

EDITORIAL

Doctoral snobbery: Justified, or just elitism?

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Doctoral snobbery exists. It is a thing (Parnell, 2016). It is an extension of “academic snobbery” (Martin & Sorensen, 2014) more generally, and probably originates from “title snobbery” (Valverde, Mueller, Paciotti, & Conway 2016). Successfully completing a doctoral qualification is no small achievement and so some degree of elitism is probably reasonable. But is it reasonable for there to be an elitist division between the traditional PhD and the relative newcomer, the professional doctorate? And what about the doctorate in nursing practice (DNP) now apparently overtaking the PhD in the USA? Our recent participation in a round table on doctoral education in Hong Kong prompted us to explore the issue further and, by implication, to invite further comment.

The PhD is regarded as the “gold standard” for doctoral education. Alternative pathways to a doctoral qualification are perceived, by comparison, to be a lesser qualification. Is this perception justified? Perhaps. Or should the question be, is it accurate?

Literature on the topic of PhD vs. professional doctorates in nursing generally avoids the debate, and either promotes the value of the latter (e.g. Walker, Campbell, Duff, & Cummings 2016), or proffers advice about deciding which path to choose (e.g. Cleary, Hunt, & Jackson 2011). Negative connotations of the professional doctorate may be acknowledged, but the anecdotal “snobbery” that favours the PhD is rarely discussed.

There is a perception that the PhD is the pathway for an academic career while the professional doctorate is the ultimate qualification for practice. Where the PhD has traditionally been regarded as a research apprenticeship essential for a career in academia, the intent of establishing the professional doctorate was to enable a mechanism for learning from, and contributing to, practice.

So, it appears to be “horses for courses.” When the course is academia, the horse is a PhD and the jockey is the need for universities to retain their role as the authority in research. When the course is practice, the horse is a professional doctorate and the jockey is the need for nurses to secure an evidence base for their work. A laudable endeavour, so why does the perception of the professional doctorate being the poor relation of the PhD arise?

The UK Economic and Social Research Council (2005, p. 93, quoted in Burgess & Wellington, 2010) once described professional doctorates as aiming to “develop an individual's professional practice

and to support them in producing a contribution to (professional) knowledge.” This notion of support often suggests that the professional (or “taught”) doctorate is designed to hold the hand of students as they progress through what Kirkman, Thompson, Watson, and Stewart (2007) describe as “the path of least resistance” (p. 62).

A recent discussion with a colleague about this debate led to her asking the question “But what are we talking about? Doctorates of Nursing Science? Doctorates of Health Science? Doctorates of Nursing? Doctorates of Nursing Practice? EdDs?” We are comparing apples with pears she suggested. She may have a point. The PhD has considerable diversity in how it is conducted. The British model for example is followed in Australia, Hong Kong and Singapore. The North American model is very different in size and scope and the Scandinavian and Netherlands models differ again and are, uniquely, focused on publications. Nevertheless there appears to be a common understanding of the meaning of a PhD, the level of study involved and acceptance of the standard expected (Watson, Thompson, & Amella 2011). Conversely, there is variation in the types and structure of professional doctorates even within a single jurisdiction. As a result, there is great variety in how they are controlled and assessed. Are those of outstanding quality being confused with those of lesser quality, feeding the perception that professional doctorates are the poor relation of the PhD? Returning to the “apples and pears” analogy, perhaps it is a scholarly fruit bowl where one bad apple can spoil the others. Or is there a hierarchy of fruit in the fruit bowl, where one type is the gold standard and any others can be adequate but are ultimately inferior?

A key element of a Doctor of Philosophy is the “philosophy” component which implies prolonged study, synthesis of data and attribution of meaning to those data regardless of whether the data are empirical. In this way, knowledge is generated and that new knowledge can be abstract or very practical. Thus, the PhD can address the existential and the theoretical aspects of nursing but there is no reason why it cannot address a clinical problem. The dichotomy that is claimed between the PhD and the professional doctorate, when justified on the basis that PhD study does not contribute to practice, is false. In that light, it should be asked: what it is that the professional doctorate and what its most recent version, the DNP, actually contributes? Do professional doctorates address the need for nursing to develop a unique and comprehensive knowledge base for practice? Do professional doctorates advance learning in nursing to the standard it deserves?

Finally, and on an entirely practical note, the value of the DNP to the individual holders specifically needs to be questioned. In addition to a conceptual dichotomy (if not necessarily a hierarchy) born out of prejudice or preference, it transpires that there is now an employment dichotomy whereby those holding DNPs in the USA are unable to apply for academic nursing positions that require the employee to hold a PhD. Clearly, for this to be an issue, there must have been DNP holders who have applied only to find this out. Were these individuals unaware at the outset that this was the case, or possibly misinformed about the “market value” of the DNP? We are not yet aware of clinical positions that require a DNP to the exclusion of a PhD. Regardless of the existence and persistence of the DNP, this would be one good reason for people to consider the value of studying it in favour of a PhD. If practice “retaliates” by making the DNP an exclusive entry point for practice, the dichotomy will be compounded and the argument about a hierarchy will persist.

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