Since the establishment of the nurse practitioner role in 1965, NPs have filled gaps in health care. The founding vision of the nurse practitioner role focused on providing better care to underserved patients. The first nurse practitioners earned certificates to practice, and, as time passed and demand increased, they transitioned to a master of science in nursing (MSN).

Today, as technology improves and demands for primary care increase, a new vision of the nurse practitioner profession is becoming clear. In 2003, the Institute of Medicine published a report that called for increased preparation for health care professionals in general. The nursing profession offered its response: a clinical doctorate degree, the doctorate of nursing practice (DNP).

Then, in 2004, the American Association of Colleges of Nursing (AACN) recommended that all nurses seeking to be credentialed as nurse practitioners earn a DNP degree. The phase-in date is 2015. The National Organization of Nurse Practitioner Faculties (NONPF) endorsed this recommendation, and other nursing organizations agreed that it should be an option. This degree requirement has caused much concern, discussion and even conflict within the NP community.

**History**
The DNP is a clinical degree intended to prepare nurse practitioners to provide quality care that matches today's health care needs. It is important to consider this new degree in context of the history of the nurse practitioner role.

In the 1980s, the MSN degree became the required degree for NP certification. NPs with certificates were grandfathered in, but new NPs had to earn a master's degree to be certified as NPs.

A doctorate of philosophy in nursing has existed for decades, and it prepares nurses who are interested in research and nursing education. While the PhD in nursing remained constant, MSN programs slowly expanded to cover all areas of expertise, to the point where the MSN degree was similar in rigor to a doctorate. Students not interested in the research component of a doctorate degree began to express their desire for a clinical doctorate focused on treating patients.

In 1979, the first iteration of a clinical doctorate, a nursing doctorate (ND), was established at Case Western Reserve University. A few other schools established a professional doctorate of nursing science (DNS, DNSc, DSN).

But the nursing profession did not have a clear understanding of either the ND or the doctorate of nursing science degree, and some people confused the ND with the MD degree. For these reasons and because the degrees required a research dissertation despite their clinical ideals, the concept of a clinical doctorate did not grow quickly.

In the 1990s, more clinical doctorate programs began cropping up that required a capstone project instead of a research doctorate. The typical capstone project involves devising a plan to put evidence into practice to improve patient care.

The newer programs that focused on clinical practice were much more popular. Seven schools in particular - the University of Kentucky, the University of Colorado, Rush University, the University of Tennessee in Memphis, the University of South Carolina, Case Western Reserve University, and Columbia University - are considered the DNP's "seven sisters," or pioneers.

**A Visionary's View**
Loretta Ford, NP, cofounder of the nurse practitioner role, describes the DNP as "the next logical step toward clinical excellence, leadership and political acumen in advanced practice nursing." She believes that because clinical decision-making has become increasingly complex, more education is necessary. "With the exploding knowledge base in health care, technologies and informatics, new proposed paradigms - to say nothing of population needs, demands and desires for
curative, restorative and preventive health care - that additional preparation has become imperative.

"Expectations for translational research, clinical teaching and institutional leadership must be addressed by the nursing profession and its educational programs," Ford says. "The environments in which practice occurs demand leaders with vision, knowledge, communication skills, political savvy and a sense of social justice beyond that required for the one-to-one relationship of patient care.

"To be the best of team members, it is about time that nursing stepped up to the plate and earned the same status and titling that other practice professions are also requiring," Ford adds.

The DNP Landscape
As of January 2009, approximately 80 schools are offering a DNP program - and close to 200 more are preparing to start their own. In 2006, the AACN published "The Essentials of Doctoral Education for Advanced Nursing Practice," which all DNP programs must follow by 2015 in order for their graduates to be eligible for certification as NPs (Table 1). These "essentials" aim to ensure that DNP programs provide sufficient clinical content and are consistent across schools. After the essentials were published, all doctoral programs in nursing were required to identify themselves as a PhD or a DNP program, and to transition their content to follow their respective requirements. Most ND programs became DNP programs, and most doctorate of nursing science degrees became PhD programs.

Most programs graduate up to a few dozen DNPs a year, meaning that DNP graduates in the United States today could number in the tens of thousands.

Most DNP programs bridge from an MSN and aim to avoid replicating any education NPs earned in their master's programs. These bridging programs take 1 to 2 years to complete and contain around 40 credit hours, although programs vary.

Many of these programs are conducted online, with visits to the campus for symposia at certain times in each semester. Each program requires a project for graduation that is focused on system-level health care improvement. In the future, nurses will prepare for the NP profession by entering a 3-year doctoral program (part-time status may require more than 3 years of study). Each DNP program will contain a minimum of 1,000 clinical hours, and graduates will complete a 1-year residency to become NPs. The DNP will also be the educational requirement for certification in the three other advanced practice nursing roles: nurse midwife, nurse anesthetist and clinical nurse specialist.

Challenges Blur the Edges
The DNP picture is not yet clear; the degree raises many questions that remain to be answered. There are also controversies and wide variations in opinion (see sidebar and Table 2). For example, NPs certified before the proposed 2015 deadline will not have to earn a doctorate degree to continue to practice, but many NPs with an MSN fear that their expertise will be devalued in comparison with NPs who have earned the DNP.

Many NPs worry that, based on education alone, employers will be more likely to hire a DNP graduate than an MSN-prepared NP, and that NPs with a DNP will earn higher salaries.

David O'Dell, NP, worked collaboratively with DNP students from his cohort at the University of Tennessee in Memphis on a project that resulted in the formation of Doctors of Nursing Practice, LLC. The goal of this entity is to serve as a community for DNPs.

O'Dell believes the employer question may soon be moot. "Many NPs currently (and more in the future - especially those with DNPs) will be more independent in their respective practices," he says.

Only time will tell how the DNP will be perceived in the workplace. "I don't think employers will recognize these skills right off the bat," O'Dell says. There is a potential for NPs with DNPs to earn a higher salary in negotiation, he believes. "Employers will no doubt recognize the value of having someone with a broader scope of understanding on their payroll."

An NP with a DNP is not simply an "NP on steroids," O'Dell says. "DNP NPs will have similar roles, but they will also have greater skills and talents to bring to the table. It will be up to us, individually and collectively, to demonstrate the added services and abilities that we provide."

Other areas of controversy include the idea of an administrative track in the DNP program (some schools already offer this). Another potential issue is that NPs who have earned a DNP and then take positions in academia may not be eligible for tenure unless they obtain a PhD.

The grandfathering of MSN-prepared NPs may not be a simple process. Grandfathering rules will be determined state by
state, and in some cases, states may require all certified NPs to obtain a DNP degree, forcing MSN-prepared NPs to go back to school. The outcomes of these concerns cannot be predicted.

Regulation is another area that will undergo change, because it arises from societal needs. "If NPs with a DNP degree grow in numbers like I believe they will within the next couple of decades, and the consumer recognizes their skills and talents, then perhaps changes in regulation would be the natural next step in this evolution," O'Dell says.

O'Dell has communicated widely with DNPs and provides some insight as to the issues they face. "Some of the greatest challenges to the DNP community right now are fundamental," he says. "First is identifying ourselves as a community." Despite the many political and economic challenges, he believes that the DNP is a logical move.

"The interest in the DNP by other disciplines (physicians, psychologists, pharmacists) is tremendous," says O'Dell. "We all have influence in how we grow and evolve. It looks to me that nursing has evolved to a point of maturity to be more demonstrative in identifying the parameters of our discipline. We are approaching a crossroads of growth within our profession, and the DNP-prepared nurses will influence this journey."

A Potentially Divisive Move
In 2008, the Council for the Advancement of Comprehensive Care (CACC), a group affiliated with Columbia University School of Nursing, announced a DNP certification exam championed by Columbia's nursing school dean, Mary Mundinger.

The CACC exam was formed from a pool of test items created by the National Board of Medical Examiners and, according to the CACC, it tests for competency only in DNP essential 8 (see box). The first of these exams was given Nov. 1, 2008. Around 40 DNP graduates took the exam.

Judy Honig, associate dean of the Columbia University School of Nursing, spoke to attendees at the first national DNP conference, which was hosted by Doctors of Nursing Practice in Memphis in October 2008. Honig said the exam is voluntary and described it as "an honorific, postcredentialed certification."

Attendees expressed concern that the exam advocates separation in the nurse practitioner community. Many NPs also fear that this exam will cut some NPs out of the picture and that creating an exam with test items written by physicians will proliferate the misconception that the physician is the gold standard provider of health care.

Nursing groups have not endorsed the CACC exam, nor has the ANCC decided whether a new certification exam should be created to include additional competency of DNP graduates.

Using the Title 'Doctor'
One of the greatest hurdles NPs with DNPs will face is opposition to use of the title "doctor" in professional practice. Historically, the term "doctor" has been an academic title.

In the past century, physicians have used the title "doctor" to identify themselves as medical practitioners. However, many professions, including pharmacy, physical therapy, clinical psychiatry and naturopathy, have already or soon will transition to a doctorate degree for entry to practice. In 2008, the AMA passed resolutions to restrict professional use of the title to physicians, osteopaths and podiatrists. These resolutions do not have the force of law.

In response, seven national nurse practitioner groups convened to craft a position statement. In the document, the American Academy of Nurse Practitioners, the American College of Nurse Practitioners, the Association of Faculties of Pediatric Nurse Practitioners, the National Association of Nurse Practitioners in Women's Health, the National Association of Pediatric Nurse Practitioners, the National Conference of Gerontological Nurse Practitioners (now the Gerontological Advanced Practice Nurses Association) and NONPF addressed three important issues: the DNP, NP certification and use of the title "doctor."

"The DNP degree more accurately reflects current clinical competencies and includes preparation for the changing health care system," the groups wrote. The document also stated that the NP groups do not support a National Board of Medical Examiners (NBME) certification for DNPs, and that the title "doctor" is earned by many and should not be reserved for physicians alone.

"Physicians have nothing to fear in the long run and would probably do well to embrace the possibilities of partnering with these advanced practice nurses as it would be of benefit to all involved - especially the patient," O'Dell notes.

Laura K. Melaro, NP, has been an NP for 20 years. She earned a DNP from the University of Tennessee in Memphis in 2008.

Melaro has already had to address the use of her new title. "I have found myself minimizing my accomplishments by going out of my way to assure that people are aware that my degree is in nursing, not medicine. I have always proudly identified myself..."
as a nurse." She sees the AMA's actions as excessive, "considering that all health care providers are required to display their licenses, degrees and credentials in their practice settings."

"Most of my peers and patients have been very positive, and they often comment that they are proud that I am being recognized for the level of work that I do," Melaro says. "I am often chastised for not using my title. I have only recently started using my credentials professionally and allowing people to call me 'doctor.'"

No matter what degree they earn, NPs must follow their state laws as to how they may identify themselves in practice. Seven states prohibit NPs from using the title "doctor" in professional settings.4

Why Get a DNP Degree?
Many NPs with master's degrees wonder what the DNP will add to their everyday practice. Nurse practitioners who have earned the DNP say that it's hard to grasp what is to be gained from the degree "until you've already earned one."

O'Dell says the DNP is a symbol of having earned the highest level of practice ability in the nursing discipline. "If an NP is going to grow professionally and contribute as the professional that I believe us to be, then a terminal degree is the next logical step in demonstrating skills in our discipline."

Why should practicing NPs put forth the time and money required to earn a DNP if certification is grandfathered? "That's a personal issue," O'Dell replies. "For me, it is to help move the degree forward knowing that those first few generations of DNs will be crucial in growing the profession in the direction that I think it must grow in order to meet the health care needs of our society and also expand the abilities of the profession of nursing. For me, the cost was minimal in comparison to the return on that investment."

DNP Community
Doctors of Nursing Practice, LLC was created to bring DNPs and DNP faculty together. "Improving communication and growing our profession is the essence of what this organization is about," O'Dell explains. A community of DNPs has not quite come together yet, because DNPs' goals haven't been identified, he notes.

The controversy surrounding the DNP has created tension within the nurse practitioner community, and O'Dell hopes that more education within the profession will encourage cohesiveness. "There are many issues surrounding the DNP degree (some exciting, and some controversial), but there has not yet been a critical mass of DNP-prepared nurses to pull together in thought or action."

Looking to the Future
NP education will continue to evolve to meet health care needs, and when the 2015 transition to the DNP occurs, advocates hope it will help nurses take a place on the global stage of health care reform. "I think the DNP is the continuation of the journey of being a nurse practitioner," says Tay Kopanos, NP, a clinical faculty member at the University of Colorado in Denver who has earned a DNP. "As a profession and individual clinicians, we have come a long way since those early days [of NP practice] just a few decades ago, but the vision remains consistent."

Kopanos says that a quote from Japanese poet Matsuo Basho helps her sum up the DNP: "Do not seek to follow in the footsteps of the men of old; seek what they sought." NPs, she believes, are seeking to continue their work toward health care access and improving patients' lives by increasing their knowledge, which was the goal of the nurse practitioner role.

"DNP preparation will continue to equip us with the strong education and skill base for safe, effective and high-quality patient care, but will add skills that the changing health care system will require - skills to utilize evidence-based knowledge to inform patient care, skills to translate and sustain sound research findings from the lab to the exam room that will improve healthy outcomes for our patients, and skills in organizational leadership to inform and shape health care policy."

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References


To DNP or Not to DNP?

NP Snapshots
There are as many opinions about the DNP as there are nurse practitioners. Here, three NPs share their views on the degree.

Not for Me, Thank You
Robert Pivonka, an acute care NP working in cardiology, will not pursue a DNP degree. He believes the DNP isn't a necessary move for NPs. "I know plenty of doctorate-prepared people in various disciplines who are inept clinically," he says.

Pivonka admits frustration with the possibility that master's-prepared NPs will not be considered equal to DNP-prepared NPs. "Parity isn't just about title. By the time most nurses decide to go back for their NP, they have been battle tested. I feel as though NP school was little more than jumping through hoops ... the nurses who want to go back to school are the ones who are already ahead of the game."

But more education is not a bad thing, he says. "If people want to go back to better themselves, good for them - I applaud them. But after investing research, time and money and defending the fact that master's-prepared NPs are safer, more efficient and have higher patient satisfaction rates for years. now there's no parity? We would be negating our own research."

Pivonka earned his BSN from the University of Illinois in Chicago in 1994, and an MSN from the same university in 2002. He says his experience should prove his clinical knowledge.

"I've done my time. I'm getting old. And frankly, I've invested more than a third of my life to nursing. This is my time to take leisure classes and finally balance my life out a little, and I'm simply not going to stand by and be told that because someone decided that a master's degree is no longer adequate, that all of a sudden I'm incompetent to practice."

The DNP shouldn't be required for NP certification, Pivonka says. "If your life is research or academia or sitting on federal boards, get your doctorate. If you are working the bedside or clinic, there is simply no need for anything more than your master's and your certification."

The final word for Pivonka? "I think our nursing experience does put us on equal footing: We've earned the respect of our coworkers and peers."

It's a Tough Decision
Lisa Mahoney, NP, is still weighing her options in terms of her future education plans. She works at the Veterans Affairs Medical Center in Memphis with veterans from Operation Enduring Freedom and Operation Iraqi Freedom. "I'm still thinking about going back to get my DNP," she says. She is frustrated by the increasing requirements. "The thing is that I started as a diploma nurse, then got my BSN, then my MSN as an NP. I feel like every time I attain a goal, the bar gets raised.

"I've looked at many different programs to see how the curriculum differs, and believe me, they are very different!" Mahoney says. "The DNP is supposed to be a practice doctorate, yet some programs are offering a DNP in nursing education? (University of South Alabama). It seems some schools are treating the DNP as a more easily attainable doctorate (vs. a PhD) rather than the way it was meant to be."

Mahoney is still open to the idea of obtaining a DNP, however. "Basically, I wouldn't mind going back to school if it makes me a better NP. I haven't yet decided if that is what these programs have in mind, though."

I Learned and I Grew
Lisa Astalos Chism, NP, graduated from Oakland University in Michigan with a DNP in 2007. A self-proclaimed lifelong learner, Chism says she believes her master's in nursing prepared her clinically, but she found that she needed a different set of skills as she worked to meet patients' needs.

"These skills included proficiency in information technology, expertise in the evaluation and implementation of evidenced-based practice, leadership and interprofessional collaboration skills, and experience in policy and advocacy," Chism says. "Prior to earning a DNP degree, my experience in these areas was limited."

Considering that the master's degree was already heavy on credits and that nursing is often not recognized for its level of skill, Chism sought a new degree. "I had explored PhD options in the past, but they lacked the practice focus I was seeking. While I appreciate the need for the development of new knowledge in our field through research, I recognize the need for experts in practice as well."
The DNP allowed Chism to stay connected to direct patient care. She believes that since she earned a DNP degree she is much more aware of new strategies to meet the needs of patients as well as impact health care on a broader scale. “For example, many patients use the Internet to obtain information. However, patients may have difficulty deciphering the barrage of information accessible to them. I have been given the tools that enable me to navigate patients through the Internet maze. Also, I am much more proficient at utilizing and synthesizing research findings to provide my patients with the most up-to-date treatment modalities.” She also believes that the leadership and policy skills she acquired prepared her to improve antiquated policies or guidelines.

Chism believes that nursing must embrace the evolution of health care, and although she knows she provided good care to her patients before earning her DNP, now she feels she can affect patient care on a new level.

“We are a practice profession. Therefore, a practice doctorate that provides parity across disciplines augments my already acquired clinical expertise and allows me to implement and evaluate new knowledge while directly engaging in patient care. This not only serves to elevate our profession, [it] improves my ability to provide the best possible care.”

**In Their Own Words**
Respondents to our fall 2008 online survey about the DNP had a lot to say! Read their comments in our [DNP Survey Results](http://nurse-practitioners.advanceweb.com/Editorial/Content/Pr...).