

The DNP: Knowledge and perceptions of students in an accelerated master's program in nursing

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ABSTRACT

While the nursing community generally agrees that the Doctorate of Nursing Practice (DNP) degree will strengthen nursing as an academic discipline, there is little known about students' perceptions of the advanced degree. Nursing students enrolled in an accelerated master's program in nursing (N = 45) were surveyed to assess their knowledge of the DNP degree while also identifying the perceived effect a DNP might have on their careers, on nursing as a discipline, and on public perceptions of nursing practice. In this study, 51% of participants supported the transition to the DNP as the standard degree for practice nursing while 29% were opposed. The majority of participants (71%) planned to pursue an advanced practice nursing degree/certification with 81% of this group signifying that they would do so even if a DNP is required. The majority of participants agreed that the DNP will improve public perception of advanced practice nursing, but 71% thought the title of "doctor" would confuse patients. While current nursing students are generally informed of the upcoming DNP transition, there is disagreement regarding its implications for their careers and for the extent of public understanding.

Keywords: Knowledge; Perception; DNP; Nursing Students; Accelerated Master's Program in Nursing

1. INTRODUCTION

The Doctor of Nursing Practice (DNP) degree, a practice-focused doctoral degree in nursing, has been the subject of heated discourse within the nursing community over the past several years. In 2004, members of the American Association of Colleges of Nursing (AACN) released a position statement recommending that the DNP replace the current master's degree as the entry level degree for Advanced Practice Nurses (APNs) by

2015 [1]. While the nursing community generally agrees that the DNP degree will serve to strengthen nursing as an academic discipline, confusion remains regarding its impact on a more practical level. For example, for students wishing to pursue advanced practice education there is more than one entry point for DNP programs (post-baccalaureate or post-master's), curricula differs amongst institutions, consensus is lacking regarding appropriate certification, and certain advanced nursing practice organizations have concluded that the DNP is not a suitable terminal degree for their specialty and are not requiring it of their practitioners [2-4].

The DNP debate is further complicated by the discussions taking place outside of the nursing community. There are voices in the larger medical community that express concern about the implications that DNP graduates could have on the title "doctor", as is common within academia to refer to those with a doctorate degree. They argue that the distinction between "doctor" and "nurse" has been historically clear to this point, and that even the role of nurse practitioner is currently clear to patients. Their fear is that by requiring advanced practice nurses to have a doctorate, and thus receive the title of "doctor", the public will be confused about the distinct roles of the physician and the nurse [5]. The education of nurse practitioners, including the new DNP degree, has been described within the medical literature as "half that of a medical doctor" [6]. It is clear that some within the medical community are threatened by the advent of advanced practice nurses being educated to the DNP level and concerned that their patients will equate the roles and educational experience of practicing DNP's with those of physicians.

Despite the disagreement and confusion surrounding the DNP recommendation, interest in providing the DNP program has been steadily growing in schools throughout the United States. According to AACN data, there were only eight DNP programs offered in the spring of 2005; today there are 153 programs currently enrolling students and over 100 more programs in the planning phases [7]. As the DNP gains popularity, measures need to be taken

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to provide clarity about the degree and its implications.

1.1. Problem Statement

The position of nursing students on the transition to the DNP has not been addressed in the literature, research-based or otherwise. At the present time, most of the literature contains position statements on the transition to the DNP by nurse researchers, educators, or practitioners; however, there is a lack of true research conducted on the subject. Furthermore, questions regarding the validity, desirability and practicality of the DNP degree have not been posed to students currently working toward a general nursing degree, on whom the transition could arguably have the greatest impact.

These questions are particularly relevant to students in accelerated master's programs in nursing sometimes referred to as accelerated second-degree nursing program. These programs are designed to prepare people with bachelor's degrees in any field to become a professional registered nurse [8]. Program graduates earn a master's of science degree for general professional nursing practice and are eligible to take the NCLEX-RN exam upon degree completion [8]. Many of entry level master's students pursue an advanced practitioner degree after completion of the accelerated master nursing program. On-going curricular adjustments will need to be made to accommodate the second degree graduate students who intend to obtain the DNP degree thus it is important that the current perspectives of this population be addressed.

1.2. Purpose of Study

The purpose of this descriptive study was to examine knowledge and perceptions of the Doctorate of Nursing Practice (DNP) as the standard entry-level degree for advanced practice nurses from the perspective of students enrolled in an accelerated master's program in nursing.

1.3. Research Questions

The following specific questions were asked to describe nursing students' perceptions of the DNP degree:

- What is the level of knowledge of the Doctorate of Nursing Practice (DNP) among nursing students in an accelerated master's program in nursing?
- What are nursing students' perceptions of the impact that the DNP degree requirement will have on nursing as a discipline, professional career paths, and the public/consumers' perceptions of nursing?

1.4. Conceptual Framework

This study was guided by the Transition Framework ini-

tially developed for use in the workplace [9]. Its fundamental concepts easily applied to current transitions in nursing education, specifically the transition to the DNP, the framework incorporates the psychological and emotional aspects of transition at the individual and organizational levels. Fundamental to the Transition Framework is the distinction made between "change" and "transition". Change is described as an external circumstance, event, or sequence of events occurring during a specific time frame, which causes a community or individual to undergo transition, an internal period of emotional adjustment [9]. While others have described change as a simple event over which an individual has little or no control [9] or describe transition as a lengthy, often traumatic, psychological experience and involves the individual's or community's feelings, attitudes, and perceptions of the change [10].

Accordingly, transition occurs in three phases. The first phase is "endings" and involves the letting-go of former behaviors, attitudes or approaches [9]. Once people have reached the point where they are comfortable with relinquishing their old patterns, they are considered to be in the second phase, or the "neutral zone". This is described as an awkward in-between phase, where people have let go of their former patterns, but the new path is either unclear or not yet accepted [9]. The neutral zone is a tumultuous time, often characterized by confusion, anxiety, and a desire to return to what is familiar; however, with a more adaptive outlook, this can be an opportune time for creativity and experimentation with new ideas and approaches [10]. The final phase, the "new beginning" is the culmination of the transition process [9]. It is the time at which people are able to not only let go of old behaviors, but accept and demonstrate new ones. Measures that can be taken to facilitate transition to this phase include: providing a complete education and consistent message about the change, listening to and addressing concerns of those the change affects, and involving the community in the change process [9].

Nursing education is undergoing change, as it shifts from its requirements from the current advanced practice degree to the doctor of nursing practice degree. The change is already taking place, but the psychological and emotional transition will occur gradually. Because transition can be challenging, change is often met with resistance from the individuals and communities that the change is meant to improve, and even from within the organizations that are responsible for implementing the change. For this study in particular, it is important to describe the internal experiences (knowledge and perceptions) of the students for whom the DNP is meant to help, so that proper measures can be taken to facilitate the transition process. As seen in **Figure 1**, the conceptual map illustrates the three steps of transition,

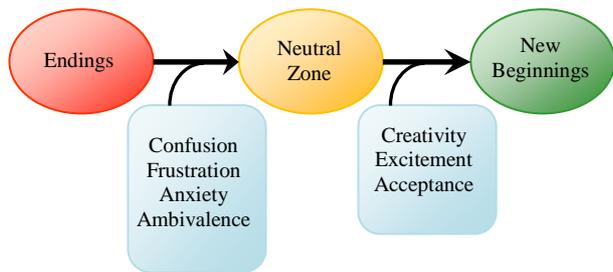


Figure 1. Transition framework-three steps of transition.

incorporating the psychological and emotional aspects of transition that the individuals may experience.

2. REVIEW OF LITERATURE

Doctoral education was originally developed during the Middle Ages in order to prepare men to teach. The first doctoral program in the United States was established at Harvard College during the 17th century in order to provide students with the highest level of education in the traditional learned professions, such as law [11]. Eventually professional doctorates, *i.e.*, the Juris Doctor became the practitioner's degree while the Doctor of Philosophy (PhD) was identified as the scholar's degree. Nursing is a traditional discipline seeking both a higher body of knowledge and a practice seeking to refine skills [11].

The need for advanced practice nursing in the United States is rooted in societal needs. Loretta Ford and Henry Silver were the first nurses to earn the advanced practitioner degree at the University of Colorado in 1965. Ford and Silver proposed the advance nurse practitioner role to solve the shortage of providers in child health clinics of the public health departments. At that time the physician shortage was threatening the lives of American citizens [12]. The first doctoral degree for nurses was the Doctor of Education (EdD) degree that was offered by Columbia University in 1924. The first PhD in nursing was offered in 1934 by New York University, and by the 1950's Boston University began offering the Doctor of Nursing Science degree (DNSc) [13]. While these degrees focused on research, the first practice-focused doctoral degree in nursing was established at Case Western Reserve University in 1979. Known as a Doctor of Nursing (ND) this was offered as an entry-level nursing degree [12]. Throughout the next several decades, doctoral programs in nursing were largely research-based in order to position the discipline of nursing on the same level of scientists and other knowledge-generating fields.

Due to the lack of uniformity in the curricula of practice doctorate programs in nursing, in 2002 the AACN Board of Directors formed a taskforce to examine the current status. In 2004 the AACN issued a position statement and noted the curriculum for the DNP had become very similar to the nursing PhD degree require-

ments. Therefore the DNSc was categorized as a research degree while the DNP degree was recommended as the terminal degree for nursing practice [14]. In the "Essentials of Doctoral Education for Advanced Nursing Practice" published by the AACN in 2006, they identified eight areas of study that were to shape curricula: scientific underpinnings for practice; organizational and systems leadership for quality improvement and systems thinking; clinical scholarship and analytical methods for evidenced based practice information systems/technology and patient care technology for the improvement and transformation of health care; interprofessional collaboration for improving patient and population health outcomes; clinical prevention and population health for improving the nation's health; and advanced nursing practice [14].

The DNP is a practice-focused degree, where the PhD is a research-focused degree. The DNP is intended to prepare students with the expertise for clinical practice. It places less emphasis on theory and research methodology than a PhD [1]. The DNP scholarly project will also differ from a PhD dissertation in that the DNP scholarly project is grounded in clinical practice and demonstrates ways in which research implicates practice. A PhD dissertation demonstrates the development of new knowledge to be contributed to the discipline of nursing [14]. It should be stressed that during the initial discussions held by the AACN about the DNP, there was very little representation of the community and public health nursing organizations. The DNP movement was shaped more by those with a predominate focus on the direct care of individuals and families [4]. Thus, nursing leaders in community and public health did not see the immediate benefits to the requirement of the DNP to enter advanced practice nursing. According to the American Association of Nurse Anesthetists' (AANA) position statement, they support doctoral education for entry into nurse anesthesia practice by 2025. However, the American College of Nurse Midwives (ACNM) currently does not support the requirement of the DNP for entry into practice [2].

2.1. Defense of the DNP

Advocates of this decision by the AACN cite a number of social, economic, educational and health-care related reasons for their support. While the practice doctorate for nursing is not a new concept, prior to the AACN's position statement there was a lack of consistency among the existing nursing doctorate programs, and the line between a practice-focused doctorate and research-focused doctorate was becoming increasingly blurred [13].

The DNP degree, and the established essentials and competencies within, provides consistency among programs as well as including advanced education in several

areas relating directly to the rapidly evolving health care system. The DNP position statement identifies the following as benefits of a practice focused doctorate: “development of needed advanced competencies for increasingly complex practice, faculty, and leadership roles; enhanced knowledge to improve nursing practice and patient outcomes; enhanced leadership skills to strengthen practice and health care delivery; improved match of program requirements and credits and time with the credential earned; provision of an advanced educational credential for those who require advanced practice knowledge but do not need or want strong research focus; enhanced ability to attract individuals to nursing from non-nursing backgrounds; and increased supply of faculty for practice instruction ([15], p. 5).”

Another commonly provided rationale is that the establishment of a DNP requirement for advanced practice nurses will create parity with other healthcare professions, such as medical doctors, physical therapists, optometrists, podiatrists, psychologists, and pharmacists. It is thought that by adopting similar terminal degree requirements to these disciplines, nursing will be given an equal voice in health care-related matters [11].

2.2. Criticisms of the DNP

Despite the perceived benefits of the DNP transition, criticisms of this decision are prominent in the literature. Many current APNs and nurse leaders are concerned about the implications of mandating that new APNs obtain a doctorate-level degree in order to enter practice. They claim that the expense and accessibility of DNP programs will prevent some aspiring APNs to pursue further education. There are traditionally fewer financial resources available for those pursuing advanced education compared to undergraduate, which means the extra financial burden will be put on the students. Although the doctoral degree may elicit a higher salary in some positions, it is not a guarantee for all doctorally prepared graduates, therefore the financial payoff for students is uncertain. There is also potential for decreased access to APN education while current MSN programs are making the switch to DNP programs, meaning the public will have less access to APNs in a time of great need [12].

Opponents also emphasize that current practice for advanced nursing practice is thriving, financially and socially, and question the need for change. Furthermore, no data have shown that current master's-level education is inadequate to prepare APNs for practice. Currently practicing APNs fear marginalization as the next generation of APNs graduate with a higher educational degree [12]. In general, nurses are not opposed to the option to pursue the DNP degree, but rather prefer that it be offered as a post-master's degree to those who wish to seek higher education, not required for entry into practice.

3. METHODS

3.1. Design

A quantitative descriptive design guided this study aiming to identify and describe knowledge and perceptions of students in an accelerated masters program in nursing regarding the DNP.

3.2. Sample

Students currently enrolled in a Master's Entry to Nursing Program, which is an accelerated master's program in nursing, were recruited for this study. The only exclusion criterion was those students who were involved in reviewing and editing the questionnaire.

3.3. Setting

The researchers received permission from the director of the Master's Entry to Nursing Program to contact current students. An email detailing the study and requesting participation was forwarded to the students. The emailed letter included the secure link to an online questionnaire hosted on Survey Monkey.

3.4. Formulation of Questionnaire

The questionnaire (Appendix) was designed to answer the study's research questions, which were guided by the literature. The questionnaire included three sections, each with a different focus. The first was the demographic portion, which asked participants' age, gender, ethnicity, marital status, degrees earned, expected graduation date, and previous experience in health care.

The next section was designed to determine the participants' level of knowledge about the DNP. Participants read a brief passage explaining the details of the DNP (adapted from several AACN website documents) and were asked about their awareness of specific facts prior to reading the excerpt.

The final section of the questionnaire assessed each participant's perceived impact of the DNP on nursing as a discipline, on his/her personal career in nursing, and on the general public. Answers to the questions on the final section were graded on a five point Likert scale, ranging from “strongly disagree” (1) to “strongly agree” (5). Participants were prompted to further explain responses to particular questions, either through answering additional questions or by explaining in their own words. Content validity of the study questionnaire was supported by its basis in the literature. Further, the study questionnaire was reviewed by a doctorally-prepared faculty member and three current students for the match between the purpose of the study and the questions posed. The three students who reviewed the questionnaire were excluded from participating in the study.

3.5. Data Collection

Following institutional review board approval, the master’s entry to nursing program director forwarded the researchers’ email detailing the study and requesting participation. The request to participate letter directed participants to the secure link on Survey Monkey (<http://www.surveymonkey.com>) where the questionnaire was posted. The total estimated time for survey completion was approximately 15 - 20 minutes. Completion of the survey served as consent for participation.

3.6. Data Analysis

Statistical Package for the Social Sciences software version 18 (SPSS Inc., Chicago, IL) was used to analyze the collected data. Demographic variables and key questions were computed using frequencies and descriptive statistics.

4. RESULTS

A total of 45 students participated in the study. The age range of participants was 21 - 57 years old with 88.9% female and 11.1% male. Most of the participants were Caucasian 75.6%, the ethnic breakdown of other participants was: 4.4% African American, 8.9% Asian, 6.7% Hispanic, and 4.4% reporting other. All of the participants have earned a minimum of a bachelor’s degree in varying fields. More than half of the participants, 64.4%, have previously worked in health care in varying capacities.

Almost all of the participants, 97.8%, were aware of the DNP transition, while just 88.9% were aware of the

proposed transition date of 2015. Only 28.9% of students had knowledge of the proposed reconceptualization of current Master’s programs from specialist to generalist degrees; however, 93.3% of the participants knew that current master’s prepared APNs would be allowed to continue practicing with their current qualifications. Only 20% of students were aware that the American Association of Nurse Anesthetists did not accept the 2015 transition date, a mere 8.9% of students were aware that the American College of Nurse Midwives rejected the transition to the DNP for students of midwifery. Students were nearly divided in their knowledge of the rapid growth and extensive offerings of the DNP programs nationwide with 57.8% responding yes. A majority of the student respondents received their information about the transition to the DNP through advisors and other faculty.

Approximately half the students, 51.1%, agreed or strongly agreed with the decision to make the DNP degree the minimum terminal degree for advanced practice nurses, with 48.9% of students agreeing or strongly agreeing the DNP degree is the appropriate terminal degree for advanced practice nurses. Most students, 60%, agreed or strongly agreed that the DNP will help advance research in the field of nursing and that the DNP degree will provide parity for nursing with other health care related disciplines (see **Figure 2**). Only 22.2% of students responded that current advanced practice nurses wouldn’t be marginalized by DNPs, with 48.9% of respondents unsure of marginalization.

Most survey participants, 71.1% (n = 32), planned to pursue a career in advanced practice with 81.3% of these students planning to pursue a career in advanced practice even if the DNP is required.

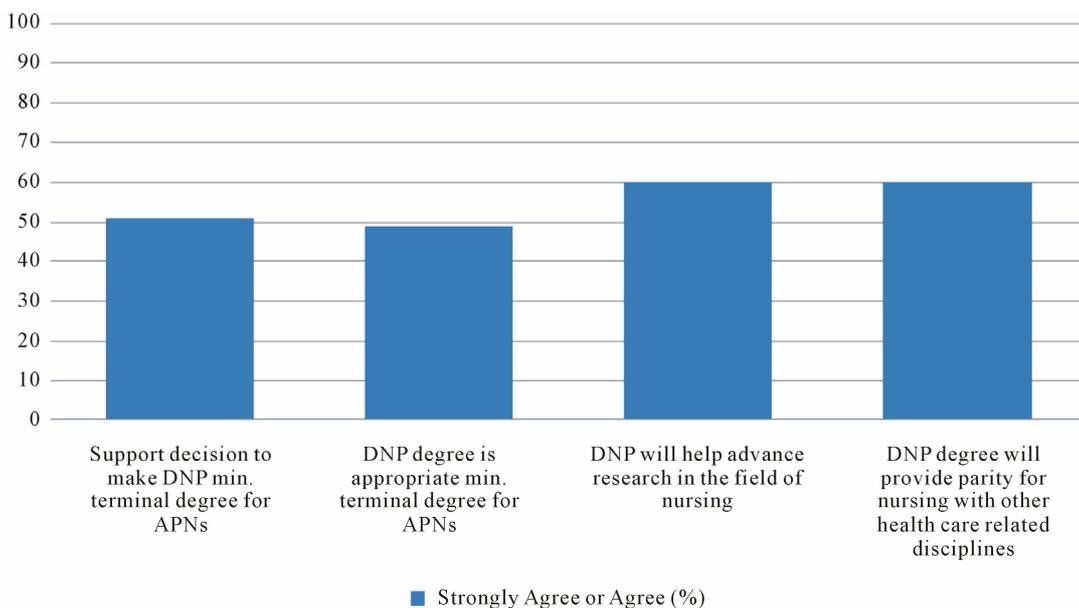


Figure 2. Nursing students’ perceptions of the DNP degree.

The field of interest among participants varied with 37.5% undecided, 28.1% in pediatrics/family practice, 15.6% as a Certified Registered Nurse Anesthetists (CRNA), 9.4% in midwifery/women's health, and 9.4% in critical care (see **Figure 3**). All of the participants planned to complete their advanced practice education within the next ten years, with over half the students, 56.3%, preferring a part-time program. Students were divided on which type of program they plan to pursue, 46.9% responded with DNP as the preferred program, 34.4% selected masters/ post-masters certification, and 18.8% are undecided. 22.2% of students responded they were unsure if they would pursue a career in advanced practice nursing.

A majority of participants (60%) agreed or strongly agreed that the DNP will improve the public perception of nursing as a profession, with 65% of participants also agreeing the DNP degree will improve the public perception of advanced practice nurses. However, 35.6% of students are unsure/undecided if nurses who receive their DNP should be called "doctor". A majority of participants (71.1%) agreed or strongly agreed that the title of "doctor" for DNP's will confuse patients.

5. DISCUSSION

The vast majority of the students were informed of the basic tenets of the proposed transition to the DNP degree. They were aware that it will be required for advanced practice by the year of 2015, and that current Masters-prepared APNs will be allowed to continue practicing with their current degrees. However, knowledge was lacking regarding the opposition to the proposed transition demonstrated by both the AANA and the ACNM.

Most of the students agreed that the DNP would provide parity for nursing with other health care professions. Also most agreed that the DNP would improve public perceptions of the nursing discipline, and of nurse practitioners in particular. Regarding individual career aspirations, the majority of the participants planned to pursue careers in advanced practice, and all of these individuals

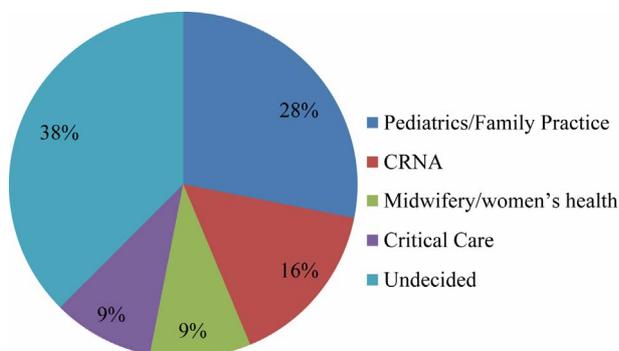


Figure 3. Nursing students' planned APN career paths.

intended to complete this education within the next nine years.

Given the high level of interest in pursuing advanced practice and the perceived benefits of the DNP program for nursing, it was surprising to learn that only half of those surveyed supported the transition to the DNP and that less than half of those interested in advanced practice preferred a DNP program for their own education. Furthermore, the responses demonstrated an existing concern that the DNP might marginalize current Masters prepared APNs as well as create confusion among patients regarding nurses adopting the title of "doctor".

Overall, it appears that the mixed emotions about the DNP cited in the nursing literature are echoed in the community of future nurses. Despite the positive responses regarding the impact of the DNP on nursing as a discipline and profession, participants demonstrated a concern of the practical impact of the DNP on their personal careers, and remained hesitant to support it. The fact remains that the transition to the DNP is well underway and that current students, particularly those interested in pursuing advanced practice, will be impacted by the DNP in one way or another. When viewing the current situation through the lens of Bridges' Transition Framework, it is clear that the students in this study are currently in the "neutral zone", where they have let go of their former patterns, but the new path is either unclear or not yet accepted [9].

In order to facilitate a transition to the "new beginning", measures should be taken to alleviate the confusion and anxiety that the student population is experiencing. Nursing faculty members were one of the main sources of information about the DNP for the students in this survey, indicating that schools and colleges of nursing can play an important role in facilitating a smooth transition. Therefore schools/colleges of nursing must take a more formal role in providing an accurate and consistent education to students about the DNP. This education should address the practical changes that will impact the students' career decisions, as well as the school's position on the issue. Additionally, resources and contacts should be provided for those students who have remaining questions or concerns.

5.1. Limitations

There were several limitations to this study. The study was purely descriptive in nature and utilized a convenience sample. Therefore, the findings cannot be generalized to the larger population of nursing students, masters or otherwise. Despite these limitations, the present study provided a vehicle by which the thoughts and opinions of a sample of students in an accelerated master's program could be heard on this important topic.

5.2. Recommendations for Further Research

Future studies might sample a larger, less homogenous population. Additionally, questions should be added that address why students interested in pursuing advanced practice might be deterred from the DNP program. Hopefully these responses will provide data that could enable researchers to identify specific distressing factors.

6. CONCLUSION

The results of this study suggest that the majority of students in an accelerated master's program in nursing were interested in careers in advanced practice nursing. Participants in this study were accepting, though not entirely supportive of the transition to the DNP. Therefore there is a need to educate current nursing students about the DNP to alleviate concerns, while enhancing their level of support for the new degree.

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APPENDIX

Questionnaire

Title of the Study: The DNP: Knowledge and Perceptions of Students in an Accelerated Master's Program in Nursing

The following survey has been developed to assess knowledge and perceptions of the transition to the Doctor of Nursing Practice (DNP) by students currently enrolled in an Accelerated Master's Program in Nursing.

DEMOGRAPHICS (FILL IN THE BLANK)

- 1) Age _____
- 2) Gender _____
- 3) Ethnicity _____
- 4) Marital Status _____
- 5) Degrees earned _____
- 6) Expected graduation date from current program _____
- 7) Previous work experience in health care field? _____
If yes, specify. _____

KNOWLEDGE

Please read the passage below and answer the following questions. Information in the passage was adapted from the DNP Fact Sheet, AACN Position Statement on the DNP, and Frequently Asked Questions documents on the AACN website, www.aacn.nche.edu.

On October 25, 2004, the member schools affiliated with the American Association of Colleges of Nursing (AACN) voted to endorse the *Position Statement on the Practice Doctorate in Nursing*. This decision called for moving the current level of preparation necessary for advanced nursing practice from the master's degree to the doctorate-level by the year 2015.

The doctor of nursing practice (DNP) is designed for nurses seeking a terminal degree in nursing practice and offers an alternative to research-focused doctoral programs. Multiple routes and mechanisms for career progression will be possible and ultimately decided by each educational institution. The proposed model allows for progression to the DNP from the BS, MS or PhD level.

Master's nursing education will continue, but the focus will change. As specialty nursing education transitions to the doctoral level, the DNP Roadmap Task Force recommended that institutions consider reconceptualizing their master's degree programs to prepare generalists, rather than specialists.

The DNP will not alter the current scope of practice for APRNs. State Nurse Practice Acts describe the scope of practice allowed, and these differ from state to state. These requirements would likely remain unchanged. Current advanced practice nurses with master's degrees

will continue to practice in their current capacities, but recommendations are included in the *Roadmap Task Force Report* on how to facilitate rapid transition to the DNP for master's-level nurses seeking this credential.

According to the American Association of Nurse Anesthetists (AANA) position statement, they support doctoral education for entry into nurse anesthesia practice by 2025, rather than 2015. However, the American College of Nurse Midwives (ACNM) currently does not support the requirement of the DNP for entry into practice. Accreditation for programs preparing nurse midwives and nurse anesthetists will continue by their respective accrediting agencies.

153 DNP programs are currently enrolling students at schools of nursing nationwide, and an additional 160 DNP programs are in the planning stages. DNP programs are now available in 37 states plus the District of Columbia. States with the most programs (more than 5) include Florida, Illinois, Massachusetts, Minnesota, New York, Ohio, Pennsylvania, and Texas.

Prior to reading the above passage, were you aware (please answer yes or no):

- 1) Of the transition to the DNP?
___ Yes ___ No
- 2) Of the proposed transition date of 2015?
___ Yes ___ No
- 3) Of the proposed reconceptualization of current Master's programs from specialist to generalist degrees?
___ Yes ___ No
- 4) That current master's prepared APRNs would be allowed to continue practicing with their current qualifications?
___ Yes ___ No
- 5) That the American Association of Nurse Anesthetists did not accept the 2015 transition date?
___ Yes ___ No
- 6) That the American College of Nurse Midwives rejected the transition to the DNP for students of midwifery?
___ Yes ___ No
- 7) Of the rapid growth and extensive offerings of DNP programs nationwide?
___ Yes ___ No

If you answered "yes" to any of the above questions, where did you receive your information? (check all that apply)

- Current faculty advisor _____
Nursing instructor _____
Website(s): (please specify) _____
Newspaper Article(s) _____
Magazine Article(s) _____
Journal Article(s) _____
Word of mouth _____
Other: (please specify) _____

PERCEPTION

This section will utilize a 5-point scale, with 1 = strongly disagree, 2 = disagree, 3 = unsure/undecided, 4 = agree, and 5 = strongly agree. Only one answer may be selected.

DNP Degree Impact on Nursing

Strongly Disagree	Disagree	Unsure/ Undecided	Agree	Strongly Agree
1	2	3	4	5

- I support the decision to make the DNP degree the minimum terminal degree for advanced practice nurses.
1----2----3----4----5
- The DNP degree is the appropriate minimal terminal degree for advanced practice nurses.
1----2----3----4----5
- The DNP degree is the appropriate minimal terminal degree for advanced practice nurses.
1----2----3----4----5
- The DNP degree will help advance research in the field of nursing.
1----2----3----4----5
- The DNP degree will provide parity for nursing with other health care related disciplines (*i.e.* medicine, pharmacy, etc.).
1----2----3----4----5
- Current advanced practice nurses will *not* be marginalized by DNPs.
1----2----3----4----5

Pursuit of Advanced Practice

- I plan to pursue a career in advanced practice.
1----2----3----4----5
- If “agree” or “strongly agree” (4 or 5):

- 1) What field of advanced practice will you pursue? (fill in the blank) _____
- 2) When do you plan to complete the education:
 - a) Within 1 - 3 yrs
 - b) 4 - 9 yrs
 - c) 10+ yrs
 - d) Undecided
- 3) What type of program do you prefer?
 - a) DNP
 - b) Master’s/Post-Master’s certification
- 4) What length of program do you prefer?
 - a) Full Time
 - b) Part Time
 - c) Undecided
- 5) I will pursue a career in advanced practice even if the DNP is required.
 - a) Yes
 - b) No
 - c) Unsure-please explain

Public Perception

- The DNP degree will improve public perception of nursing as a discipline.
1----2----3----4----5
- The DNP degree will improve public perception of advanced practice nurses.
1----2----3----4----5
- Nurses who receive their DNP should be called “doctor”.
1----2----3----4----5
- The title of “doctor” for DNPs will confuse patients.
1----2----3----4----5

FEEDBACK

If you would like to provide the authors with any additional thoughts or concerns not addressed in this survey, please share here in your own words.