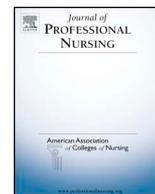


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## Response to Drs. Frederickson and Feldman's Letter to the Editor



I thank Drs. Frederickson and Feldman for continuing the important dialogue on tenure for nursing faculty. They correctly cite the position of the American Association of University Professors (AAUP) that the purpose of tenure is to “protect academic freedom in order to promote the discovery and dissemination of knowledge and thus serve the common good.” I would like to underscore the last part of that sentence - “dissemination of knowledge and thus serve the common good.” I contend that the translation, dissemination and application of knowledge is exactly the focus of DNP prepared nurses and, as such, they clearly do “serve the common good.” Furthermore, the American Association of Colleges of Nursing (AACN) states “DNP-prepared nurses will be well-equipped to fully implement the science developed by nurse researchers prepared in PhD, DNS and other research-focused nursing doctorates.”

Research that is not disseminated, not translated and not implemented is of no use to society and does not serve the common good. Furthermore, dissemination should not be narrowly limited to publishing findings in a journal or presenting them at a conference, as most often these venues will have limited impact on actual clinical care.

Based upon their education, DNP nurse faculty are critical members of the academic community in clinical professions. Again, Medicine (MD), Dentistry (DDS), Pharmacy (PharmD), Psychology (PsyD), Physical Therapy (DPT) and Audiology (AudD) all offer practice doctorates and in most universities these faculty are eligible for tenure. Why would DNP nurse faculty be considered non-tenured, second-class academics in these environments?

I think our priority is to ensure that all nursing faculty have the best preparation to teach the future generation of nurses, and that they all be acknowledged and rewarded for their academic credentials. The nursing profession needs both PhD and DNP faculty and, as a practice discipline, we must clearly show that we value both those who create new knowledge and those who disseminate and apply it to improve health outcomes.

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