University includes a clinical practicum.

Kroepsch has suggested one should ask several questions before he draws conclusions about a particular doctoral graduate: "Peering over his Ben Franklin glasses, he asks, "and from what university (is your degree)? and in what field? and under whom did you write your thesis?" Then this scholar makes his own judgment as to the quality of the man's formal intellectual experience, and thereupon assigns him to a rather specific spot in his personal academic pecking order. (p. 3)."

Solution: Prospective nurse doctoral students and those members of the nursing profession who urge students to undertake doctoral study should be fully versed in the attributes of any particular program. A personal visit to the university, interviews with potential doctoral faculty, and perusal of that program's graduates' publications as evidence of their research productivity would seem appropriate. By this means it should be possible to align the prospective nursing student's career goals(s) with the appropriate type of doctoral program and to avoid the "hollow promise of a professional future (Downs, 1978, p. 60)" that is inimical to the distinctive attributes of a particular program(s). The third series of criticisms, problem, beliefs and solution arises about the nurse product of any particular doctoral program.

SERIES III

Criticism: "The primary concern, however, remains the failure of nurses qualified in research to continue to pursue research activities in and related to nursing (Pitel and Vian, 1975, p. 35)." Only if such activities are pursued will there be theory development in nursing.

Problem: "How may nurse researchers be better prepared to pursue research projects beyond their doctoral dissertations (Chapman, 1971, p. 2)?"

Background to the Problem:

In the United States earlier surveys of federally funded nursing research, 1955 to 1968, and of American Nurses' Foundation research grants, 1955 to 1970, demonstrated that not very much nursing research was being done by nurses with earned doctorates (Abdellah, 1970a; 1970b; 1970c; *Directory of Nurses with Earned Doctorates*, 1969, 1970, 1971; Taylor, 1970). Only approximately one quarter of the research funded by these two main sources during the fifteen year period 1955 to 1970 was conducted by nurses with doctoral preparation.

In the 1978 Canadian *Survey of University Faculty, Funding of Research Project 1973-1978* (which admittedly excludes any nurse-doctorates in Canada outside of these faculties) a similarly dismal picture is found. Only 11 percent (8/73) of the individuals listed as senior investigators were doctorally prepared nurses. Yet there are eighty-two nurses with earned doctorates in Canada (Zilm, LaRose and Stinson, 1979, p. 64) and in 1973 seventeen of these persons were employed in these same universities (Zur-Muehlen, 1978, p. 59).

Pitel and Vian (1975) in gathering information on 1020 nurses (in 1978 there are over 1800) (AJN, 1978, p. 1160) with earned

doctorates for the 1973 *International Directory of Nurses with Doctoral Degrees* specifically collected data on these nurse-doctorates' research activities. Only 3.5 percent classified their primary position as researcher (Pitel and Vian, 1975, p. 350). Less than half (43 percent) were currently engaged in research and only 31.5 percent perceived research as a major responsibility of their present position (Pitel and Vian, 1975, p. 350). The most telling statistic, however, was that in the previous five years 20.8 percent had not been engaged in any type of research (Pitel and Vian, 1975, p. 350). The problem is not unique to nursing. One study, "indicated that only 15 percent of people who held doctorates ever published anything beyond their dissertation (Neuman, 1976, p. 66)."

One reason for the lack of postdoctoral nursing research may be suggested in Pitel and Vian's (1975, p. 350) data. The dissimilarity they found between the highest frequency dissertation topic and current research interest was, in their view, "astonishing." Whereas the top ranking dissertation topic was nursing-education-curriculum the top-ranking current research interest was nursing clinical studies which had ranked 21st as a category for dissertation topics.

Downs (1976, p. 375) suggests that the criticism related to the lack of evidence that graduates of doctoral programs for nurses pursue research activities following graduation may apply to a lesser degree to the graduates of doctoral programs in nursing. She surveyed 81 graduates of one doctoral program in nursing between 1964 and 1974. Of the sixty-eight respondents 50 percent had completed research or had research underway since graduation (Downs, 1976, p. 376). Since 54 percent had graduated within three years and 83 percent within six years she believes "we have come to the threshold of developing a core of nurses who are motivated to undertake the painstaking pursuit of knowledge The data suggest that we have been overly hasty in drawing gloomy conclusions about the fruitfulness of doctoral preparation . . . (Downs, p. 377)."

Beliefs:

Belief #1 Research specialization cannot be separated from substantive theory (Kerlinger, 1968).

Belief #2 Students provide unproductive service when they learn the wrong things (Naegele, 1966, p. 22).

Solution: If nurses undertake doctoral study in nursing the likelihood that they will undertake postdoctoral research to test and develop nursing theory is maximized. It is the belief of this author that nursing has a theoretical body of knowledge to study at the doctoral level, that its members who are potential developers of theory

will make appropriate career choices, and that products of doctoral programs in nursing will pursue postdoctoral research. When one returns to the original question posed in this paper — “With the total lack of Canadian doctoral programs in nursing how will development of nursing theory progress in Canada?” another series of criticisms, problems, beliefs, and solution still are apparent.

SERIES IV

Criticism: Canadian nursing has a scarcity of individuals now within it who have the preparation thought to be ideal for the development and testing of nursing theory.

Problem: How can the Canadian nursing profession increase the number of developers of nursing theory?

Background to the Problem:

If one assumes the doctorally prepared nurse would have the best potential for being the developer of nursing theory one is looking to less than 1 percent of the employed nurses in both Canada (*Nursing in Canada*, 1976) and the United States (Pitel and Vian, 1975, p. 342). Although the focus of this paper is limited to the need for theoreticians and researchers in nursing there are many other important roles for nurses that are believed to require doctoral preparation (U.S. DHEW, 1976, pp. 101-104).

At the 1975 National Conference on Nursing Research, Huguette LaBelle, then Principal Nursing Officer, Health and Welfare Canada, pointed out that Canadian doctoral programs in nursing were long overdue. In the past 46 percent of Canadian nurses have obtained their doctoral degrees from American universities and 38 percent of Canadian nurses currently working on doctoral studies are studying in the United States (Zilm, LaRose and Stinson, 1979, p. 65). This avenue is becoming less and less available to Canadian nurses as equally well qualified Americans are vying for the small number of available places in American doctoral programs.

No Canadian nurse, as of Pitel and Vian's 1975 (p. 349) international survey of nurse-doctorates, who had taken advantage of the opportunity for doctoral study in the U.S. was reported to have remained there. In fact at that time three American nurse-doctorates were employed in Canada. However, in 1978, seven former Canadian nurses were known to have accepted employment outside of Canada after earning their doctorates (Larsen, 1978).

In 1979, four simultaneously occurring conditions have brought the problem of theory development in nursing in Canada to crisis proportions. They are: (1) a moratorium on development of new graduate programs in Canada; (2) the surplus of qualified American

nurses seeking admission to the U.S. doctoral programs for nurses; (3) the devaluation of the Canadian dollar in the U.S. economy for the few Canadian nurses who are accepted into American programs and (4) the political climate which makes it extremely difficult for Canadian universities to add American nurses with doctoral preparation to their small (47) (Zilm, LaRose, and Stinson, 1979, p. 64) cadre of doctoral prepared faculty and researchers. For example, whereas in 1977-78 Ontario universities were able to recruit 121 full-time professors from abroad, in 1978-79 the number dropped to 73 (*The University of Toronto Bulletin*, 1979, p. 1).

A moratorium on new graduate programs is in effect in institutions of higher learning at a time "when nursing should increase its capabilities to solve critical problems related to health care delivery . . . (and) when a number of nurses are ready and interested to pursue doctoral programs in nursing (Leininger, 1976b, p. 203)." In the United States during 1976 the two largest producers of nurse-doctorates, Teachers College, Columbia University and New York University admitted no new doctoral nursing students in order to maintain quality in the face of increasing enrollments for the same number of faculty (Downs, 1978, p. 57). When the new D.S.N. program at the University of Pennsylvania was announced, 150 inquiries were received within two months (Downs, 1978, p. 57). For 1978 the estimated vacancies in the United States for positions for doctorally prepared nurses were 8,741 (Leininger, 1976b, p. 209). If even a quarter of the U.S. masters programs' graduates plan to enter doctoral programs to fulfil such vacancies, there will be in the U.S. a "Crisis by demand (Leininger, 1976b, p. 208)" for doctoral programs for nurses. Canadian will have to look elsewhere.

Beliefs:

Belief #1 Canada can no longer expect the United States to prepare all of its nurses who wish to pursue a doctorate in nursing.

Belief #2 Nursing must take the initiative for the planning of doctoral programs in nursing in Canada.

Solution: A small group of persons qualified to prepare a green paper on doctoral preparation in nursing in Canada were appointed by the Canadian Nurses Association Board of Directors (CNA, Annual Meeting Program: Report of Special Committee on Nursing Research, 1978, p. 23). The mechanism used was the creation of a Task Force from the Canadian Association of University Schools of Nursing, (CAUSN). After discussion at the National CAUSN meeting in October 1978, CAUSN's position on *Doctoral Education in Nursing* (1978) was presented to the Kellogg National Seminar

on Doctoral Education for Canadian Nurses in November, 1978. Clarification of the type and nature of the degree advocated by the Canadian University Schools of Nursing — the Ph.D. — has thus been accomplished but action towards implementation of Ph.D. programs in nursing is the theme of the last series of criticisms, problem, beliefs, and solutions to be offered.

SERIES V

Criticisms: Over a decade ago Kaspar Naegele in looking at the future of Canadian nursing voiced the following criticism: "Canadian (nursing leaders) should lay down their curious reluctance to lead themselves, take a look at what they have to work with, and move onward (Naegele, 1966)."

Problem: When will Canadian nursing come of age and accept responsibility itself for establishing Canadian doctoral programs in nursing.

Background to the Problem:

In 1971 Matarazzo, chairman of a medical psychology department, at a conference entitled *Future Directions of Doctoral Education for Nurses*, indicated that a nursing faculty with five to ten members with a Ph.D., all of whom are productive, several of whom have research underway, and some of whom are nationally visible, would "more than constitute a critical mass for a Ph.D. in nursing . . . (pp. 90-91)." In December 1978 two Canadian universities had five nursing faculty with doctoral preparation (*CAUSN Newsletter*, 1979, p. 3). Moreover, such a degree he said would be fully as robust as 50 percent of current Ph.D. degrees in other disciplines (p. 91). The United States nurses took him at his word. Of the eleven new and proposed Ph.D. in nursing programs as of March 1, 1976, two programs were planned with five doctoral faculty, one with ten, and two with twelve which was the medium number of faculty initiating such programs (Leininger, 1976b, p. 207).

Funding for doctoral programs in nursing is another challenge to be met. "Most doctoral students at Canadian universities have been supported by federal and provincial government fellowships, by teaching or research assistantships and scholarships from universities, or by student loans (von Zur-Muehlen, 1978, p. 67-68)." It is "in the universities' interest to expand doctoral enrolment (p. 67)." Until such income to universities is self-sustaining initial support from granting agencies may have to be sought to ensure doctoral faculty positions during the mounting of a Ph.D. program.

Certainly no university or external administrative body will or should approve a doctoral program in nursing of less quality than

that of other disciplines' Ph.D. programs. In the United States institutions that "presented evidence of strong graduate departments in nursing . . . (Bourgeois, 1975, p. 185)" were the ones awarded grants for doctoral nursing programs.

Beliefs:

Belief #1 The decision to develop or not develop a doctoral program "must be based primarily upon *existing* resources..." (Cleland, 1976, p. 631).

Belief #2 There are Canadian funding sources available for doctoral programs and students.

Solution: Canadian university schools of nursing need to prepare for doctoral programs in nursing by strengthening the base upon which such programs will be built, that is, their undergraduate and, particularly their graduate programs. In 1976-77 in the United States in the schools of nursing with doctoral programs or with pending doctoral programs in nursing, master degree programs' enrolments ranged from fifty-nine to 698. (NRC, Committee Report, 1978, p. 350). In December 1978 two Canadian faculties had master degree enrolments of sixty and sixty-one respectively, but only the latter concurrently had five doctorally prepared faculty (*CAUSN Newsletter*, 1979, p. 3).

Doctoral education is expensive. However, "it is also an investment — an investment that pays dividends in new knowledge that eventually — and sometimes rather quickly — improves the economic, health, social, and cultural components of our society (Kroepsch, 1968, p. 6)." Canadian nursing faculties need to be cognizant of every possible source of funding and to tenaciously extract funds from such sources for the mounting of doctoral programs in nursing.

And, finally, nurse faculty of Canadian universities need to stop procrastinating the instigation of Canadian doctoral programs in nursing, and work with their existing faculty resources. The time for Canadian input into development of nursing theory is NOW.

RESUME

Etant donné l'absence totale de programmes de doctorat en soins infirmiers au Canada, quel sera le sort de la théorie du nursing dans notre pays?

Cet article s'appuie sur un modèle philosophique selon lequel les préoccupations de toute profession sont envisagées sous la forme d'une série de critiques, de problèmes, d'opinions et de solutions qui connaissent des changements au niveau des schèmes séquentiels au fil des années. A l'aide de ce modèle, nous avons examiné cinq problèmes :

1. Devons-nous poursuivre la formation pluridisciplinaire au niveau du doctorat en nursing?
2. Comment les milieux concernés distinguent-ils les différents types de formation de troisième cycle en soins infirmiers, pour des infirmières, de sorte que celles-ci puissent choisir un programme de doctorat conforme à leurs objectifs professionnels?
3. Comment peut-on former des chercheurs en nursing qui seront en mesure de poursuivre leurs recherches au-delà de leur thèse de doctorat?
4. Comment les milieux professionnels en nursing au Canada peuvent-ils augmenter le nombre de théoriciens du nursing?
5. Quand le nursing canadien deviendra-t-il suffisamment mûr pour prendre ses responsabilités et mettre sur pied ses propres programmes de doctorat?

Chaque question a été soulevée sous la forme d'un problème après qu'une série de critiques eut été formulée dans des revues professionnelles. Ces critiques sont présentées avant chaque problème respectif. Le contexte de chaque problème fait l'objet d'une discussion, tandis que sont présentées les opinions actuelles relevées dans les revues professionnelles/sur chaque question ainsi que des solutions possibles.

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