Becoming a Doctor of Nursing Practice: My Story

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There has been a great deal of curiosity about the new Doctor of Nursing Practice (DNP). I have been asked by my colleagues to share my story.

“What is a DNP? What prompted you to seek a DNP? Why not a PhD? How will this degree help you in your career? Where will you practice?” Approached with so many questions and general curiosity, I decided to share my story.

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My Story

I started my professional nursing career at the age of 19 after graduating from a diploma school of nursing and passing my State Board of Nursing Examination. I worked as a staff nurse on a busy medical-surgical unit and a pediatric unit at a small rural hospital. After 2 years, I decided to take a position as an Occupational Health Nurse Manager (called “Industrial Nursing” in the past). I cared for 1,500 employees at a steel company, performing preventive screenings, practicing health maintenance, and engaging in care of multiple and sometimes life-threatening body injuries. I went on to work at a busy downtown occupational health clinic. During this time, I returned to a local university to complete my Bachelor of Science in Nursing in the evenings. I began to feel a need to add to my mental health nursing knowledge as I experienced caring for people of all ages and walks of life. I wanted to care for the “whole person.” I felt that I didn’t know enough about caring for the person who had anxiety, depression, substance abuse, and other brain disorders. This led me to pursue a master’s degree in community mental health nursing with an emphasis on prevention.

Shortly after completing my Master of Science in Nursing, I began teaching nursing students Psychiatric/Mental Health Nursing as well as Fundamentals of Nursing, Medical-Surgical Nursing, and Pediatric Nursing. I engaged in part-time practice in home health, hospice, and campus nursing while continuing to teach.

I was at a crossroad in my professional career after considerable years in nursing practice and over 20 years as a nurse educator and clinical nurse specialist. I was ready and I wanted to learn more. It was the year of the new century: 2000. I decided that it was time for me to have a new beginning. I felt that I wanted more knowledge and skills in the arts of
nursing, complementary and alternative therapies, and evidence-based practice to help patients and families face the many challenges in health care in the new century. I had many questions and hypotheses about teaching and practice. I wanted to be the “knower” so that I could teach nursing students to be in the “know.”

It has been my dream and my goal to complete a doctoral degree in nursing. I believed it was imperative to be a life-long learner. I wasn’t finished becoming all that a human being and nurse can be. My desire was to provide ongoing quality care in a humanistic manner using my heart, head, and hands. The following express my professional goals to bring to nursing: return to the nursing classroom and clinical teaching with a greater level of knowledge and skills; continue some degree of practice in Community Mental Health Nursing with emphasis on outcomes and prevention; and design and conduct research utilizing Watson’s Transpersonal Caring Theory with a focus on therapeutic humor. I have learned that nurses can improve caring for themselves by learning to laugh at themselves. I believed that we need to start with ourselves and take a holistic approach within our nursing practice. I thought that these goals could help me blossom into this new era of health care with creative, innovative, and enthusiastic strategies in caring. My desire was to see student nurses balance themselves the first day in nursing school. I hoped to model being happy, healthy, and high-spirited (e.g., being able to see the positive humor in myself and others). In turn, student nurses and nurses can demonstrate this optimistic behavior in caring. I wanted to initiate change in myself and with others. Moreover, I wanted the public to see us not only as caregivers, but as healers.

My philosophy is to love self and others, learn all that is possible, and not to forget to laugh. Laughter may be the best medicine. My motto continues to be: laughter is the caring heart of nursing for self and others (Stein, 2003).

My philosophy in clinical practice and teaching-learning took me to the University of Colorado Denver Health Sciences Center (UCDHSC) in May 2002. After researching potential nursing doctoral programs, I discovered that the Nursing Doctoral (ND) program at UCDHSC prepared nurses to become innovative leaders in the nursing profession. The course content included evaluation and outcome research, leadership, and entrepreneurship, as well as courses in a chosen specialty, such as my specialty in Community Psychiatric/Mental Health Nursing. There was also emphasis on advanced preparation for nursing theory-guided, evidence-based practice models of care, ethical competency in nursing practice, promotion of health from local to global communities and safe environments, cost-effective outcomes, and a holistic perspective on the human experience of health, illness, and healing with relationship-centered caring. The program included emerging therapies and complementary and alternative therapies. A technology component of the program, managing and measuring outcomes of care in the use of information systems, was an additional important emphasis in my learning experience. In summary, the ND program was a professional degree with a strong clinical focus that parallels other professional healthcare degree programs, such as the MD in medicine, PsyD in psychology, and the PharmD in pharmacy.

In May 2002, the ND program was the most clinically focused program and a viable alternative to the research-focused PhD for me to achieve my desire to enhance my learning needs in nursing. I believed that I could be a creative, innovative leader as well as a change agent. I could be more resourceful as a nurse educator as well as a Community Psychiatric/Mental Health Clinical Nurse Specialist. I planned to teach and deliver patient-centered care as part of an interdisciplinary team emphasizing evidence-based practice, quality care, enhancing knowledge, and utilizing informatics.

I was one of the three advanced practice nurses at the time who were master’s prepared in a specialty area of nursing admitted into the ND program in 2002.
As I proceeded in my ND course work from the fall of 2002 to the fall of 2004, I began to hear about the University of Kentucky starting a Doctor of Nursing Practice (DNP) program in the fall of 2001. This program admitted master’s prepared students with experience in an area of advanced practice nursing. Other universities were beginning to seek approval for this new practice-focused doctoral program.

Unlike the ND program, the DNP program admitted students with master’s degrees in nursing. The ND program admitted students with bachelor’s degrees and some who had master’s degrees in such fields as music, biology, technology, health, and recreation who wanted to attain their nursing degree. The ND program was a generalist nursing degree, whereas the DNP program provided a seamless transition for students like myself who wanted to go further in their education.

The new nomenclature, DNP, for graduates with a practice doctorate was to be recognized widely according to the American Association of Colleges of Nursing (AACN) (2004). The graduates would be master’s prepared with similarities in background and preparation. For example, two of my colleagues in the DNP program were nurse practitioners, whereas another was a nurse administrator in a large metropolitan hospital. Each of us advanced practice nurses had similar course work, yet we all steered our learning needs down an individual professional growth path.

I was informed in the fall of 2004 that the ND program was to be phased out at the UCDHSC and replaced with the new DNP Program. I was at the right place at the right time. Reasons included: there was considerable confusion within nursing and the public about whether the ND degree was an entry-level degree or advanced practice degree. Other institutions used the degree title of ND to stand for Doctor of Naturopathy and the Naprapathy discipline also utilized the designation DN, Doctor of Naprapathy (nonpharmacologic pain relief).

The AACN recommended that the DNP be the highest level of practice in nursing and with the most independent advanced nursing skills for advanced practice. By the year 2015, Hathaway (2006) points out the AACN envisions all new advanced practice nurses in the United States will be educated at the doctoral level. This will put nursing on the same level with other healthcare professions that require a doctorate for clinical practice.

In recent years, striking changes in health care have amplified demands for nurses to assume leadership roles in the delivery of multifaceted clinical care. I was in a leadership role as I completed my DNP program studies. I assumed responsibilities in nursing that involved many sites from a busy medical center, to home care, hospice, and nursing education. I had the experience of providing education to patients, families, staff, and students as well as making specialist referrals, and evaluating the outcome in an interdisciplinary setting.

Other changes that the AACN has made after much study include: education of healthcare professionals, patient safety, and shortage of both faculty and nurses that have contributed to a nationwide call for practice-focused doctoral degrees.

I liked the change and the fit for someone like myself with a master’s degree and an advanced practice role in community mental health. It was perfect for me. I did not desire to be a research-focused Doctor of Philosophy (PhD) nor Doctor of Nursing Science (DNS, DNP, DSN). The PhD focuses on theory and knowledge development whereas the DNS focuses on advanced nursing research to expand clinical knowledge and theory. The DNP is different from but not less than the research doctorate (Steefel, 2005). The DNP is more practice-focused. The DNP prepares the advanced practice nurse to do research, apply new knowledge in practice, and educate nursing students.

I built upon my nursing specialty area of practice, Psychiatric Community Mental Health Nursing, and returned to my passion, teaching nursing, in a university setting, a designation that surprisingly has not been good to nurse educators in this century. Yet
Loomis, Willard, and Cohen (2006) found that 55.1% of nurses in a DNP program intended to enter into nursing education.

Through my studies in the program, I have developed my own theory-guided model of care, Stein’s Theory of Meaning Through Cognitive-Behavioral Process (Stein, 2004), which will be applied in community mental health nursing. Along with this, I have enhanced my role as a nurse educator through my course work in the arts of nursing, ethics in nursing care, informatics, cost-effective outcomes, evidence-based practice, and learning qualitative, descriptive, phenomenological research approach. I also completed a teaching practicum and course in learning theories with a senior nursing professor.

Currently, I have completed a researchable, publishable project, A Phenomenological Study of Beginning Nursing Students’ Ability to Laugh at Themselves: Insights for a Professional Nursing Career. As a long-time nurse educator, I have had great interest in who we are as nurses and what we are about. I investigated the beginning nursing students’ experiences of laughing at themselves in light of contributing to this important self-care, self-healing phenomena. The DNP program facilitated my personal desire to further my professional knowledge through this research. I will be involved in long-term study with the participants.

The DNP program at UCDHSC has been challenging and rewarding. A major challenge for me was the technology part of the program. I did not know what a decision support system was. I was used to relying on my own intuition and my experience rather than a technology support. I became comfortable relying on experience and “what was” but not what was evidence-based. Lastly, and most importantly, I became more aware of leaving my “comfort zone” and venturing outward into new horizons in my teaching role and my clinical practice role. I recognized how important it is to leave old traditional ways behind and stay open to new ideas and methods of doing things. I’ve learned to welcome change with a positive attitude and a smile. I feel inspired, motivated, and competent as I move forward as both a nurse educator and a clinical nurse specialist. I am enthusiastic about teaching nursing, taking further course work in the arts of nursing, and conducting ongoing research.

After completing my DNP, I had multiple exciting interviews from university nursing programs from the East, Midwest, and West Coast. Currently, I am an Assistant Professor in a rapidly growing West Coast university (California State University, Long Beach). I believe that there is much more that I will accomplish in the becoming process. I look forward to a future with ongoing changes, challenges, and possibilities in nursing.

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References