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 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 have 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. “DNPs 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.”

Table 1

DNP Essentials: Requirements for DNP Programs

1. Scientific underpinnings for practice: Programs must provide adequate content on life processes and functions of the body.

2. Organizational and systems leadership for quality improvement and systems thinking: DNP graduates must be knowledgeable about patients on individual, population and community levels to help create new health care delivery models.

3. Clinical scholarship and analytical methods for evidence-based practice: DNP graduates must be able to put research into practice.

4. Information systems or technology and patient care technology for the improvement and transformation of health care: DNP graduates should know how to evaluate programs and information systems to best care for patients as well as to evaluate ethical and legal issues surrounding health care technology.

5. Health care policy for advocacy in health care: DNP programs should prepare graduates to take on leadership roles in political action to promote patient care as well as the nursing profession.

6. Interprofessional collaboration for improving patient and population health outcomes: DNP programs should contain content to prepare students for working in and creating collaborative health care teams.

7. Clinical prevention and population health for improving the nation’s health: DNP graduates should be able to provide risk reduction and illness prevention for patients and families as well as entire populations.

8. Advanced nursing practice: DNP programs should provide education for mastery in one specialty area of nursing practice.