THE STATE OF THE DOCTOR OF NURSING PRACTICE DEGREE: A SURVEY OF DNP GRADUATES, ACADEMIC LEADERS, AND EMPLOYERS

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OVERVIEW

» AACN funded a national study to assess the current state of DNP graduates

» Significant growth in DNP programs
  – 156 programs in 2010 to 394 programs in 2021
  – 6,599 students enrolled in 2010 to 40,384 in 2021

» A mixed methods design was used to:
  – Conduct a scoping review of recent literature on DNP curricula and employment
  – Analysis of curricula of 50 nationally representative DNP programs
  – Key informant interviews with DNP graduates, employers, and academic leaders
  – Analysis of AACN annual survey data from 2005 to 2020
  – Survey of over 800 DNP graduates

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SCOPING REVIEW

SCOPING REVIEW: 2015-2021

» Variation in DNP graduate skill sets

» There is agreement among studies that the overall goal of the DNP project is to improve quality and patient outcomes as well as achieve practice changes.

» DNP graduates have great potential to impact patient and system level outcomes

» Many DNP graduates work as direct care providers

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REVIEW OF DNP CURRICULA

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» The majority of BSN-to-DNP programs (63%) focus on NP education.

» The majority of Master's-to-DNP programs focus on NP education (28%), executive and leadership education (28%), or are not restricted to a particular specialty (31%).

» For students in a BSN-to-DNP track, there was close to an even three-way split among securing preceptorships through collaboration between schools and students (33%), giving students the primary responsibility (31%), and giving schools the primary responsibility (36%).

» In MSN-to-DNP tracks, the burden on the students to find preceptors was somewhat greater; 39% of DNP programs require student–school collaboration, 33% place the primary responsibility on the students, and 28% place the primary responsibility on the school.

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REVIEW OF DNP CURRICULA

» Majority of DNP programs (69%) did not maintain contractual clinical site partnerships with universities, clinics, or hospitals for guaranteed preceptorships or graduate placement.

» On average, BSN-to-DNP tracks required 74 credit hours (with the majority being NP concentrations). On average, Master's-to-DNP tracks required 38 credit hours. The required number of credits may vary based on entry requirements, number of transfer credits accepted, etc.

» All DNP programs in the sample required a DNP Project. Most schools followed AACN recommendations that each DNP Project focus on a change that impacts healthcare outcomes and is related to quality improvement.

» Practicum hour requirements were mostly consistent across programs, with about 500 of a student's required 1,000 post-baccalaureate practice hours spent practicing clinical skills and another 500 spent working on the DNP Project.

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KEY INFORMANT INTERVIEWS

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» DNP graduates have a larger and more diverse skill set and greater knowledge of policy, economics, and the business side of nursing.

» Of the 13 employers interviewed, most could not readily identify differences in the provision of direct patient care by MSN and DNP-prepared nurses. Academic leaders could not identify differences in clinical skills between MSN and DNP-prepared nurses.

» Lack of understanding among employers and other healthcare professionals about the DNP degree.

» Academic leaders and DNP graduates provided similar views on the key differences between BSN-to-DNP and MSN-to-DNP graduates.

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GRADUATE FINDINGS

» Pursuing a DNP degree to gain specialized knowledge

» Challenges encountered while completing the program
  - Balancing personal life and coursework; limited time to devote to DNP project; difficultly securing quality preceptors

» Roles and responsibilities, compensation change, employer recognition
  - Not much change to responsibilities or salary
  - DNPs in academic roles reported an increase in responsibilities and salary
  - Improve employer perceptions and understanding of DNP role

» Suggestions to improve workforce preparation
  - Offer more in-person versus online classes; focus on large scale systems change in the curricula; increase time spent gaining clinical experience; add business related classes; additional development of professional skills

» DNPs use EBP to change systems and policies in the organization
  - Positive impact on patient and system outcomes

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EMPLOYER FINDINGS

» Hospital and academic positions
  – Academic employers agreed that the doctoral degree is required
  – Hospital employers agreed only required for leadership and executive positions

» Perception of BSN to DNP and Master's to DNP
  – Clinical experience prior to obtaining a DNP is important
  – Master's to DNP graduates typically are older and substantially more clinical experience

» Improve perceptions of the value of the DNP degree
  – Increase program and DNP project rigor
  – Clearly explain difference between Master's and DNP skills sets

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EMPLOYER FINDINGS

» Quality metrics to demonstrate impact of DNP
  – Quality metrics do not exist to demonstrate DNP value
  – Would require significant changes to IT systems

» DNP graduates on patient and system outcomes
  – Higher level or "big picture" thinking

» Employer suggestions to improve DNP curriculum
  – Increase practicum hours
  – Limit the number of online programs
  – Increase focus on business education, finance and statistics
  – Increase emphasis on policy and legislation

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ACADEMIC LEADER FINDINGS

» Academic leaders' perceptions of why students pursue a DNP
  – Career advancement
  – Anticipation that an advanced degree will likely be required in the future

» Challenges students may face during completion of DNP degree
  – Working while attending graduate school
  – Cost of the DNP degree
  – Balancing competing life priorities

» Post graduation employment of DNPs
  – Return to the same position and organization
  – Play a greater role in organization
  – Employers may provide financial support

» Positive impact on patient and system outcomes

» Need to address program variability
  – Strengthen DNP curricula
  – Education courses for DNPs pursuing an academic career
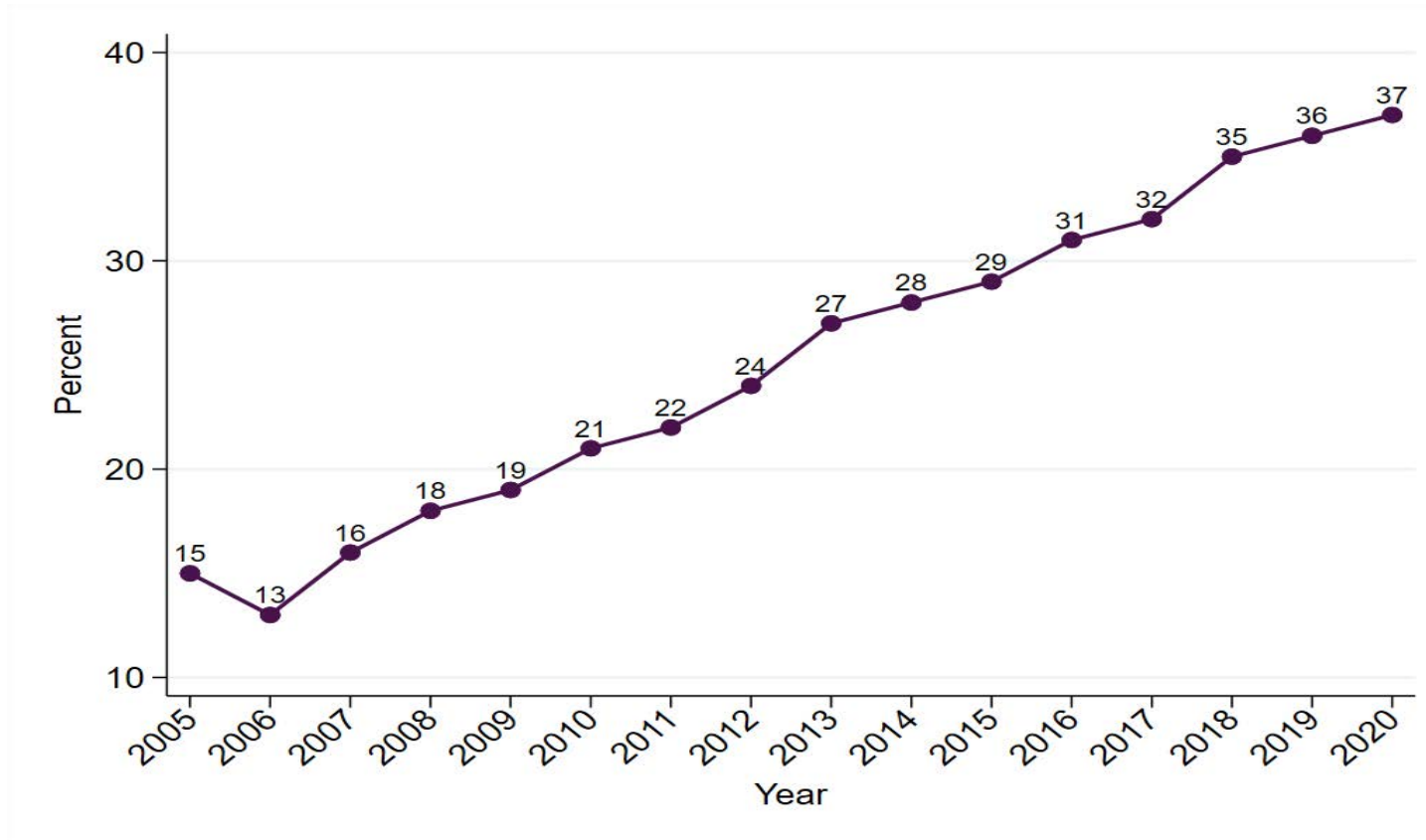 – Communicate the value of the DNP degree to stakeholders

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ANALYSIS OF AACN ANNUAL SURVEY DATA 2005 - 2020

DNP PROGRAM AND GRADUATE TRENDS

DNP Programs
- 1-5
- 6-10
- 11-15
- 16-20
- 21-30

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RACIAL/ETHNIC MINORITY DNP STUDENTS, 2005-2020

Note. Excludes international students and unknown/not reported race/ethnicity.
Students were counted once foreach year they were in a DNP program.

NUMBER OF DNP STUDENTS: BSN-TO-DNP AND MSN-TO-DNP

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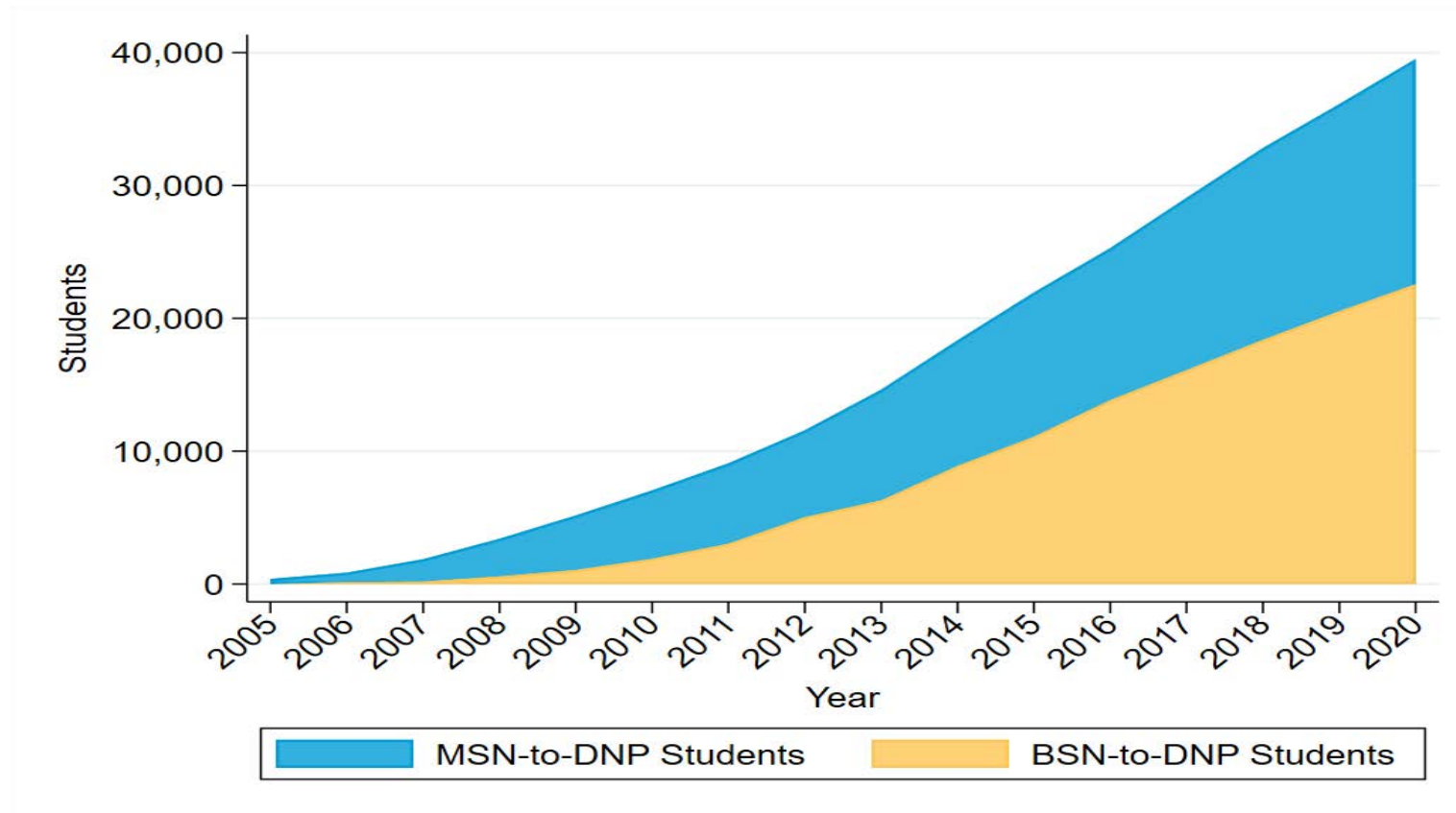
NUMBER OF DNP STUDENTS IN APRN CONCENTRATION AND TRACK
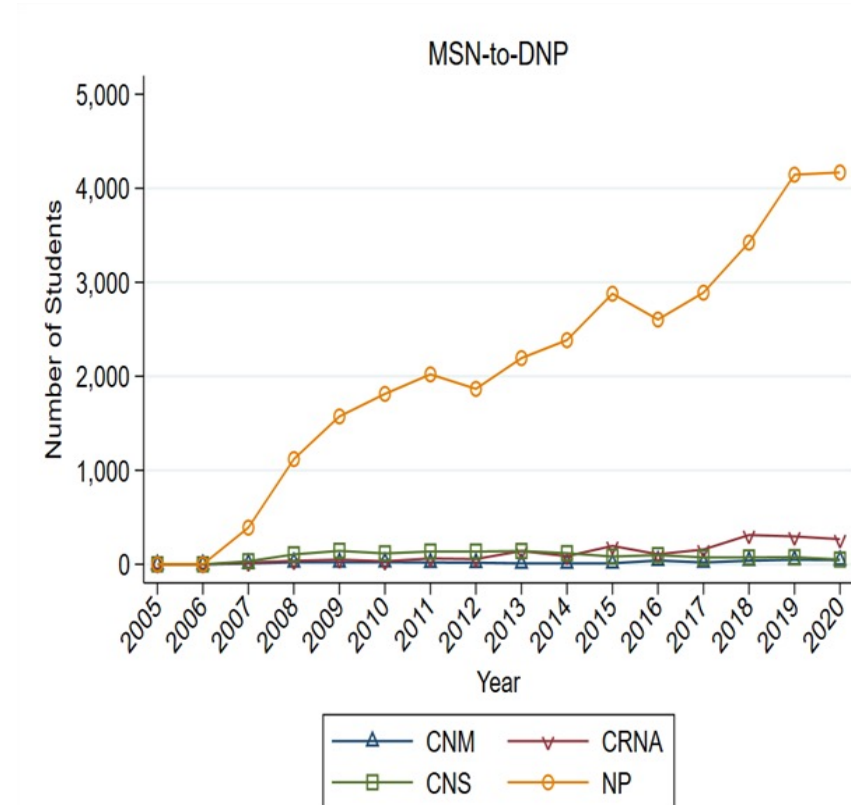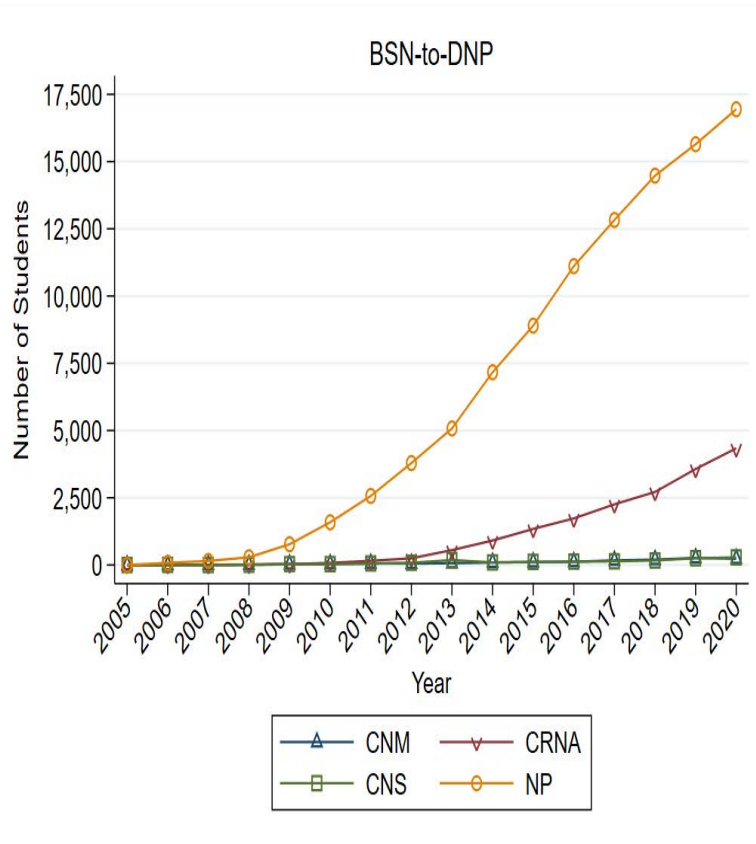
SURVEY RESULTS: DNP GRADUATES

DEMOGRAPHICS

» 95% of respondents were satisfied or extremely satisfied with their decision to obtain a DNP degree

» The respondents were mostly white (87%) and over 45 years old (78%)

» Diverse range of advanced nursing roles and primary employment positions

» Most respondents graduated from a Master's-to-DNP track (72%), and 13% in BSN-to-DNP track

» Majority of respondents attended a blended learning program (42%) or a program that was 100% online (30%)

» Most respondents were full-time students (56%)

HIGHLIGHTS FROM REGRESSION ANALYSIS

» Administrators, nurse executives, and nurse faculty, relative to NPs, were more likely to be extremely satisfied with their decision to obtain a DNP degree.

» DNPs over 55 years old were more likely to be extremely satisfied with their decision to obtain a DNP than those under 35 years old.

» As compared to NPs, administrators, nurse executives, and nurse faculty felt more prepared to perform quality improvement and leadership activities. However, NPs felt more prepared to provide direct patient care.

» Administrators and nurse executives were significantly more likely to report improvements in policy advocacy and organizational change/quality improvement skill sets as compared to NPs. These findings were the same for Master's to DNP students as compared to BSN to DNP.

» Nurse executives were less likely than NPs to believe that their preparation to work in a clinical setting improved as a result of obtaining a DNP.

» BSN to DNP graduates are far more likely to have increased their preparation to practice in a clinical setting when entering a DNP program.

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CONCLUSIONS

» Almost all DNP survey respondents were satisfied with obtaining a DNP degree.

» DNP graduates add value.

» Racial/ethnic and gender diversity among DNP students continues to increase.

» Increases in the number of DNP programs and students have occurred in both BSN-to-DNP and MSN-to-DNP tracks.

» DNP graduates work in a variety of positions.

» The majority of DNP programs are mostly online.

» No evidence was found of lower quality outcomes connected to online DNP programs.

» DNP graduates working in administrative, executive, and faculty roles perceive higher value from the DNP.

» Data do not currently exist to carry out DNP outcome studies.

» Uncertainty remains concerning the skills and value of DNP graduates.

» Stakeholders have numerous suggestions for how to improve DNP curricula.

RECOMMENDATIONS

» 1. Clarify the goals and identity of the DNP degree

» 2. Examine curriculum and rigor of DNP programs and DNP projects

» 3. Engage with APRN certification organizations

» 4. Educate employers about the unique skill sets and value of DNP graduates

» 5. Develop processes for measuring DNP process and system-level outcome data

» 6. Conduct research to isolate the impact of DNP graduates on patient and system-level outcomes

» 7. Encourage academic-practice partnerships

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