



DNP Survey Results

What Do NPs Really Think About the DNP?

What do NPs really think about the DNP? Respondents to our online survey about the doctorate of nursing practice degree had a lot to say!

In 2004, the American Association of Colleges of Nursing recommended that all nurses seeking to be credentialed as nurse practitioners earn a DNP degree. The National Organization of Nurse Practitioner Faculties endorsed this recommendation, and other nursing organizations agreed that it should be an option. The phase-in date for all new NPs to have a DNP is 2015.

Here are [results of an online survey](#) conducted by ADVANCE for Nurse Practitioners in fall 2008.

Read comments by survey participants by clicking through the pages.

"Nurses are suffering from an identity crisis. Why do we have to have the moniker 'Doctor' to be recognized as experts in our fields? I have a problem with wanting to be 'on par' with other professions, but would prefer nursing to take a leadership role in redefining expertise. A DNP should not be the entry-level degree to nursing, in my opinion. Requiring a DNP to be board certified will compress the time to expertise unnaturally."

"I believe that we have put out NPs who have MSNs with no real life experience as nurses, let alone NPs. There are already too many schools that allow the student to go directly from BSN (without 'nursing experience') to MSN NP. The lack of experience reflects in the quality of care. Personally I think more experience as a nurse first, then an NP, would benefit our profession better. Does this mean you can go from BSN to MSN to DNP without really 'touching' a patient?"

"I do believe that the DNP will enhance professionalism and status for nursing practice. I don't really believe that our practice will change very much; we already do an incredible job taking care of patients, and the new title will provide increased credibility to the profession!"

"Why don't we all just go to medical school? At least we would be paid for our efforts. I think this is driven by the deans of school of nursing who want job security. It is certainly *not* based on the will of active NP in all fields."

"If we want to be taken seriously then we must obtain our terminal degree . what we do is a tremendous responsibility and if we cannot devote the time, money and energy to getting the best prep we can then we do not deserve the title."

"Crap. Once again the nursing profession mistakes the interests of academia for reality."

"As NPs we have worked hard to establish identity as advanced nurses providing quality and excellence in care. It is somewhat counterproductive to require 'doctor' be in the title! With many patients in my practice they are not looking for a 'doctor,' they are looking for a well-trained, dedicated, health professional to care for them."

"Even with the DNP, PAs will get paid more."

"I believe that it will actually hurt NPs because few will want to go to school for the added years to do the same thing. If I wanted to be a physician, I would've gone to school to be one. If I wanted to publish, I would've gone on for my PhD in nursing while practicing as an FNP. I love to learn and I loved school, but this is ridiculous and I hope it doesn't happen. It just shows that NPs have low self esteem and feel this will boost them in the eyes of physicians and others in the field."

"You sometimes as a middle class person need to make a choice at the timing of your career and college costs. With the market and my age (mid 40s), I don't believe there is a cost benefit ratio that will suit my lifespan and that the money and time invested would be better served in other ways."

"I think the DNP is a perfect example of group think and elitism. Now that the MSN is becoming widespread, academics resent it. It's insulting. We don't need more degrees, just less shortcuts to the degrees we already have. You used to have to be an experienced nurse to become an NP, and the road from ADN prepared RN to MSN was a *long* one. Now you don't even have to be a nurse, and 18 months later ... MSN!"

"I hope that there will *not* be discrimination against those of us who struggled to earn a different doctoral degree, especially when the DNP wasn't available until recently. I understand that we'll be grandfathered in, but the PhD is the highest academic degree, and it's still not 'good enough' to sit for the acute care NP credentialing exam, even with many years PICU experience. MDs don't have to go thru all this credentially year after year. It's frustrating!"

"I think the DNP as entry to practice will result in a greater nursing shortage and is not a good indicator for quality of care. We will see 'new grad' nurse practitioners who have spent 5 years in the classroom, but who have no hands-on clinical experience and critical thinking skills with patient care. I am strongly against the move."

"Nursing and NPs included have struggled finding their identity. This is just another facet of that struggle. I attended the University of Colorado and saw as the start of the ND program at CU. The academics were all for it, but it made no sense. Very sexy to dream up the next nursing role. After all if it clicks you get to be kindly remembered as the 'mother of _____.' There is an opportunity for us to extend our practice when the need for affordable quality health is at its highest in the USA."

"I will pursue medical school instead if DNP really becomes a reality. DNP should be more focused on patient care not business or education focused. If we really want to advance the profession, then consider a residency type program."

"[NPs] are finally coming in to recognition and are being widely accepted in the medical field and in the nursing field. Now, they want to muddy the water, cause division and make it even more difficult for nurses. We need to unite and make our name for nursing. Now people are saying it is just being added for colleges to get money and for nurses who want to be doctors."

"I think this is a mistake; it will not increase our ability to give better care and will drive NPs into academia and away from practice just when the population needs us."

"The DNP degree will be the beginning of the end for the 'glass ceiling' that has separated MDs and NPs that perform nearly identical roles. Esoterically it will rewrite the 'see your doctor' mentality that permeates healthcare in the mind of the average consumer, and on a more practical note it will level the 'mental playing field' that has historically kept nurses from aspiring to greater heights and allowing them to be key players in healthcare. We will look back on this in 20 years and smile!"

"Nurse academia is shooting itself in the foot. The curriculum I have seen posted in universities for the DNP is partially redundant of graduate school studies; others just seem to add subjects for the sake of 'more is better.' The DNP should primarily be clinical based, not a second thought in deciding how to build such a program. Now we are adding another 5 to 6 semesters to the 24 we already have. That would total about 4 to 5 years for the DNP after BSN."

"I don't think it will increase the skill of the NP but it may give more validity to the NP role. I hope this stuff about not calling them 'doctor' will go away. Chiropractors and optometrists and podiatrists are called doctor and nobody worries about confusion of roles."

"I think it is a great idea - essentially we're removing the monopoly on care currently held by MDs. (Yes, there are DO's, but they had to fight against the MD lobby as well.) I believe that primary care will eventually be provided predominantly by NP's, as MD's are already moving away from primary care into the more lucrative specialties and surgical roles. I believe this may make our system more like the [United Kingdom and New Zealand], as their primary care physicians are very different (both in how they're viewed and in salary) from their physician counterparts in the acute/critical care settings."

"This degree will allow NPs a seat at many tables where we have been excluded. We need to sit at every table where decisions are made about the health of our patients and the tools we use to provide care. This degree will allow our voice to be heard."

"There's no going backwards. It's gonna happen sooner or later. Just hope that as a profession we can put aside our differences and work together to make sure it's done right."

"I do think that the DNP would allow NPs to be more visible - partly by having 'Dr.' in front of their name it would be assumed that NPs were doctors and have the right to treat patients just as their MD would - I would rather see NPs promoted as primary care providers rather than the public being confused as to NPs now becoming 'MDs.'"

"I am very close to retirement so will not pursue the DNP. I believe it is necessary. I hope that we look at the current MSN programs and other clinical doctorate programs to decide how little more we need to add. I think we do need to reassure

current NPs that grandfathering will occur but encourage the DNP. Just like the MSN the DNP should be required for entry."

"The DNP will raise the credibility of nursing to a higher level. The field will likely improve nursing education on the basic RN level and research will be the most valuable tool for future nursing careers. A collaborative NP practice with physicians will probably be more highly respected with an experienced nurse who has practiced at least 5 years in patient care, supervisory positions, with close association with many nursing levels before doing the DNP."

"As a DNP student, I am already implementing the knowledge that I am gaining in practice. For those clinicians who do not plan to go into research or to teach at this point in their careers, the DNP is the ideal learning experience. I am learning new practice management skills and the residency portion will bring my practice full circle from outpatient to direct admission, rounding on my patients while in-patient and involvement in discharge. How can more education ever be the wrong decision?"

"It's degree inflation and it's a shame that we are falling into the trap that other professions are."

"I think there will be a decrease in the amount of nursing faculty and NPs when this takes place. We are already short on nursing faculty; this will make the shortage worse."

"We are just another profession with a me-too doctorate."

"NPs are already negated as competent providers of primary health care services to clients by the medical community. Having the title 'Doctor' is simply adding fuel to the fire in the medical profession to enhance their belief that we as NPs simply want to be known as doctors without their educational background, credentials and clinical preparation. We should face the fact that another title to our growing list of credentials will not make us any more accepted by main stream physicians."

"If NPs around the country expect to have more credibility, then this is a logical next step; physical therapists have done this in order to move forward. What we need to remember as we move along this continuum is to align the MD practice with us, not alienate. The newer generation of physicians is not as intimidated by NPs, so as NPs we should have increased education and not just in academia, thank you."

"I think that current NPs who have graduated within the last 2 years should be given the opportunity to test for the DNP without having to take additional clinical hours. From what I've seen, I already do what DNPs will be doing without going back to school. I'm not really sure that the DNP should be considered necessary at this point in time. In the future, maybe."

"OK, let's review. There are not enough educators as it is; now to create another level is just losing sight of the bigger issue. There are not enough primary care providers as it is. Why create barriers to becoming an NP? We should be focusing on creating more openings for entry-level nursing positions. Why not make an NP to MD bridge program instead? The DNP program is fine for those that want to pursue it but [should not be] mandatory."

"I am a recent grad of an MSN program at age 48. I will not pursue the DNP at this time. I have to work full time to provide for tuition for 2 college-age children as it is. Also, the amount of time required for 'clinical' is imposing on my work time. I cannot do more. My 18-year-old daughter has decided she wants to become an NP and she will graduate in 2013 and begin grad school, which will also require her to add 2 years for a DNP program to her already daunting school loans from 6 years of college."

"I believe we will lose many excellent practitioners who cannot afford . to spend that much time and money for school. A doctorate degree will not make a better patient care provider. Mandatory doctorates should be for educators."

"The DNP is just a ploy for schools to [make] more money. Being an NP is all about your clinical experiences. Please do not add 'doctor' to my clinical nursing role. Patients are already confused as to our role. There is already a nursing/NP shortage; to make it even more difficult and expensive for NPs, this will make it worse."

"It is obvious to me that those making decisions about this are not *clinicians*. I have been looking at doctorate programs for 10 plus years, and with the exception of one or two, have seen nothing in them that will make me a better clinician - which is what I am. This move is *not* for the betterment of nursing. I do not need a doctorate to feel legitimate about what I do."

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