Past Event: 2023 APRN Roundtable - The State of the Doctor of Nursing Practice Degree: A Survey of DNP Graduates, Academic Leaders, and Employers Video Transcript

Event
2023 APRN Roundtable

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Presenter
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Hi, everyone. My name is George Zangaro. I'm the chief policy and scientific officer at the American Association of Colleges of Nursing. And I'm here today to speak with you about a study that was conducted by the American Institutes of Research and funded by AACN.

The title of the study is The State of the Doctor of Nursing Practice Degree: A Survey of Graduates, Academic Leaders, and Employers. So, the AACN funded a national study to assess the current state of the DNP graduates. There has been significant growth in the DNP programs.

From 2010, there were 156 programs reported in our annual survey and up to 394 in 2021 with over 40,000 students in 2021 enrolled in DNP programs. The study that we conducted was a mixed methods design, and it was used to look at five different areas.

One, we conducted a scoping review of the literature. Two, we analyzed curricula from 50 nationally representative DNP programs. We did key informing interviews of graduates, academic leaders, and employers.

We analyzed AACN survey data from 2005 to 2020, and then we conducted a survey of DNP graduates. We'll start with the scoping review. The scoping review went from 2015 to 2021, and it was review of peer-reviewed literature published since 2015 to assess what extent recent relevant literature has explored DNP curricula and the employment of DNP graduates.

The research question for the review were as follows: The key elements of DNP education. What types of organizations do DNP graduates work for? What are their positions in the organization and what are their roles and responsibilities? So, we looked at the variation in DNP graduates' skill sets. And this is due primarily to the level of experience of a DNP graduate that they have prior to entering the DNP program.

And then the agreement among studies overall that the DNP project was to improve quality and patient outcomes. We saw that there is significant variability in how the DNP projects were implemented among programs. DNP graduates have great potential to impact patient and system-level outcomes and they translate evidence into practice and health policy, and by using skills and interdisciplinary collaboration.

Many of the DNP graduates work as direct care providers who required only a master's degree and therefore may not be utilizing the full scope of their DNP preparation, and they may not be recognized for that level of education that they hold. So, the review of the DNP curricula. A curriculum review is conducted to assess curriculum variability in the DNP programs.

In this review, we found that the majority of the BSN-to-DNP programs focused on NP education. The majority of the Master's-to DNP programs also focused on NP education. For students in a BSN-to-DNP track, there was close to an even three-way split among securing preceptors, right?

They secured them through collaboration between schools and students, giving students the primary responsibility of finding a preceptor and then giving schools the primary responsibility of finding the preceptor. In the MSN-to-DNP tracks, the burden on the students to find preceptors was somewhat greater.

Thirty-nine percent of the DNP programs require student-school collaboration, 33% as the primary responsibility is on the student, and 28% placed the primary responsibility on the school. So in the review of the DNP curricula in our sample, the majority of the DNP programs, they did not maintain contractual clinical site partnerships and they didn't have guaranteed preceptorships or graduate placements.

On average, BSN-to-DNP tracks, they required 74 credit hours, MSN-to-DNP tracks required 38 credit hours. These are just on average. These are averages and they vary based on transfer credits and different requirements at different schools.

All the DNP programs in the sample required a DNP project. Most of the schools followed the AACN recommendations for that project. There was great variability in the projects as to whether the project was implemented in a clinical setting, the extent to which the academic or policy... the project was academic or policy-oriented, whether secondary data analysis is permitted.

And finally, projects being carried out in groups. We found as the time went on, more DNP projects were being carried out in groups. Practicum hour requirements, they were mostly consistent across the programs, right? Five hundred hours of students required 1,000 post-baccalaureate practice hours.

I mean, this was consistent, and remains consistent in our programs. Given the wide range of projects that are approved, there is going to be variability in the number of hours that are devoted to direct care. Key informant interviews. Primary data was collected using in-depth interviews with the following stakeholders.

There were 14 DNP graduates, 13 employers, and 15 academic leaders. And we sought to get an understanding of the perceptions and experiences of DNP graduates in the workforce. So, when asked about key differences between the MSN and DNP-prepared nurses, most graduates, employers, and academic leaders all indicated that DNP graduates have a larger and more diverse skill set, particularly in the areas of leadership, evidence-based practice, critical thinking, and quality improvement.

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 couldn't identify differences in clinical skills between MSN and DNP-prepared nurses. And we at AACN released new essentials.

So, I'm hoping that the new essentials will be able to help us more clearly define these roles. DNP graduates and employers expressed a lack of understanding among employers and other healthcare professionals about the DNP degree, particularly around the skill sets of DNP graduates, which roles they should fill and if the goal is to produce NPs, nurse leaders, or both.

Academic leaders and DNP graduates provided similar views on the key differences between BSN-to-DNP and MSN-to-DNP graduates. Academic leaders noted that differences in advanced practice experience, critical thinking skills and knowledge between these two student groups may affect their student experience and their post-graduation employment opportunities.

The DNP graduates felt that students in the MSN-to-DNP programs tend to be more mature and have more years of clinical experience. Okay. The graduate findings. Pursuing a DNP degree to gain specialized knowledge. And when students were asked about their motives, most of the graduates agreed that they were pursuing the degree to gain specialized knowledge and not necessarily expecting a pay increase and/or recognition or change in their position.

Challenges encountered while completing the program. The DNP graduates. The major challenge that came out loud and clear through the interviews was balancing personal life and coursework. That was the most difficult for them. Of course, cost came in, limited time to devote to their project, and difficulty with securing quality preceptors.

But the work-life balance was the most difficult. Roles and responsibilities, compensation change, and employer recognition. Many of the graduates did not expect a change. In the hospital side or the practice side, there was not much change. But in the academic side, DNP said that those that went into an academic role, they had an increase in salary, they felt they had increased responsibility.

Two different types of roles but different perceptions as well. And the suggestions to improve workforce preparation. DNPs made several suggestions as did the employers and academic leaders, but the DNPs suggested that we offer a more in-person versus online courses.

We focus on large-scale system change in the curricula, increase the time spent gaining clinical experience, and business-related classes. Additional development of professional skills was also important to them. Developing their CV and helping them develop skills on how to market themselves.

DNPs and evidence-based practice to change systems and policies in the organization. They overwhelmingly, the DNP graduates agreed that they were using evidence-based practice and it was having a positive impact on the hospital and the system outcomes and patient outcomes.

Employer findings. Hospital and academic positions. Academic employers agreed the doctoral degree is required. Hospital employers agreed, they only required it for a leadership or executive positions. Hospital employers advertised positions for a nurse practitioner or for a Master's prepared individual. They didn't advertise specifically for a DNP in those positions unless it was an executive or a leadership position.

Perception of the BSN-to-DNP and Master's-to-DNP. Most employers want to hire candidates who understand evidence-based practice, translate science to practice, implement quality improvement policies, and understand systems change on a larger scale. A few of the employers noted that the student populations of the BSN-to-DNP and MSN-to-DNP, they differed.

Typically, the MSN-to-DNP students were older and had much more clinical experience, and I don't think this is a surprise finding for any of us. And the different levels of education, the employers felt that it didn't allow...the BSN-to-DNP graduates had more trouble applying their skills in the clinical environment than the MSN-to-DNP prepared nurses.

Improved perceptions of the value of the DNP degree. The employers felt that we needed to improve the rigor of the program. We need to better explain the differences between a Master's prepared and a DNP prepared in regards to their skill sets and why are they different.

Why should they hire a DNP versus a Master's prepared nurse? The employer findings for quality metrics to demonstrate impact of the DNP. The employers, all the employers that were interviewed, none collected quality metrics on the value of the DNP. They all agreed that this would be something important for the organization to look forward...to look in the future to do.

However, there was expense associated with it and a large IT expense to change their systems and their quality improvement checks that they do in their systems. DNP graduates on patient and system outcomes that the employers felt that they had a higher level of understanding.

They saw the big picture. They were able to implement process and system-level changes in their organizations. Employer suggestions to improve the DNP curriculum. The employers felt that there should be an increase in practicum hours for the DNPs and especially the BSN-to-DNP group.

There was a limit to the number of online programs. They felt that online programs, the quality wasn't there as compared to on-the-ground programs. In this study, I will tell you, and that's coming up in the few slides, we found no evidence of that, that there was a difference in the quality of an online program versus on the ground.

Increased focus on business, education, finance, and statistics. An increase in emphasis on policy and legislation. The academic leader findings. The academic leaders believe that most students pursue a DNP degree for career advancement in nursing leadership roles, advanced nursing practice, or in academia. Another reason stated with students, anticipating that an advanced degree will likely be required in the future.

They were hearing from the students that they felt the advanced degree would be required, such as the CRNAs, who require a DNP degree now. Challenges the students face during completion of their DNP degree. The academic leaders were right in sync with the graduates, with the work-life balance and balancing the personal life, balancing coursework, and also the cost.

The academic leaders did mention the cost of the DNP degree. Post-graduation employment of DNPs. A lot return to the same position in the organization. This may be related to employers helping them finance their DNP degrees. So, they went back there, you know, for X number of years after they received the supplement from their employer.

Employers or academic leaders feel that they play a greater role in the organizations. And then in looking at evidence-based practice, translating evidence into practice. And employers, you know, as I said, may have provided financial support. There was definitely a sense that DNPs have a positive impact on the patient outcomes and system outcomes at an organizational level.

Given their leadership skills or expert knowledge in areas such as population health and evidence-based practice. Leaders suggest there's a need to address DNP program variability, strengthen the DNP curriculum. They also suggested education courses for DNPs that are pursuing an academic career, the addition of those into their curriculum.

The communication of the value of the DNP needs to be much clearer so that we can increase the employers' understanding of the DNP. They also felt that specific coursework and leadership, writing, communication, finance, patient-centered care, quality and safety, and population health should be enhanced in the DNP programs.

So the analysis of AACN Annual Survey Data from 2005 through 2020 and it demonstrates how DNP program numbers and DNP student enrollment has grown over time. So first we see here the largest concentration of DNP programs.

The greatest numbers are in Pennsylvania and Illinois. And then followed by the East, which means we have a large concentration on programs and then Texas and California as well. Racial and ethnic minority of DNP students. This is important because the racial and ethnic distribution in this graph is showing us that it has increased considerably from 2006 to 2020.

So, 37% increase. And this is what nursing has been striving for, is to increase the diversity in our workforce. And I personally think, not only in the DNP students, but in the workforce in general, nursing and educators out there just shout out to you, you've done an outstanding job increasing diversity in the nursing workforce.

A number of DNP students that are in BSN-to-DNP and MSN-to-DNP programs. This graph is showing you the growth in those programs. The MSN-to-DNP students has seen growth. But what is even more striking is the BSN-to-DNP students that they're growing at a much faster pace. There are more students enrolled in BSN-to-DNP programs than there are in MSN-to-DNP programs right now.

And you can see that on this graph. And finally, here we're looking at the BSN-to-DNP and MSN-to-DNP increases, and you see where the largest increases by specialty track is in the NPs. The NPs have grown considerably in both the BSN-to-DNP and MSN-to-DNP.

And also, in the BSN-to-DNP, the CRNAs have grown and that's expected because the CRNAs now, you know, they require a DNP degree for graduation. And the others have remained fairly steady. So, our survey results from the survey that AACN conducted with American Institute for Research.

Some of the demographics. The survey, you know, we had 875 eligible responses that we analyzed. We had 1,500 and some, I believe, returned, but 875 were eligible. And these were DNP graduates working as APRNs, working in nurse executive or administrator roles, faculty roles, various, you know, CRNAs, nurse midwives, and CNSs.

So, 95% of the respondents were satisfied or extremely satisfied with their decision to obtain a DNP degree. The respondents were mostly white, 87% in this survey and over 45 years of age. Diverse range

of advanced nursing roles and primary employment positions and largest number of respondents were NPs.

And followed by the nurse executive role. The most respondents graduated from a Master's to DNP track, and then we have 13% in the BSN-to-DNP track. And then the majority of respondents attended a blended learning program or a program that was 100% online, 30% of the respondents.

And then most respondents were full-time students. The highlights from the regression analysis that was conducted. Regressions were used to analyze correlations between the DNP program and individual characteristics and outcomes of interest. The outcomes of interest included respondent satisfaction with their decision to obtain the DNP degree, the skills qualified or prepared to do after obtaining a DNP degree, and the skills that were improved following their DNP program.

And then the positive impacts of the DNP education. So, a linear probability model was used to explore the correlations between these outcome variables. Administrators, nurse executives, 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 degree as compared to those under 35. Those under 35, I just want to be clear, were not dissatisfied. They're just not as extremely satisfied.

As compared to NPs, administrators, nurse executives, nurse faculty, they felt more prepared to perform quality improvement and leadership activities. I don't think this is a surprise. I mean, that's where their focus is as administrators and leaders. And then the NPs were more prepared to provide direct patient care.

Administrators and nurse executives were significantly more likely to report improvements in policy, advocacy, organizational change, quality improvement, skill sets as compared to the NPs. And again, these findings, they were the same for the Master's to DNP students as compared to the BSN-to-DNP students, both were the same.

The 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. But here the BSN-to-DNP graduates, they were far more likely to have increased preparation to practice in a clinical setting when entering a DNP program.

And we attributed this to two factors. The BSN-to-DNP graduates, they're less prepared. They may be less prepared than Master's to DNP prepared students to practice in a clinical setting when they're entering into a DNP program. And we saw that from employers' comments and the graduates themselves in their comments.

The BSN-to-DNP tracks focus more on APRN concentrations and preparing for clinical practice. The conclusions from the study. So, I've listed a lot of conclusions here, so I'm just going to touch on some highlights from these conclusions.

As I said, almost all the survey respondents were satisfied or extremely satisfied with obtaining their DNP degree. DNP graduates add value throughout. There was no question that the DNP graduates added value to practice. Racial and ethnic gender diversity.

As I said, that was increased. The racial and ethnic diversity increased, but also males increased from 9% to 14% over that time frame. Increases in the number of DNP programs and students have occurred in both the BSN-to-DNP and MSN-to-DNP tracks.

We saw that the faster pace was the BSN-to-DNP. Here, I just would like to add that having a faster BSN-to-DNP growth in these programs and students going into these programs, we then also have to think about the workload on the faculty. Workload on faculty in schools is much heavier for the BSN-to-DNP students. They require more time in school and they also require more attention when moving through these clinical projects because they don't have the experience.

Not in all cases, but in most cases, they don't have the experience that the MSN-to-DNP student does have. So, I just say that to pay attention also to the faculty here and the workload increases that the faculty are experiencing with this BSN-to-DNP growth. DNP graduates work in a variety of positions, as we said, I mean, clinical positions, different clinical positions in hospitals, ambulatory settings.

They're in academic positions. Majority of DNP programs are mostly online. And that was for this particular study that we did. I just want to look at the percent. Sixty-six percent of DNP programs in 2020 were mostly online and about 72% of the DNP surveyed responded. No evidence was found of lower-quality outcomes connected to online DNP programs.

And I want to stress that because of the employer's comment about the quality of the online programs versus the on the ground programs. We found no evidence in this study to support that, that there was any difference in the quality outcomes of the DNP students or the DNP programs. DNP graduates working in administrative, executive, and faculty roles perceived higher value from the DNP.

Data do not currently exist to carry out DNP outcome studies, and I think this is an area where we need to focus on determining outcomes for DNPs. There needs to be a greater focus on what their individual contributions are in the organization. And, of course, uncertainty remains concerning the skills and value of the DNP.

Again, we need to get a clearer understanding for our practice partners on the value of the DNP degree and what they have to offer in their institutions. Stakeholders have numerous suggestions on how to improve the DNP program and we provided some of those for you.

And some of the suggestions from the stakeholders, again, included the more clinical hours and publication requirements. They also brought up publishing the DNP projects, a more active role in the literature and getting things out there. And then of course, including business classes, finance classes, statistics and then enhancing policy and legislation was also brought out.

So, the recommendations. Recommendations, clarifying the goals and identity of the DNP degree. Here, we want to increase awareness about the goals and identity of the DNP degree. Clarification should be provided regarding the purpose of the degree, right? The roles that the DNP graduates have, the skill sets that they bring to their institutions.

Examine curriculum and rigor of DNP programs and DNP projects. Examine the DNP curricula across schools to identify hallmarks of high-quality, rigorous DNP programs, and develop a process to encourage other schools to adopt these hallmarks.

Engage with APRN certification organizations, encourage nurse practitioner, nurse midwife, CRNAs, CNSs, certifying bodies to require the DNP degree, just as the CRNAs do require it now. As the entry to practice degree, use the CRNAs as a model for this.

Educate employers about the unique skill sets and value of the DNP graduates. Perform outreach to help employers and prospective students understand the unique competencies and education of DNP graduates. And, again, I'm hopeful that the new essentials that AACN has released will help in this process.

Develop processes for measuring DNP process and system-level outcomes. Develop a plan for determining appropriate metrics and processes for collecting process and system-level outcomes to demonstrate the effectiveness of the DNP.

Conduct research to isolate the impact of DNP graduates on patient and system outcomes. We attempted to do this, but again, the hospitals, they don't have the data to support this. So once the appropriate process and outcome data have been collected, research should be conducted to isolate the impact, the effect of the DNP graduates on patient and system-level outcomes.

And then encourage academic practice partnerships and increase clinical precepting placements. Enhancing these academic practice partnerships will help to identify clinical sites for students to complete the requirements for their degree.

Streamline the recruitment of nurses by practice partners is another advantage to academic practice partnerships. And we can help to better educate employers based on these relationships that we've built. And I'd like to just say at the end that this, as I said, the study provided funding to the American Institute for Research to conduct this study, and I acknowledge AIR's work in preparing this report, and I thank them for their collaboration with AACN.

Thank you.