Does the Doctorate of Nursing Practice (DNP) Change Clinical Practice?

Purpose/AIM:

The purpose of this research was to explore how the Doctorate of Nursing Practice (DNP) changes APN clinical practice, income and interdisciplinary collegiality as perceived by recent graduates of two post master's DNP programs. A secondary aim was to correlate DNP graduates perceptions of clinical practice with the American Association of Colleges of Nursing (AACN) DNP Eight Essentials.

Significance:

The American Association of Colleges of Nursing (AACN) has designated the Doctorate of Nursing Practice (DNP) as the terminal degree for Nurse Practitioners in 2015. All DNP curricula are guided by eight core competencies: the Eight Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006). Few studies have focused on DNP graduates and clinical practice (Graff and Stegbauer (2007); Kaplan and Brown (2009).

Sample/Methods:

Thirty four DNP graduates from two post master's programs in Pennsylvania completed an online, one time, cross sectional, descriptive, exploratory survey, six months post graduation.

Data Collection: An online survey consisting of five multiple choice and eight likert questions.
Data Analysis: There were 17 respondents from each school (34 total) and aggregate data were used from both programs.

Results:

Graduates reported an increase in salary (14.7%), an increase in autonomy (32.4%), an increase in responsibility (32.4%), an increase in respect (47.1%) and increase in collegiality (44.1%). In relation to the DNP Eight Essentials, graduates reported an increase in understanding of Evidence Based Medicine (85.3%), an increase in ability to improve patient care (67.6%), an increased ability to understand and conduct clinical outcomes research (67.6%) and an increase in confidence to publish (70.6%).

Implications: With the increase of DNP programs and the designation of DNP as the terminal degree, DNP outcomes and goals must reflect perceptions of the DNP graduates themselves.