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The Doctor of Nursing Practice: A Sentiment Analysis and Credential Correlation

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Abstract

The Doctor of Nursing Practice (DNP) degree is gaining interest within the nursing profession but not without debate. A review of the literature regarding the DNP demonstrates that the debate focuses on academic, clinical, and professional practice issues of nursing. The multiple points of debate as well as the positive and negative perspectives leads one to question whether an author's degree credentials correlate with their expression of positive or negative sentiment towards the DNP. The points of debate surrounding the DNP were identified from the literature and adapted into a sentiment analysis tool. The tool was used for the extraction of positive or negative sentiment from 90 pieces of DNP and practice doctorate related literature. The positive or negative sentiment expressed by each author was correlated with their credentials. No particular sentiment was found that correlated with non-DNP credentialed authors. However, a correlation was identified between DNP credentialed authors and the expression of positive sentiment toward the DNP.

Keywords: *Doctor of Nursing Practice (DNP), sentiment analysis, debate, credentials, nursing education, doctoral education.*

1. Introduction

In October of 2004 the American Association of Colleges of Nursing (AACN) released a position paper endorsing the Doctor of Nursing Practice (DNP) as the terminal level of educational preparation for advanced practice nurses (APRNs). Currently, the recommended deadline for the DNP as the degree for entry into advanced practice nursing is set for 2015.[1] The stance taken by the AACN is related to today's ever changing and complex healthcare setting, reports by the Institute of Medicine and work performed by the AACN Task Force on the Practice Doctorate. [1,2] Starting in 2002 this task force reviewed the state of practice oriented doctoral nursing education in the United States and ultimately made recommendations that led to the 2004 AACN position paper supporting the DNP.[2]

The Nursing profession's long history of diverse doctoral education sets a prime environment for debate over the AACN's DNP recommendation. Historically, degrees offered at the doctoral level in nursing include the traditional research-focused doctor of philosophy (PhD) and the similarly research- focused doctor of nursing science (DNSc/DNS).[3] Other degrees include the Doctor of Education (EdD)[3] and the entry-level Nursing Doctorate (ND). The ND may have helped lay the groundwork for the newer practice-focused Doctor of Nursing Practice (DNP) degree.[2] Additionally, some nurses have chosen to pursue doctoral degrees in neighboring disciplines such as the Doctor of Public Health (DrPH).

Degrees such as the PhD and DNSc prepare nurse scientists with a strong background in research methodology. These nurses are prepared to perform primary research and have a dissertation requirement for graduation.[4] In contrast, the DNP prepared nurse is conceptualized as an expert clinician with extensive knowledge regarding the utilization and synthesis of research.[4] The culmination of DNP education consists of a practice-focused project that may take on various formats depending on the student's and program's focus. "The theme that links these forms of scholarly experience is the use of evidence to improve either practice or patient outcomes." [4p.20]

The idea of a practice based doctorate in nursing was first conceptualized at Case Western Reserve in 1978 under the title Doctor of Nursing (ND).[2] The ND never gained mainstream acceptance [2] and only four ND programs were in existence before the 2004 AACN position paper.[3] With a renewed interest in doctoral education of nurses, 139 DNP programs in the U.S. been established.[5] Numbers such as these lead one to believe that a general acceptance surrounds the DNP as the terminal degree for APRNs. However, there is much debate over the implications of the DNP for nursing.

The ongoing debate over the practice doctorate presents a hurdle for the nursing profession. The DNP appears to be the next logical step in nursing education to some and a detrimental step in the wrong direction to others. Numerous authors with varying educational backgrounds have voiced their

concerns and approvals over the requirement for doctoral education in advanced practice nursing. With this in mind, the purpose of this paper is to investigate if there is a correlation between nursing authors' credentials and their sentiment expressed in the literature regarding the DNP. Three author sentiment categories appear to exist. First are those nursing authors who support the DNP with positive sentiment in the literature. Second is the contrasting population which is more hesitant to accept the DNP and convey that fact by expressing negative sentiment toward the DNP in the literature. The third group of authors appears to take a neutral standpoint on the DNP by conveying neither a strong negative nor positive sentiment regarding the practice doctorate

Published literature has influence and impact on those in healthcare and policy making positions. Additionally, sentiment expressed by authors may impart bias or personal subjectivity to a professional issue that should be explored and evaluated objectively. Therefore, assessment and critique of nurse author sentiment regarding the DNP is necessary to explore if bias exists or objective data is presented.

2. Materials and Methods

The Literature collection took place between September 2009 and October 2010. Literature was collected from CINAHL and MEDLINE databases with initial literature review supplementation from Google Scholar. Search terms included *Doctor AND Nursing AND Practice* as well as *DNP*. The literature search yielded 300 results. The Doctors of Nursing Practice website's "DNP Bibliography" was also utilized to increase collection of relevant literature. The "DNP Bibliography" included 122 pieces of literature. All databases were cross referenced for overlap. Furthermore, search results were eliminated if the article was published before the year 2000, the author did not possess or did not disclose their pursuit of a doctoral degree, the author was not a registered nurse or the literature did not address the DNP degree. A total of 90 pieces of literature met inclusion criteria and were utilized for sentiment extraction.

Steps of the Sentiment Analysis

The sentiment analysis began with the literature review and identification of salient and consistent points of sentiment surrounding the DNP. These points were extracted from the literature which met inclusion criteria. Using the points identified three major categories or themes were identified. The three main categories are:

1. Nursing Education

- Faculty Shortages
- Curriculum
- Tenure and academic acceptance

- Student program selection
- Research impact
- Institutional Transition
- Preparation of educators

2. Professional Aspects of Nursing

- Coequality with other health care disciplines
- Marginalization of master's prepared nurses
- Professional need for the DNP
- DNP and ethics
- The APRN and physician relationship

3. Clinical Nursing

- The use of the term "doctor"
- Impact on patient outcomes
- Cost of the DNP prepared APRN
- Titling
- Regulation of DNP practice

Each of the above subcategories was broken down into positive and negative sentiment conclusions. These positive and negative categories were based upon findings in the literature which support, or argue against, the DNP. The following steps were then taken.

1. The categories were adapted into a numerical tool for evaluation of sentiment from the DNP literature (See Table 1).
2. Three readers were provided with the DNP sentiment analysis tool and all the collected literature.
3. Each individual read the articles to obtain an initial impression of the author's sentiment toward the DNP/practice/clinical doctorate.
4. If the authors clearly stated the purpose of the article was to support or oppose the DNP then the article was automatically placed in the positive or negative sentiment category respectively.
5. If the author failed to clearly state his or her purpose, the article was reread using the DNP sentiment analysis tool. The points of sentiment were marked in their corresponding check boxes.
6. Each check box was assigned a numerical value of one. In addition, a box was provided for the reader to include any unique points of sentiment which were not encompassed by the standardized analysis tool. Each of these points was also assigned a value of one.
7. The values in the positive sentiment column and negative sentiment column were totaled.
8. If the author highlighted at least twice as many points of negative sentiment than positive, the article was placed in the negative category. If the author highlighted at least twice as many positive points of sentiment than negative, the article was placed in the positive category.

9. In the case of articles in which the numerical values of opposing sentiment points did not meet the criteria outlined in step ten the article was designated as neutral.

10. While evaluating the articles, the author's sentiment was based on original statements made, or concepts presented by the author rather than issues cited from other literature.

11. If consensus was not met regarding the sentiment of an article then the scorer was offered an opportunity to reconsider their score in a second, and if necessary, third round of scoring.

12. The overall positive or negative sentiment of the article was correlated with the author's credentials and displayed in table format.

Table 1: DNP Sentiment Evaluation Tool

POSITIVE		**NEGATIVE**	
The author clearly states the purpose of the article is to support the DNP. (Automatically place article in positive sentiment category)		The author clearly states the purpose of the article is to oppose the DNP. (Automatically place article in negative sentiment category)	
The DNP may achieve acceptance within academia.		The DNP may not achieve acceptance within academia or the rigor of DNP is challenged.	
The DNP may be eligible for tenure.		The DNP may not be eligible for tenure.	
The DNP may help alleviate the faculty shortage.		The DNP may not alleviate the faculty shortage or the degree may actually worsen the faculty shortage.	
The DNP may prepare quality clinical faculty members.		The DNP may fail to adequately prepare nurse educators.	
The DNP curriculum is appropriate and/or the additional knowledge provided by the DNP is desired by APRNs		The DNP curriculum or purpose is inconsistent, unclear or inappropriate.	
The DNP provides additional skills to the advanced practice nurse which may be advantageous in the clinical setting.		N/A	
The knowledge base and curriculum required for the advanced practice nurse is expanding beyond the capacity of		Master's level advanced practice nursing education is the appropriate, established and accepted education for APRNs.	

master's level education.			
The clinical concentration of the DNP is necessary and/or the lack of research theory focus is acceptable.		The DNP results in a split between nursing research and practice which may be detrimental to the nursing profession.	
The DNP may complement the PhD in the research process.		The DNP may result in a lack of nursing researchers with the ability to generate new nursing knowledge.	
N/A		Transition to the DNP will be difficult for some institutions or the transition will drain scarce educational resources.	
The DNP may not draw from the PhD applicant pool.		The DNP may draw from the PhD applicant pool.	
The DNP is more aligned with the nurse clinician's goals and/or may lead to an increase in doctoral enrollment.		N/A	
A doctoral level degree is commensurate with the educational time commitment of the advanced practice nurse.		The additional time and cost of the DNP may deter potential nursing students.	
Additional knowledge is needed for the advanced practice nurse to meet the demands of today's healthcare system.		Current advanced practice education and the associated knowledge base is sufficient for advanced practice nursing.	
The DNP complies with the ethical principles of healthcare and/or nursing.		The DNP does not comply with the ethical principles of healthcare and/or nursing.	
N/A		The DNP may worsen the relationship between APRNs and physicians.	
The DNP does not intend to devalue or disenfranchise the master's prepared advanced practice nurse.		The DNP may devalue or disenfranchise the master's prepared advanced practice nurse.	
Nursing lags behind other professions regarding the requirement for doctoral level education.		The DNP is not comparable to the entry level doctorates of other healthcare professions.	

The DNP may provide degree or esteem parity with other healthcare disciplines.		The DNP may not provide degree or esteem parity with other healthcare disciplines.	
The DNP is an appropriate degree title and will be recognized within healthcare.		The DNP may add to the nursing profession's numerous degree titles and confuse the public/colleagues.	
The DNP may help prepare nursing leaders in healthcare.		N/A	
The DNP will not have a negative impact on the cost of healthcare.		The DNP may increase the cost of healthcare or decrease the cost effectiveness of APRNs.	
N/A		The DNP may complicate the regulation or licensing of APRNs.	
The DNP carries the potential to improve patient care.		There is no data to support the proposition that the DNP will improve patient care.	
The DNP carries the potential to improve today's healthcare system.		There is no data to support the proposition that the DNP will improve the healthcare system.	
Use of the term "doctor" is acceptable for the DNP prepared practitioner or inconsequential to the practice setting.		Use of the term "doctor" is inappropriate for the DNP or will facilitate confusion in the practice setting.	
Unique positive points of sentiment (each valued at one point). 1.) 2.) 3.)		Unique negative points of sentiment (each valued at one point). 1.) 2.) 3.)	
TOTAL		TOTAL	

3. Results and Discussion

Sentiment Emergence in the Literature

The debate surrounding the DNP is well documented and thoroughly discussed in the literature. Areas of the debate in which sentiment is present can be organized into three categories. First, there is the realm of nursing education which focuses on faculty shortages, tenure, academic acceptance, student program selection, institutional transition, curriculum and research impact. Second, there is

the clinical arena in which concerns center on titling, the use of the term "doctor," regulation of DNP practice, cost of the DNP prepared nurse and the DNP impact on patient care. Finally, there is the category of professional aspects of nursing which include debatable points regarding the profession's need for the DNP, coequality with other healthcare disciplines, the APRN/physician relationship and marginalization of master's prepared advanced practice nurses. The following discussion will highlight a few of these points within each of the three categories of debate.

Nursing Academics

The topic of nursing education is heavily explored within the DNP debate literature. Institutional decisions regarding tenure and the DNP may influence the decisions students make when pursuing a nursing doctorate. Many universities require a PhD for the tenure track. Therefore, some authors project that DNP faculty will not be offered tenure and may lose the opportunity to contribute to decision making bodies at their respective institutions.[6,7] Furthermore, Fulton and Lyon as well as Chase and Pruitt challenge the "academic rigor" of the DNP.[6,8] This is suggested as one possible reason for not offering tenure to DNP prepared faculty. These viewpoints convey negative sentiment and sway the reader toward the idea that DNP faculty should not be tenured, the degree will not be academically accepted or the degree lacks sufficient difficulty to be considered a legitimate doctoral degree. Nursing authors convey positive sentiment toward the DNP by expressing support for the degree's eligibility for tenure as well as advocating for the degree's academic acceptance. These authors cite that the concept of scholarship is evolving and beginning to incorporate the application of research and practice.[9,10,11] Authors who present this viewpoint convey positive sentiment toward the DNP and appear to support the degree's eligibility for tenure.

Research is another topic addressed in the literature and based within the educational arena. This debate point arises predominately as a function of the lack of primary research focus underlying the DNP. Positive sentiment toward the DNP tends to represent the degree's clinical and practice focus as appropriate and necessary. Hathaway et. al believe that the role DNP prepared nurses play in the translation of research into practice places them in a strong position to fill faculty positions, despite their lack of a research-based doctorate.[11] Conversely, negative sentiment demonstrates that the DNP results in a division of nursing practice and science which is potentially detrimental to the profession [7, 12] For instance, Webber sees the lack of research methodology as an "epistemological mistake" in the development of the DNP and fears that without a background in research methodology the DNP will lead to a void in the production of nursing knowledge.[12]

An additional area in which DNP sentiment is present includes student selection of doctoral education programs and the effect of the DNP on the

doctoral applicant pool. There is discussion over the effect that DNP programs will have on the number of PhD applicants and the production of nursing faculty. However, these issues are presented in different ways. Authors who convey negative sentiment toward the DNP appear to see DNP programs as a source of competition that will decrease PhD enrollment.[6,8,13] It has also been suggested that potential doctoral students may "unwittingly" end up in DNP programs when their intention was to pursue the traditional research-based doctorate.[6] In contrast, authors expressing positive sentiment toward the DNP present the degree as a solution to the nursing faculty shortage. These authors argue that the DNP may benefit the profession by producing more doctoral level nurses to fill faculty positions.[9,10]

Finally, as pertaining to education, aspects of the DNP such as curriculum and institutional transition are also addressed with sentiment in the literature. Curriculum is discussed in the context of negative sentiment when authors highlight the inconsistencies or inappropriateness of the DNP curriculum [13] or point to the addition of curricula that is not directly related to the field of nursing. For instance, some authors suggest that the DNP curriculum crosses over into the practice of medicine and lacks a nursing focus.[6] In contrast, other authors state that APRNs desire the additional knowledge provided in the curriculum of practice-based doctoral education.[14] This latter standpoint represents positive sentiment toward the DNP.

Clinical Nursing

Shifting to a clinical focus, the literature gives rise to several other areas in which sentiment is expressed regarding the DNP. One point of argument pertains to the use of the term "doctor" in the clinical setting. Positive sentiment regarding the practice doctorate is expressed by some authors who feel that expanding the use of "doctor" in the clinical setting will not have a negative impact healthcare. For instance, Hathaway et al. feel that the use of "doctor" is an earned right of DNP holding APRNs, given their role in the healthcare team is well defined to the patient.[11] In contrast, negative sentiment arises when authors propose that DNP prepared practitioners using the term "doctor" will confuse the public or misrepresent the APRN's role in healthcare.[13]

Along similar lines is the point of titling the practice doctorate prepared nurse. Authors expressing negative sentiment cite the fact that the nursing profession is already fraught with multiple degree titles at the doctoral level and that the addition of the DNP initials will further confuse the public and colleagues.[8,13] Contrary to this perspective is the positive sentiment, which is expressed through the argument that the AACN has endorsed the DNP title and suggested that other practice-based doctoral credentials be set aside.[2,15] It is important to note that the AACN has endorsed the DNP and the CCNE will only accredit practice doctorates with the DNP title.[16] Overall, these authors tend to feel that the DNP will be the recognized practice doctorate credential.

Sentiment is also expressed regarding the cost of the DNP prepared practitioner to the healthcare system. A perspective presented with positive sentiment is that an employee's salary is not necessary related to their credentials. This is demonstrated by the fact that baccalaureate prepared nurses are not always paid at a higher rate than associated degree nurses.[15] This idea combined with the possibility of improved patient outcomes suggests that the DNP prepared practitioner may be a cost-effective provider.[15] Some authors believe the contrary and express negative sentiment by stating that DNP practitioners will increase the cost of healthcare.[13] For example, concerns exist that DNP graduates may in fact price themselves out of the healthcare market through increased salary demands,[17] a statement which reflects negative sentiment toward the DNP.

Regulation and licensing is another recurrent issue surrounding the practice doctorate. Although educational requirements for the DNP can be imposed by the AACN, practice standards are regulated at the state level.[18] Therefore, transition to and regulation of DNP practice may complicate advanced practice nursing which currently requires a master's degree in most states. Furthermore, with the DNP transition, regulatory bodies may face required changes to current practice guidelines.[19] These changes have the potential to impact current practitioners. This point predominately reflects negative DNP sentiment by citing practice regulation changes as one of the many reasons the practice doctorate should be avoided.

The DNP prepared practitioner's impact on patient outcomes and the healthcare system is another issue often addressed in the literature. Authors expressing positive DNP sentiment state that the increased knowledge obtained by practitioners through the DNP educational process has the potential to positively impact both patient care and the healthcare system.[14] The argument is made that the DNP prepared practitioner will have a unique skill set with the ability to synthesize literature and utilize evidence-based practice in an effort to impact healthcare.[20] However, other authors cite the fact that there is no current evidence to support the assumption that the DNP prepared practitioner will improve patient outcomes or positively impact today's healthcare climate.[6,8] In the latter point, negative sentiment is expressed with regard to the practice doctorate.

Professional Aspects of Nursing

Professional aspects of nursing, such as the profession's need for the DNP, professional parity with other healthcare disciplines, the APRN and physician relationship and the disenfranchisement of master's prepared APRNs are also discussed within the literature. Many challenge the nursing profession's need for the DNP and look to the history of success with the current model of advanced practice nursing education at the master's level as an indicator that the DNP is not necessary.[8] This conclusion conveys negative DNP sentiment. However,

positive sentiment is also expressed toward the practice doctorate by authors who acknowledge that additional skills are required for advanced practice nursing due to the increased complexity of the healthcare system.[14]

It appears that the nursing profession may lag behind other healthcare fields with respect to requiring a doctorate for practice. Using a perspective conveying positive sentiment toward the DNP many authors see the practice doctorate as an opportunity for nursing to achieve parity with other healthcare disciplines which require clinical doctorates for practice.[2] From this perspective the DNP may provide advanced practice nurses with the necessary credentials for consideration as professional and academic equals when viewed by other healthcare professionals.[11] As with the other points of debate, there is negative DNP sentiment expressed regarding this same topic. Negative sentiment arises from the argument that the DNP will not provide parity with other healthcare professionals. It is noted that the DNP is not the equivalent to neighboring healthcare practice doctorates because it is not required for entry into nursing practice.[13] Additionally, within the context of professional relationships with other healthcare disciplines, a concern is expressed in the literature that the DNP may have a detrimental effect on the relationship between advanced practice nurses and physicians.[21]

The final point of sentiment analysis within the professional aspects of nursing arena is the disenfranchisement of master's level advanced practice nurses. Negative sentiment is conveyed through the literature regarding the DNP when the practice doctorate is described as a vehicle for devaluing the master's prepared nurse. It is argued that the DNP will create a division between advanced practice nurses and result in master's level practitioners feeling disenfranchised.[7,13] The literature also reveals that positive sentiment exists with regard to this same topic. The point is made that the DNP is not intended to devalue any level of practitioner and multiple entry points are being created for easy access to DNP education.[2]

Scholars with multiple views and varying educational backgrounds present strong and valid arguments regarding the future of nursing's educational path and reputation. The topics of debate are complicated and answers to the debate may require great minds to communicate openly and with limited bias. The polarity of opinions expressed in the literature is astounding. Nurses all share common educational foundations yet come to drastically different conclusions regarding the practice doctorate debate.

Therefore, a question emerges from the literature. Do nursing authors prepared at the doctoral level who publish DNP literature express positive, negative or neutral sentiment toward the DNP related to their degree credentials? For the purpose of this analysis, sentiment is defined as the thought, attitude, emotion or feeling intended to be conveyed by words.[22]

With the above formalized question outlined and the DNP debate reviewed, a comprehensive correlation of the sentiment expressed in the literature with the authors' credentials was conducted. A total of 90 pieces of DNP and

practice doctorate literature were included in the sentiment/credential correlation. It is notable that of the 90 articles 10 entered a second round of sentiment scoring and discussion due to a lack of consensus regarding the author's sentiment. Two of these pieces of literature entered a third round of scorer consultation and a consensus was subsequently agreed upon by all three readers. During these second and third rounds of discussion the issues addressed in the literature were evaluated and the authors' sentiment was scrutinized in an effort to reach a consensus. The majority of discrepancy regarding the sentiment scoring was related to a neutral score conflicting with either a positive or negative score.

The results of the sentiment-credential correlation were compiled and summarized according to the authors' credentials and the sentiment expressed in the literature (See Table 2). Out of the 90 pieces of literature, a total of 49 were found to express positive sentiment toward the DNP, 28 expressed negative sentiment and 13 conveyed neutral sentiment. These numbers correspond with 54% positive sentiment, 31% negative sentiment and 14% neutral sentiment. It is notable that 59 of the 90 pieces of literature were written by PhD credentialed authors.

No correlation was found between the PhD credentialed authors and a particular sentiment expressed in the literature. Twenty-nine of the 59 articles written by the PhD authors expressed positive sentiment. While 20 articles were negative and 10 were neutral. Therefore, 49% of the literature published by PhD credentialed authors was positive, 34% was negative and 17% was neutral.

Additionally, there were a total of 18 pieces of literature written by authors who did not possess a PhD, DNP or ND degree. This group of author's possessed either a DNS/DNSc, EdD, of DrPH. Of the 18 articles written by these authors 8 expressed positive sentiment toward the practice doctorate, 8 conveyed negative sentiment and 2 expressed neutral sentiment. If all literature written by non-DNP credentialed authors is considered, 47% was positive, 37% was negative and 15% was neutral. There was one piece of literature expressing positive sentiment written by an author with both a PhD and DNP which was not considered in the aforementioned breakdown.

In contrast to the split sentiment expressed by the non-DNP credentialed authors, the practice doctorate credentialed authors demonstrated a clear correlation with positive sentiment toward the DNP degree in their literature. There were 12 pieces of literature in the sample written by authors with a DNP and one article written by an author with a ND for a total of 13 articles written by authors with practice doctorates. Of these pieces of literature 11 expressed positive sentiment toward the DNP and only 2 conveyed neutral sentiment. It is notable that 1 of the neutral articles was written by a ND credentialed author. Therefore, 100% of the literature written by authors with a practice doctorate expressed positive or neutral sentiment toward the degree.

Table 2.: Sentiment-Credential Synopsis

DNP Sentiment	PhD	DNSc	EdD	DrPH	DNP	ND	PhD and DNP	TOTAL
POSITIVE	29 (49%)	2 (2%)	4 (5%)	2 (100 %)	11 (92 %)	0	1 (100 %)	49 (54.4%)
NEGATIVE	20 (34%)	4 (57%)	4 (50%)	0	0	0	0	28 (31.1%)
NEUTRAL	10 (17%)	1 (14%)	0	0	1 (8%)	1 (100%)	0	13 (14.4%)
TOTAL	59	7	8	2	12	1	1	90

4. Conclusion

With the debate over the DNP so well documented, it may be reasonable to ask the question as to whether the author's credentials impact the sentiment expressed in the literature. The answer to this question is that the PhD degree was associated with a fairly balanced sentiment. Approximately half of the literature published by PhD credentialed authors was supportive and the other half was either non-supportive or neutral. Contrastingly, 100% of DNP credentialed authors expressed supportive or neutral sentiment. It appears that the literature as a whole and PhD credentialed authors are balanced with regard to DNP sentiment.

Nurse authors with PhD research doctorates have expressed sentiment toward the DNP doctorate in a balanced fashion in the published literature. This finding supports an unbiased aggregate regarding the positive and negative issues addressed by these authors. It is clear that the DNP degree is overwhelmingly supported by those authors possessing this credential. It is suspected that a similarly strong support of the PhD research doctorate would be expressed by those possessing this degree. The significance of our finding is that PhD authors have, in aggregate, approached the DNP clinical degree with a balanced expression of the issues regarding this degree. As we all move forward with the development of the DNP clinical doctorate degree option the balanced approach expressed by our research focused PhD colleagues should serve as a guide to all to consider both positive and negative issues related to this innovation.

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