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Perceptions of Midwestern MSN NPs of the DNP Degree

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Walden University

College of Health Professions

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Margaret Gallagher

has been found to be complete and satisfactory in all respects,

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the review committee have been made.

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Walden University

2021

Abstract

Perceptions of Midwestern MSN NPs of the DNP Degree

by

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MSN FNP, Walden University, 2014

MSN Nursing Leadership, Olivet Nazarene University, 2012

BSN, Governors State University, 2000

ADN, Kankakee Community College, 1993

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

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Abstract

Strong professional forces have emerged within healthcare with expectations for a Doctor of Nursing Practice (DNP) degree for nurse practitioner (NP) practice. While NP contribution to societal healthcare is evident, most of these frontline workers are still only masters' prepared nurses (MSN). A problem exists in that their views of the DNP have been minimally studied. Hence, the purpose of this study was to investigate perceptions of Midwestern MSN NPs of the DNP. The study was supported by the self-determination theory (SDT) proposing that motivation for goal achievement was driven by perceptions of intrinsic and extrinsic rewards, which set priorities and directed goals. Nine MSN NPs' evaluation of the personal and professional worth of the degree of DNP, their perceptions DNP impact on the future of nursing and societal healthcare, and the obstacles and facilitating factors for DNP achievement were identified via semistructured interviews in this qualitative study. Their views of DNP attainment were value coded by repetitive phrases and recurring responses, then thematically organized per tenets of the SDT. Most had a positive view of the DNP impact on nursing and societal healthcare, but most agreed that the DNP would not result in increased pay or practice authority. While the DNP was not an impending priority, most believed that it would eventually be required for practice and that they were able to achieve the degree if necessary. They further discussed time, money, and family constraints as obstacles to the DNP but that assistance with tuition, time off for study, and motivation for rewards of the finished degree would facilitate DNP achievement. The implications of NP presence and DNP influence suggest positive changes in the healthcare landscape, thereby benefiting society.

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Dedication

This study was inspired by my deep respect for the nursing profession and its ongoing contribution to societal healthcare.

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Chapter 1: Overview of the Study

Introduction

With the call for shifting the academic preparation of nurses in advanced practice from masters to doctorate, to date, scant research has been undertaken to explore the perspectives of the advance practice nurse on the Doctor of Nursing Practice [DNP] as the terminal degree. The initial thrust for the DNP degree began in 2004 when the American Association of the Colleges of Nursing [AACN] recommended the DNP to address societal healthcare issues (AACN, 2004). At that time, the AACN (2004) proposed that DNP preparation would equip nursing with expertise in evidence-based practice, cost-effectiveness in the delivery of care, and a strong voice in healthcare policy change. Therefore, the AACN (2004) challenged nursing across specialties to pursue DNP preparation to better address current healthcare dilemmas. However, the main target for the DNP initiative was the advance practice nurse (APN). More precisely, AACN (2004) escalated the DNP initiative to propose the DNP as mandatory for entry into advance practice nursing by 2015. This goal was not achieved, and statistics from the 2017 American Association of Nurse Practitioners [AANP] sample survey show doctoral preparation for NPs at 16% (AANP, 2017). Furthermore, the National Organization of Nurse Practitioners Faculty [NONPF, 2018] echoed support for AACN with similar expectations for DNP preparation as the entry level practice requirement by 2025. Likewise, the Institute of Medicine [IOM, 2010] issued a similar challenge for nursing to lead healthcare reform by doubling their doctoral prepared workforce by 2020. And while studies identified the main obstacles in doctoral education as time and money, those same

studies suggested that value for the degree was also a hindrance (Clark & Allison-Jones, 2017; Richter & Stewart, 2015; Stockel & Kruschke, 2013; Udlis & Mancuso, 2015). Therefore, while the expectation for DNP preparation was evident, the perspectives of the major stakeholders of this initiative, the master's-prepared [MSN] nurse practitioners [NPs] had been minimally expressed. Considering that most practicing NPs possess master's degrees and not doctoral ones (AANP, 2016), the perspectives of NPs on the DNP degree as the terminal degree was investigated. While recognizing the current and potential contributions of MSN NPs to societal healthcare (Bureau of Labor Statistics [BLS], 2017; United States Health and Human Services [USHHS], 2016), and considering the impending expectations for mandatory DNP degrees (AACN, 2004; IOM, 2010; NONPF, 2018), the perspectives of this majority NP workforce was given a voice.

This chapter was used to present the background history of DNP expectations from its 2004 inception through its progression to current professional norms (AACN, 2004; Burson, Moran, & Conrad, 2016; Dunbar, Moran, & Conrad, 2013; IOM, 2010; Zaccagnini & White, 2013). Previous research was used to identify the gap in the literature regarding master's prepared NPs perceptions of DNP expectations. A qualitative narrative inquiry was used to investigate the meaning of the DNP to MSN NP participants. The significance of this issue warranted the need for this study and its potential impact on the nursing profession and societal healthcare needs. The terminology used in this study was defined to understand key concepts. The study's theoretical framework guided logical assumptions. Common findings of this problem across other

nursing populations were discussed in this chapter's study of MSN NPs' perception of the DNP degree.

Background of the Study

Significance

The need for addressing the perspectives of MSN NPs regarding the DNP degree had become a concern for advanced practice nursing, and specifically for NPs. In 2001, the IOM (2001) published a list of expectations for healthcare improvement and safety. The IOM (2003) further challenged healthcare professionals to pursue higher education to meet core competencies for implementing healthcare reform. The AACN (2004) responded to this challenge by instituting the DNP degree and further endorsed DNP attainment for APNs by 2015, allowing for time-limited entrance levels for DNP completion. AACN (2004) also proposed core competencies and educational foundations for DNP education which was later published in the DNP Essentials (AACN, 2006). These pillars reflected and supported the expectations set forth by the IOM in their 2001 and 2003 position statements.

Although this DNP initiative for DNP requirements for APN practice had not completed by its 2015 target date, the AACN had been actively progressing their DNP initiative (AACN, 2014) with a shift in focus to "seamless transition", or equitable progression to doctoral degrees with minimal obstacles (IOM, 2010). Meanwhile, the NONPF expressed support for DNP preparation for NP practice with a target date of 2025. While NONPF agreed with the virtues of DNP preparation, they also emphasized the need for an equitable transition from MSN to DNP completion for NPs (NONPF,

2018). Though these strong positional statements had been expressed among recognized nursing educational organizations on DNP requirements for NP practice, the perceptions of the target group for their initiative, the views of MSN NPs, had been minimally expressed. Furthermore, strategies for seamless doctoral transition were considered from the stance of educational organizations (AACN, 2004; AACN, 2014; NONPF, 2018), but the views of equitable DNP completion by its main stakeholders, the MSN NPs, had not been empirically studied.

The perceptions of MSN NPs of the DNP needed to be explored on many levels. Both national (NP credentialing bodies had taken a similar, yet less rigorous stance on NP doctoral preparation. While the American Nurses Association (ANA) expressed strong support for the DNP degree (ANA, 2011), they validated master's degrees as safe and effective preparation for NP practice (ANA, 2014). The other national NP credentialing agency, AANP, issued their DNP position statement with a stance for equitable conditions for doctoral transition while protecting parity for Center for Medicare and Medicaid Services (CMS) reimbursement for Midwestern MSN NPs (AANP, 2013). Although CMS recognized the MSN degree as equivalent to the DNP degree for reimbursement (CMS, 2016), other questions of parity such as reimbursement among physicians had been raised for MSN providers (Zaccagnini & White, 2013). Hence, the perceptions of NPs with only master's degrees were investigated.

Problem Statement

The problem under investigation in this study was the lack of specific information regarding MSN NPs' opinions, evaluations, and attitudes toward the DNP degree. While

the call for professional excellence provided by DNP attainment had been widely accepted (AACN, 2004; Burson, Moran, & Conrad, 2016; Dunbar Nativo, & Kalil, 2013; IOM, 2010; Zaccagnini & White, 2013), and the expectations for doctoral degree completion was evident (AACN, 2004; IOM, 2010; NONPF, 2018; Zaccagnini & White, 2013), perceptions of MSN NPs toward returning to school for the DNP had not yet been explored.

Gap in Knowledge

Little was known about the perceptions of MSN NPs' on those impending expectations for DNP achievement. Few studies addressed any intrinsic or extrinsic values of the DNP among the profession, and, to date, no known studies had yet identified the perceived value of any personal, professional, or societal impact resulting from DNP education for MSN NPs. While some studies addressed perceived obstacles in doctoral degree attainment, none specifically reflected the views the main stakeholders, MSN NPs' on going back to school. Furthermore, even less was known about ideas for any facilitating factors for making the DNP more achievable.

Value, Obstacles, Facilitating Factors

As expected, the main obstacles reported for DNP achievement were lack of time and money, personal commitment, and debt (Clark & Allison-Jones, 2017; Jones & Taylor, 2015; Richter & Stewart, 2015; Stoeckel & Kruschke, 2013; Udalis & Mancuso, 2015). Furthermore, those same studies suggested that lack of value toward the DNP degree across levels of educational preparedness of the participants was a further hindrance in DNP attainment (Clark & Allison-Jones, 2017; Jones & Taylor, 2015;

Richter & Stewart, 2015; Stockel & Kruschke 2013; Udliis & Mancuso, 2015). Moreover, the novelty of the degree and lack of support across nursing populations had resulted in minimal information surrounding perceptions of the DNP; therefore, these few qualitative and quantitative studies provided what little was known about this topic.

On the other hand, facilitating factors in the transition of masters prepared nurse practitioners to DNP attainment had even less supporting evidence. Although the proposal by the IOM (2010) suggesting equitable transitions toward nursing degree attainment was supported by position statement of teaching organizations (AACN, 2015; NONPF, 2018), there were no studies providing support for facilitating factors to DNP attainment. While nursing educational organizations had proposed their view of a “seamless transition” for DNP completion, the views of the main stakeholders, the MSN NPs, of facilitating factors in returning to school for the practice doctorate degree had not been explored. Therefore, considering the organizational pressure for DNP attainment, the apparent lack of value for the degree and overwhelming obstacles, along with lack of realistic facilitating factors, the need for this study on MSN NPs toward returning to school contributed important information to nursing’s base of knowledge.

Purpose of the Study

The purpose of this qualitative narrative study was to explore MSN NPs perceptions of the DNP degree. While the pressure for DNP requirements for NP practice was imminent (ANA, 2004; IOM, 2010; NONPF, 2018), the perceptions of the main stakeholders, the MSN NPs, had been minimally explored. Therefore, the intentions of this narrative descriptive study were to understand the perceptions of MSN NPs regarding

the value of the DNP within the social context of professional growth and potential impact on the nursing profession. Their perception of any influence of the DNP on expanded advance practice roles and societal contribution were explored. Furthermore, their anticipation of personal factors that facilitate or impede their return to school for the DNP were also investigated. These were the driving forces for conducting this study of MSN NPs perception of the DNP.

Research Questions

The research questions for this study were as follows. Among practicing MSN NPs in the Midwestern United States:

Research Question 1: What are their perceptions regarding returning to school for the DNP?

Research Question 2: What are their perceptions of the value of the DNP to their personal and professional life?

Research Question 3: How do they feel that DNP attainment could impact their current roles and any contribution to the future of nursing and societal healthcare?

Research Question 4: What are their perceptions of obstacles and/or facilitating factors in DNP attainment?

Theoretical Foundation

Foundational framework on the perception on MSN NPs of the DNP degree was appropriately constructed on theory supporting perceptions of individual participants' investment toward returning to school for the DNP. Their views of degree pursuit within their individual and social context were considered. Furthermore, this theoretical

framework supported NPs' perception of their contribution to the profession and societal healthcare. The foundational framework is discussed in this section.

Motivation, Value, and Autonomy

Motivational forces driving or deterring DNP attainment were viewed via perceptions of autonomy, competence, interrelatedness within the profession, driven by the value of the degree. The self-determination theory (SDT) provided a view of intrinsic and extrinsic motivation for goal achievement congruent with individual values and character traits. The SDT has its roots in psychology and provides framework on understanding goal attainment per psychological needs and value of the goal. Included in the SDT tenets are autonomy, or ability to gain skillsets, competence, or control over one's outcome, and relatedness, or interconnectedness with others while establishing goals. The SDT can provide insight into intrinsic and extrinsic drivers toward goal achievement while considering the value of the prospective outcome (Deci & Ryan, 2004). Motivational factors had been identified in previous studies discussing the value and obstacles of doctoral education (Messineo, Allegro, & Seta, 2019; Robb & Hunker, 2018). Perceptions of NPs toward returning to school for practice doctorate degrees and intrinsic/extrinsic motivation were viewed through the lens of the SDT.

Nature of the Study

This was a qualitative narrative inquiry into the perceptions of MSN NPs of the DNP degree. Using basic qualitative design and a narrative inquiry approach, this study explored the perceptions of NPs on returning to school for doctoral degree attainment. Their perceptions of the DNP on the future of nursing and the landscape of healthcare

were also investigated. The basic qualitative design was chosen to provide wide boundaries of discovery in this under-researched topic of MSN NP's perceptions of the DNP (Merriam & Tisdell, 2015). Furthermore, a narrative inquiry approach was utilized to provide an accurate portrayal of the participants' perceptions of the DNP by detailed, interactive responses capturing authentic expressions (Clandinin, 2006). MSN NPs' perception of the value of the DNP, obstacles or facilitating factors, as well as any anticipated impact of the DNP were developed within participants' personal, professional, and social context (Clandinin, 2006).

Basic qualitative research was specifically designed for the purpose of knowledge creation within a discipline (Polit & Beck, 2012). Since the expectations of this study was to construct new information; basic qualitative research was applied to synthesize new findings while interacting with the participants. Furthermore, a narrative inquiry approach helped capture genuine meanings of the participants' perceptions of the DNP by detailed descriptions of their personal experiences as MSN NPs by interactive clarification of meanings (Clandinin, 2006).

These approaches were viewed as constructivism in that meanings and perceptions were developed while engaging with the participants within the context of the research purpose (Creswell, 2016; Merriam & Tisdell, 2015). Because the information being investigated seemed to be unique and very specific to the population under study, basic qualitative research via narrative inquiry provided an approach on which to interpret and construct findings on MSN NPs' perception of the DNP as aligned with the study's purpose and guided by the study's foundational framework of the SDT.

Information was collected via semistructured interviews using video-enabled interaction. During these recorded interviews, participants were asked permission for follow-up interviews for clarification or for further investigation. This also facilitated ongoing interaction to verify true expressions while constructing new knowledge. Field notes supporting these interpretations were implemented to develop information in this under-researched topic. Reflexive memos documenting researcher attitudes before, during and after participant engagement were reflectively revisited during all phases of data collection, manual transcription and coding, and analysis.

Definitions

Advance Practice Nurse (APN): APNs are board certified nurses with a minimum of MSN education who are licensed to administer advanced care across practice settings (ANA, n.d.).

Doctor of Nursing Practice (DNP): The DNP is a practice doctorate in nursing with a focus on advance practice, leadership, and health care policy (AACN, 2004).

Facilitating Factors: Facilitating factors are strategies for overcoming obstacles, making goal achievement less difficult.

Future of Nursing: The future of nursing was first recognized in IOM (2010) call for nursing to lead healthcare reform via educational preparation. IOM was later renamed as the National Society of Science, Education, and Medicine who continued to challenge nursing leadership with new 2020-2030 goals to create a culture of health (National Society of Science, Education, and Medicine. (n.d.).

Masters-Degree in Nursing (MSN): The MSN is a graduate degree in nursing with multiple nursing specialties including advance practice nursing.

Nurse Practitioner (NP): An NP is a nurse who has completed an MSN or DNP in specialized training and is certified through a national credentialing agency (AANP, n.d.; ANA, n.d.; CMS, 2016). An NP has clinical competency to practice in multiple health care settings (AANP, n.d.).

Motivation: Motivation is the driving force aimed toward meeting basic needs or social contexts. Motivation can be internal (intrinsic), which is performance driven by interest or inherent satisfaction, or external (extrinsic) which is performance driven by meeting external needs (Deci & Ryan, 2004).

Obstacle: An obstacle is something blocking progress or making an endeavor more difficult.

Perception: Perception in qualitative research is the interpretation of reality or the meaning of an experience. Perception influences opinion and understanding (Given, 2008)

Value: Values are the motivating power behind setting goals (Deci & Ryan, 2004). Values has also been described as sensing priorities or perceptions of a fair exchange.

Assumptions

An assumption is an understood belief based on logic (Polit & Beck, 2012). The assumptions applied to this study will help ensure the collection of accurate information

while verifying true meanings of the concepts under study. To understand the perceptions of MSN NPs of the DNP, six assumptions must be applied.

1. The first assumption in this study was that the NP participants provided truthful responses to the questions asked in the interviews.
2. The next assumption was that the NPs were aware of the legal and regulatory requirements for licensure as well as any restrictions on their practice within their state.
3. The third assumption was that the NPs had a sense of solidarity and identity within their profession. It was further assumed that the NP participants valued the profession and were interested in the future of nursing.
4. The fourth assumption was that NPs value education and credentialing. It was also assumed that the NPs were aware that current NP credentialing with only master's preparation had resulted in opportunities in healthcare reform due to advance practice privileges and societal needs.
5. That lead to the fifth assumption, that the NPs had experienced at least some obstacles in their educational achievement thus far and could anticipate further hindrances in DNP preparation.
6. Finally, I was assumed that the MSN NPs are aware that they are expected to receive DNP degrees and that some organizations are proposing that the DNP be the mandatory requirement for advance practice.

These six assumptions framed the study and directed the inquiry process on investigating the perception of MSN NPs of the DNP

Scope and Delimitations

This investigation into the perceptions of MSN NPs of the DNP degree were explicitly chosen in response to the IOM's (2010) invitation to nursing to lead healthcare reform and their challenge to double nursing's doctoral prepared workforce. This study was specific to MSN NPs in that this group was the most intensely scrutinized in the DNP initiative and targeted by the AACN (2004) for the DNP s as entry level for APN practice. The DNP requirement for practice entry was further endorsed by the NONPF (2018). This specific population, the MSN NPs, was targeted for this study in that their CMS recognition is in parity with medical doctors (MDs) and doctors of osteopathy (DOs) and may be sustained or further enhanced by doctoral preparation (AANP, 2016; Zaccagnini & White, 2013). Moreover, the attitudes of master's prepared NPs toward DNP preparation were investigated because of their current contribution to societal health and their potential impact on health care reform (BLS, 2017; USHHS, 2016). Furthermore, this specific group, master's prepared NPs, was invited to discuss their views on DNP preparation and their perception of its impact on the future of nursing's professional boundaries and the evolving healthcare landscape (Zaccagnini and White, 2013).

Therefore, in this study of MSN NPs perception of the DNP, the scope of this study was limited to MSN NPs in Midwestern states to capture local perspectives across a very specific geographical area. Furthermore, regional influences, as well as any state-regulated practice guidelines, helped identify only Midwestern MSN NP perspectives. This limited scope ensured feasibility of the study and provided focus to the findings.

Moreover, other inclusion and exclusion criteria was also very specific. While participation was limited to NPs practicing in the Midwestern U.S. it was further limited to current NPs in practice who reported the MSN as their highest degree. Additional inclusion criteria for participation included national certification by ANA (n.d.) or AANP) (n.d.) and state licensure for advanced practice. Excluded from this study were MSN NPs from other geographical areas, NPs with DNPs or current DNP students who had already assigned value to the DNP and had reconciled obstacles in returning to school for a doctoral degree. These requirements were clarified during the recruitment process. These inclusion and exclusion criteria added specificity to this Midwestern MSN NP population and enhanced transferability of the study to other Midwestern MSN NPs across the same geographic areas and practice settings when asked similar questions via similar inclusion and recruitment strategies. Future studies to other geographical locations could support Midwestern MSN NPs perception of their current and potential contribution to societal health, healthcare reform, and the future of nursing. Subsequent studies could also support NPs perception of motivating factors, obstacles, and facilitating factors in returning to school for a DNP degree.

Limitations

Limitations to a study could occur if theoretical or methodological weaknesses were demonstrated (Burns & Grove, 2013). Strategies to avoid theoretical limitations included adherence to the study's purpose and viewing all findings through the lens of the SDT. This theoretical foundation guided the entire process of discovery in this study.

Methodological weaknesses relating to sample selection in the study were avoided in reference to the specific population under study and were further demonstrated by vigilance in the recruitment process. As discussed, the very specific inclusion criteria for this study were observed prior to any data collection. Careful observation of this very specific population and appreciation of the theoretical foundation promoted generalizability to other studies on Midwestern MSN NPs' perception of the DNP degree as viewed through the lens of the SDT foundational tenets.

Furthermore, other strategies to minimize methodological weaknesses included dealing with any researcher bias. Therefore, the interview process was an invitation for diverse participant views on perceptions of the DNP. Multiple expressions of DNP value, obstacles, and professional advantage of this degree among the participants were welcomed. Additionally, any responses that seemed to be driven by researcher or social expectation were resolved by ensuring confidentiality, rewording the questions, and by providing a non-biased atmosphere for communication. Therefore, only genuine participant responses were solicited. That ensured trustworthiness of the study.

Dependability of the study was ensured by adherence to the study's purpose by revisiting the research questions during the entire interview process. And while multiple participant views were encouraged, interviews were redirected toward addressing the main research questions to this very specific population under study. Strategies to ensure dependability included triangulation of data by follow-ups and clarification with participants. Further triangulation was demonstrated by researcher reflexivity and self-

reflection. Analytical memos were revisited as themes emerged and new insight is discovered in this study on Midwestern MSN NP perception of the DNP.

Significance

The perceptions of MSN NPs toward the DNP degree were explored. Considering the current contribution of NPs to societal health and the changing landscape of healthcare supply and demand, the findings from study were significant to the nursing profession. This study was also significant in recognizing the current contribution of the participants and realizing the potential impact of NPs in healthcare reform, particularly in the political arena. Therefore, research on perceptions of master's prepared NPs of the practice doctorate degree was significant to practice, and to positive social change by discovery of knowledge on this under-investigated topic.

Significance to the Profession

First, potential findings in this exploration of perceptions of MSN NPs of the DNP was significant to the profession in that the population under study were the frontline providers in this current expanding healthcare landscape. Furthermore, they represented the vast majority of practicing NPs in that they were not DNP prepared (AANP, 2017). Considering the organizational pressures for DNP preparation, knowledge on why these Midwestern MSN NPs were not returning to school as expected had to be identified. Therefore, the findings in this study on the perceptions of Midwestern MSN NPs on the practice doctorate degree was significant to the nursing profession.

Significance to Positive Social Change

Findings generated from this study potentially impacted positive social change by helping to understand why Midwestern MSN NPs are not pursuing the DNP as expected by the profession and other organizational voices. Information on their perceptions of the value of the DNP and obstacles in returning to school provided information on facilitating factors toward degree attainment. Furthermore, their perception of the impact of the degree on the profession and societal health potentially provided impetus in an equitable transition to DNP attainment.

As discussed, DNP attainment is expected to prepare NPs to improve healthcare by providing an informed voice in legislative reform (Moran, Burson, & Conrad; 2020; Zaccagnini & White, 2013). Moreover, it is projected that DNP preparation can equip NPs with political skills for broadening their current scope of practice regulations with greater clarity of roles (Moran, Burson, & Conrad, 2020; Zaccagnini & White, 2013). Other expected DNP outcomes include solutions to healthcare problems via access to legislative funding, allocation of resources and access to healthcare (Moran, Burson, & Conrad, 2020; Zaccagnini & White, 2013). Therefore, this study on the perceptions of master's prepared NPs of the DNP degree helped provide needed information for equipping the NP workforce with a greater circle of influence, impacting positive social change.

Summary

Chapter 1 was used to discuss the need for information on perceptions of Midwestern MSN NPs of the (DNP degree. Leading educational organizations have

provided compelling arguments on why the DNP should be the entry requirement for advance practice nursing (AACN, 2004; AACN, 2015; NONPF, 2018). Furthermore, the IOM (2010) invited nursing to lead healthcare reform via education and credentialing and challenged nursing to double their doctoral prepared workforce. And since most NPs are prepared at the master's level and not the doctoral one (AANP, 2016) and their contribution to societal healthcare is evident (BLS, 2017; USDHHS, 2016), their attitudes toward returning to school for the DNP degree was explored.

This chapter has addressed other studies on various nursing groups' perception of the DNP degree (Clark & Allison-Jones, 2017; Richter & Stewart, 2015; Stockel & Kruschke, 2013; Udalis & Mancuso, 2015). These studies have implicated nursing's general view of doctoral preparation and their perceptions of any potential impact of the degree. Some of these articles have identified obstacles in returning to school for a doctoral degree (Jones & Taylor, 2015; Richter & Stewart, 2015; Stoeckel & Kruschke, 2013). However, none of these articles have addressed the lack of information specific to Midwestern MSN NPs of the DNP degree. Hence, these information deficiencies were expressed in the research questions and were further examined throughout the study. Therefore, this chapter has been used to support the need for information specific to perceptions of master's prepared NPs of the DNP degree and the study's significance to nursing practice, to nursing education, and to positive social change.

Chapter 2 will discuss literature validating the need for this study on the perceptions of MSN NPs of the DNP degree. That began by documenting the literature search strategy of the major concepts used in this study. Then, the rationale for the use of

the SDT foundational tenets and its application to the proposed study were discussed. After that, background history on NP roles, the emergence of the advance practice nurse and the current credentialing process, and development of the DNP degree were presented. Previous qualitative and quantitative studies on various nursing groups' perception of doctoral preparation were addressed to identify what had already been discovered on DNP perceptions. These studies also supported the lack of information specific to master's prepared NPs, who are the major stakeholders of the DNP initiative. Literature suggesting the potential impact of the DNP to the changing landscape of healthcare and its significance to nursing practice, theory, and positive social change were also presented. Further evidence justifying the need for this qualitative study on the perceptions of Midwestern MSN NPs of the DNP was discussed in Chapter 2.

Chapter 2: Literature Review

Introduction

For almost 2 decades healthcare experts from the Institute of Medicine (IOM, 2001; IOM, 2003) and organizations representing nursing educators (AACN, 2004; IOM, 2010; NONPF, 2018) have proposed mandatory doctoral education as the minimum standard for entry into advance practice nursing. Yet, the vast majority of APNs are NPs (BLS, 2017; USHHS, 2016), and most NPs do not have doctoral degrees (AACN, 2016). In fact, the AAPN (2017) estimates that only 16 % of practicing NPs have doctoral degrees. While the number of DNP graduates has outpaced those receiving Doctor of Philosophy (PhD; AACN, 2015), the volume has fallen substantially short of demonstrating an acceptance of the DNP as the minimum educational requirement for practice entry. Of the 270,000 licensed NPs in the U.S., only 32,000 graduates (~12%) possess the DNP degree (AACN, 2018), despite the proliferation of DNP degree programs. Thus, it becomes evident that enforcing mandatory DNP education for NPs is a rising challenge within the profession.

The reasons for the lagging progress in the number of DNP graduates are not well understood. However, general nursing populations across levels of educational preparedness have questioned the value of the DNP regarding clinical value, expected return on investment of cost and time, employment opportunities, parity with physicians, and interdisciplinary respect (Clark & Allison-Jones, 2017; Richter & Stewart, 2015; Stockel & Kruschke, 2013; Udalis & Mancuso, 2015). Nonetheless, there appears to be a scarcity of empirical evidence regarding the perceptions of MSN NPs on the value of

returning to school to complete the DNP degree. Considering the persistent professional pressure for DNP completion (AACN, 2004; IOM, 2010; NONPF, 2018), and the potential professional and societal benefits of DNP preparation such as leadership expertise, political savvy, and a strong voice in legislation in the distribution of healthcare resources (AACN, 2004; Burson, Moran, & Conrad, 2016; Dunbar, Nativo, & Kalil, 2013; IOM, 2010; Zaccagnini & White, 2013), the views of the main stakeholders of the DNP initiative, the MSN NPs should be expressed. Thus, the purpose of this study was to explore the perceptions of Midwestern MSN NPs on the advantages and/or disadvantages of DNP attainment, its impact on their personal and professional lives, and on healthcare within our society. This research was used to expand our understanding of the problem and thus assist educational institutions in developing programs that meet the needs of MSN NPs and overcome the challenges to doctoral preparation.

Literature Search Strategy

Google searches were implemented to cite scholarly sources from nursing professional and educational organizational websites documenting the background history of the nurse practitioner, the advance practice nurse, and doctoral nursing education. Then, library databases were used to locate valid research studies for any information surrounding the perceptions of any MSN NPs of the DNP, their value and perceived obstacles of the degree, and their perception of their potential roles or the impact of the DNP in the future of nursing. The library search included CINAHL Plus with Full Text, MEDLINE; Health and Medical Complete; Health Sciences; and ProQuest Nursing and Allied Healthcare databases. But due to the novelty of the degree

and the scarcity of research on this topic, the library search included articles dating back to 2008.

The initial search used these broad search terms: *nurse practitioner/NP/advance practice nurse/APN/RN/nurse* and *perceptions/attitudes/views* and “*Doctor of Nursing Practice*”/DNP/doctoral degree/practice doctorate. Eighty-four titles and abstracts were reviewed, however, opinions/editorials on this subject were excluded. Only actual qualitative, quantitative, and mixed method studies were considered for use, resulting in eleven relevant articles from CINAHL/Medline and one article from ProQuest. Secondary searches utilizing the terms *perceptions/attitudes/views* and “*Doctor of Nursing Practice*” and “*future of nursing*” did not provide any more relevant research articles, therefore, another gap in knowledge was identified for discovery. The total number of qualitative, quantitative, or mixed method studies utilized in this study of the perceptions of MSN NPs of the DNP were 12.

Finally, research articles utilizing the SDT were searched in the same library databases. Research studies framed on this foundational framework were evaluated, however, only articles specific to nursing education were utilized. Hence, only two articles were considered relevant and applicable to this current study.

Theoretical Foundation: The Self-Determination Theory

The SDT emerged from multiple humanistic, psycho-analytic, and developmental theories and was further refined by applying tenets of behavioral, cognitive, and post-modern theories (Deci & Ryan, 2004). Application of the SDT began by assuming that humans are pre-disposed to construct their future guided by the goal of self-improvement.

This is facilitated by interconnectedness between their own inner psyche and other individuals or groups within their social circle (Deci & Ryan, 2004).

The SDT proposes that humans provide environments for meeting basic needs within the context of their social environment. The needs include perceptions of competence, relatedness, and autonomy. Social environments contribute to satisfaction of these needs help provide optimal outcomes while unfavorable environments have an adverse effect (Deci & Ryan, 2004).

Competence

Competence is described as perceptions of performing to one's capacity per acceptance within one's social environment. This suggests that feeling of competence is a sense of confidence of meetings goals within one's social context. This results in being drawn to challenges that can develop those innate skills (Deci & Ryan, 2004).

Relatedness

Relatedness refers to the feelings of acceptance by others. It is a sense of belonging, regardless of accomplishment or status. Feelings of relatedness is independent of merit or attainment of goals (Deci & Ryan, 2004).

Autonomy

Autonomy refers to confidence in mastering skills to direct outcomes. It is the freedom for self-expression while achieving goals. Autonomy provides compliance with the expectations of others if the outcome is congruent with one's own values.

Needs and Motives

Other concepts in the SDT include needs and motives. These inherent drivers may be directed toward meeting basic physiological needs, both, internally and externally. The need for achievement and satisfaction, as well as for basic creature comforts, are all driven by motives for accomplishment. Furthermore, goal accomplishment does not necessarily result in satisfaction, but satisfaction may be achieved when facilitated by competence, autonomy, and relatedness (Deci & Ryan, 2004).

Intrinsic and Extrinsic Motivation

Intrinsic/extrinsic motivation is complex and inter-related. Intrinsic motivation occurs when goals are met just for the enjoyment of the challenge. Intrinsic motivation is initiated within oneself and results in inherent goal setting. However, intrinsic motivation can be hindered by the accomplishment of external goals because that results in a perceived shift to an external locus of control rather than one's own competence, autonomy, and relatedness (Deci & Ryan, 2004).

While tangible reward can decrease intrinsic motivation, it can be the impetus for extrinsic motivation. Extrinsic motivation is driven by rewards or punishment. However, even external goal setting is facilitated internally by competence, or a sense in confidence in achieving the goal, by autonomy, or a sense in the ability to direct the outcome, and relatedness, or a sense of solidarity with one's social circle (Deci & Ryan, 2004).

Appropriateness of SDT to Current Study

The SDT can be applied to this current study because it explains how Midwestern MSN NPs' may form their perceptions of the DNP degree. Whether or not the

participants value the degree, in consideration of their personal and professional relatedness, or circles of influence, and a sense of solidarity, will determine goal setting. Furthermore, the value of the degree will drive reconciling obstacles in DNP attainment and will be determined by individual autonomy and competence. Therefore, the SDT can provide a lens through which to view intrinsic and extrinsic motivation of the MSN DNP participants, facilitated by their perceptions of relatedness, autonomy, and competence in addressing expectations for DNP attainment.

SDT Application to Nursing Students

Messineo, Allegra, and Seta (2019) conducted a mixed method, cross-sectional study on motivation for choosing nursing as a profession. Their purpose was to begin to understand the nursing student attrition rate and the motives of prospective nursing students. Messineo, Allegra, and Seta (2019) used the SDT framework to identify driving forces facilitating participants' decision to enter the profession.

Methods

Messineo, Allegra, and Seta (2019) recruited first year nursing students who were just entering their first nursing class. Participant total was 119 who were provided with open-ended questionnaires regarding their decision to pursue nursing. Questions were asked about motivation and values surrounding their choice. The responses were then coded and categorized for calculation.

Results

The results showed a bell curve overall with slight variations for gender and age. Messineo, Allegra, and Seta (2019) identified multiple variables of the SDT in motivation based on the sense of competence, autonomy, and relatedness. While their results showed

nearly equal distribution accounting for all the intrinsic and extrinsic motivating factors, their results did not seem to contribute to their main purpose of understanding nursing student attrition. However, they seemed to provide information on motivation that may later be applied to other student outcomes. Hence, their study can provide insight into educational attainment by applying the principles of the SDT.

SDT Application to Current Study

Messineo, Allegra, and Seta (2019) study helped identify some of the complex processes of degree pursuit. They identified motivating factors driving the choice for the nursing profession. Therefore, their application of the SDT can be applied to the current study in that it can provide insight into the complexities of decisions surrounding the pursuit of nursing education at various levels.

SDT Application to DNP Students

Robb and Hunker (2018) offered a descriptive study on master's prepared nurses and perceptions of motivation for DNP attainment. They used the SDT to determine motivation per levels of interest, commitment, and application of the learning process among participants. Robb and Hunker (2018) chose the SDT framework to explain participant motivation in DNP attainment. They planned to investigate factors surrounding motivation, whether it was driven by internal satisfaction, which tends to engagement and better performance, or by external motivation, which results in surface learning, driven by the reward at hand. Robb and Hunker (2018) proposed that internally motivated students may be less likely to drop out of an educational program.

Methods

Most of Robb and Hunker (2018) participants were APNs, but some of their master's prepared participants were from other nursing specialties. They provided questionnaires that were divided between internal and external motivating factors with subdivisions addressing competence, autonomy, and relatedness. Robb and Hunker (2018) employed Likert Scales with these multiple variables and calculated results.

Results

Findings supported nearly equal distribution between intrinsic and extrinsic drivers in both groups of participants (Robb & Hunker, 2018). Robb and Hunker (2018) reported longer times in the decision to pursue the DNP in the non-APN groups and that this same group's external motivation decreased with years of service. Robb and Hunker (2018) made similar observations in the APN group, in that their external motivation diminished with years at their current practice site. Robb and Hunker (2016) suggested that impending DNP requirements for advance practice served as external motivation for this group to enroll in DNP programs but that length of service provided participants with feelings of competence and relatedness in their current role.

SDT Application to Current Study

Robb and Hunker (2018) identified extrinsic drivers such as job security and income protection, which may be factors in this current study on the perceptions of Midwestern MSN NPs of the DNP. However, results showed equal distributions of extrinsic motivation in both groups, the APN group, as well as the non-APN group. Furthermore, overlaps in the questions were noted regarding personal growth in both

intrinsic and extrinsic motivation questions on the survey. This resulted in ambiguous findings in the area of personal value. However, this study can be applied to this current study in that it supports that both, intrinsic and extrinsic motivation, can drive DNP pursuit if that goal is valued and if obstacles are reconciled per autonomy and competence. Application of the SDT will be further explored while developing Midwestern MSN NP perception of the obstacles and value of the DNP.

Literature Review

This section was used to review current literature of the concepts surrounding this study of Midwestern MSN NPs' perception of the DNP. Furthermore, participants' value of the degree, perceived obstacles in DNP attainment, and expected impact of DNP preparation on society and the future of nursing emerged in this study. However, due to the novelty of the topic, only quantitative or qualitative articles were available for use and only minimal information was extracted from this exhaustive literature search. Nevertheless, that available information was discussed in this section, as well as any new knowledge discovered on this topic. Furthermore, gaps in knowledge emerged and plans to investigate those gaps were addressed as this current study progressed.

This literature review began by presenting a brief historical background of the NP and the emergence of the NP role in societal access to healthcare. Next, the various APN specialties were discussed as nursing expanded healthcare boundaries by providing quality care in underserved areas. Furthermore, current educational requirements and credentialing processes were addressed. Next was an overview of DNP education, followed by expectations for DNP graduates.

After addressing the historical perspectives of the NP, the APN, and DNP education, studies specific to DNP perception were presented in an orderly fashion, beginning with nurse administrators, nurse educators, registered nurses, then finally, DNP graduates. The strengths and weakness of the articles were presented by identifying how each study addressed the gap in knowledge of perceptions of the DNP degree. Finally, plans to address those gaps emerged as this current study progressed.

Historical Background of the Concepts

History of the Nurse Practitioner (NP) Role

The NP role began in 1965 when Dr. Loretta Ford, a pediatric nurse, in collaboration with Dr. Henry Ford, a pediatrician, proposed a strategy for providing healthcare to underserved areas in Colorado. Their solution to this problem of disparity included widening nursing's scope of practice when a physician's care was not accessible. Then, in 1967, Boston College introduced the one of the first MSN programs for NPs. The following year, in 1968, a second Boston University began offering MSN education for NP preparation. This movement proliferated, till 1973, when over 65 NP programs were in existence in the United States. Then, in 1974, The ANA developed a council for NP practice, thereby validating the role. That same year, the Burlington Randomized Control Study provided evidence that NPs made appropriate medical referrals, thereby supporting the role, but implying clear demarcations of roles between NP and physician (AANP, 2019).

As NP education proliferated, by the early 1980's, over 200 NP educational tracks were being offered, and the NP population grew to nearly 24,000. Then, in 1985, the

AANP was established, thereby giving NPs a voice and a national data base system. By 1986, the AANP was present in national legislation, and by the next year, the federal government allocated over \$100 million on NP education. By 1989, over 98% of all NP education was either at the master's or post-master's level (AANP, 2019). Then, in 1994, Mundinger published a study supporting NP level of care as equal to or better than physician's level of care. Hence, NP practice and recognition flourished in the early 2000's and their voice became stronger through lobbying and communication with legislators. Furthermore, NPs emerged as strong advocates for societal access to care (AANP, 2019). By 2016, there were over 200,000 NPs in the U.S. providing healthcare to the general public; however, over 80% of them were only master's prepared (AANP, 2016).

History of Advance Practice Nursing (APN) Roles

Keeling (2010) provided a brief overview of rural nurses and their journey to broader scopes of practice, also driven by necessity in underserved areas. She also suggested that this practice blurred the boundaries between nursing and medicine, thereby complicating roles and creating territorial attitudes. Keeling (2010) cited 1983 and 1984 legal challenges and APN victory on this territorial dispute, resulting in widened boundaries for Advance Practice Nursing (APN) practice.

Currently, there are four distinct APN roles. These include Certified Registered Nurse Anesthetist (CRNA), Certified Nurse Midwife (CNM), Clinical Nurse Specialist (CNS), and NP. Current APN Consensus Model (ANA, 2019) include graduate education requirement, which is either at the master's level, post-master's level, or DNP level.

Other APN requirements include certification from a nationally recognized nursing credentialing agency, graduate level preparation in one of the four APN roles, certification in one of the six population models, successful completion of advanced pathophysiology, advanced pharmacology, and advanced physical assessment (the 3 Ps) classes, along with 500 supervised clinical practicum hours (ANA, 2019). This is the accepted criteria for APN certification, recognition, and reimbursement (CMS, 2016).

History of DNP Education

The next key concept in this qualitative study on perceptions of master's degree NPs of the DNP was the call for a uniform practice doctorate and expectations for degree completion across nursing specialties. In 2004, the AACN (2004) responded to position statements by the IOM's (1999; 2001) urgent appeal for patient safety and healthcare professionals' improvement and accountability and IOM (2004) challenge for greater healthcare professional education. AACN (2004), answered with a proposal for greater nursing participation per additional education, hence, the practice doctorate degree. IOM (2003) had already agreed that nursing could provide solutions for these complex healthcare problems. The call for practice doctorates was further escalated by AACN (2004) position statement when they proposed the DNP as the entry-level educational requirement for advance practice nursing (APN).

AACN (2004) further contrasted the merits and roles between terminal nursing degrees and officially renamed the practice doctorate as the Doctor of Nursing Practice (DNP) degree. AACN (2004) further recommended a transition of APN educational preparation from master's degree to DNP by 2015. This goal was never met, and the

American Association of Nurse Practitioners 2017 sample survey reported that only 16% of the practicing NPs were DNPs (AANP, 2017). Though the DNP initiative goal was never realized, the ongoing professional pressure for practice doctorates continued to escalate. Meanwhile, information on the perceptions of the main stakeholders, master's prepared APNs on mandatory doctorates was minimally researched.

Therefore, this study on the perceptions of master's prepared NPs of the DNP warranted investigation. As discussed, the DNP initiative has proliferated among professional circles. Further support for the DNP preparation for advance practice was expressed by advance practice organizations, as well as other educational organizations, such as the National Organization for Nurse Practitioners Faculty (NONPF, 2018), who also endorsed the DNP entry level requirement. Meanwhile, nursing academia supported DNP practice requirements while advance practice professional organizations continued to support master's degree preparation as sufficient preparation for advance practice nursing (AANA, 2006; AANP, 2016; ANA, 2011; ACNM, 2012; NACNS, 2015). And while master's degree APN preparation was accepted, most of these organizations agreed that the DNP degree would provide leadership skill, quality improvement, and political savvy needed to promote nursing's agenda (AANA, 2006; AANP, 2015; ANA, 2011; ACNM, 2012; NAPNAP, 2008). Therefore, even with positions of conditional neutrality on DNP educational requirements, the professional pressure for practice doctorate degree preparation is apparent. Hence, the attitudes of this group of frontline practitioners toward returning to school was investigated.

DNP Essentials

AACN (2006) continued to target advance practice nurses in their DNP initiative and anticipated competencies in their DNP essentials statement. These eight DNP essentials were prepared by a task force of experts expressing opinions on multiple arenas of nursing professionalism. This team provided the structure for expected DNP educational outcomes. These DNP pillars included scientific underpinnings, organizational systems thinking, clinical scholarship information technology, healthcare policy, professional collaboration, population health and prevention, and advance nursing practice. The eight DNP essentials and application to advance practice are as follows:

DNP Essential I

DNP essential I, scientific underpinnings, propose that DNP graduates be prepared to solve complex healthcare issues per nursing theoretical foundations. This is facilitated by interaction with the environment. DNP APNs should apply these principles to knowledge creation (AACN, 2006).

DNP Essential II

DNP essential II, organizational system thinking, suggests that DNP graduates be equipped with leadership skills and application of systems-thinking. This provides understanding of healthcare delivery systems and the equitable use of resources. DNP APNs should be skillful in policy creation, balancing productivity with quality of care (AACN, 2006).

DNP Essential III

DNP essential III, clinical scholarship information technology, proposes that DNP APNs apply research to create new knowledge. This results in ongoing evidence-based outcomes, improving the healthcare environment. This results in knowledge-sharing across disciplines and improving the quality of healthcare delivery (AACN, 2006).

DNP Essential IV

DNP essential IV discussed the use of technology in healthcare policy. DNP APNs should be prepared to apply tech savvy to policy creation. This provides interdisciplinary communication while directing shared outcomes. Application of DNP Essential IV also harnesses technology to inform healthcare consumers (AACN, 2006).

DNP Essential V

DNP essential V, professional collaboration, takes interdisciplinary communication to the next step. DNP APNs should be equipped to identify dysfunctions in healthcare delivery systems that result in disparity and the waste of resources. Application of DNP Essential V impacts policy changes in healthcare delivery, finance, and regulation, thereby promoting social justice via equity of resources (AACN, 2006).

DNP Essential VI

DNP essential VI, interprofessional collaboration, is the expectation for DNP APNs to share knowledge and intellectual resources across multiple healthcare disciplines. This results in simplifying complex systems and promoting collaboration for

best outcomes. AACN (2006) proposes that teambuilding can impact healthcare reform and societal wellbeing.

DNP Essential VII

DNP essential VII, clinical prevention, and population health, underscores disease prevention and health promotion across geographical areas, cultures, genders, and age. DNP APNs should analyze research and apply evidence-based interventions to improve population health. Application of this DNP essential can improve societal healthcare at all levels of delivery (2006).

DNP Essential VIII

DNP essential VIII targets advanced nursing practice. This is a challenge to higher levels of expertise across all domains of nursing. AACN (2006) expects all DNP graduates to apply advanced skills to impact policy creation and legislative processes. And while all these essentials are expected from all DNP graduates, the DNP imperative is specifically directed to the advance practice nurse.

Relevant Studies: Perceptions of the DNP Degree

While minimal information is available specific to Midwestern MSN NPs' perception of the DNP, the following twelve studies were selected on other nursing population's perception of the degree. DNP perceptions by administrators, educators, Registered Nurses, and DNP graduates were discussed. Perceptions of DNP impact on the future of nursing were then inferred. Strengths and weaknesses of those research articles were identified. Practical application to this current study on Midwestern MSN NPs' perception of the DNP was demonstrated.

Chief Nursing Officer Perspective of DNP

Nichols, O'Connor, and Dunn (2014) provided a descriptive study of Chief Nursing Officers (CNOs) within healthcare entities and their prospective views of DNP utilization within their organization. CNO's perceptions of any DNP advantage in the workplace were identified. The CNO participants discussed DNP performance any plans to specifically hire DNP nurses.

Methods

Nichols, O'Connor, and Dunn (2014) conducted a 13-point survey with questionnaires allowing for open-ended responses. The survey listed questions based on Donabedian's conceptual model of structure/process/outcome. Categories of structure were based on DNP inpatient/outpatient roles. Process development referred to the specific type of advance practice nurse in the organizational setting. These categories included the nurse practitioner (NP), clinical nurse specialist (CNS), certified nurse midwife (CNM), certified RN anesthetist (CRNA), or certified nurse leader (CNL). Outcomes were measured by CNO satisfaction with DNP employees. Seventeen CNO participants were included in this study. They rated outcome measures that included organizational impact, patient centered outcomes, and outcomes in critical health.

Results

The results provided minimal insight into DNP organizational impact in that only one of the five APN roles were occupied by a DNP-prepared advance practice role, which was only one CNL leader. Ongoing CNO perception of organizational impact was determined by current trends and projected DNP roles within their organization. Results

showed that only 40% of the CNOs reported employment of DNPs and only 40% reported any DNP contribution to their facility. Furthermore, only 20% of CNO participants reported changed views of the DNP resulting from DNP employment. However, in the patient centered category, 100% of the CNOs responded that DNP participation was projected to provide access to healthcare. Further perceptions of categories of underserved populations supported by DNP impact resulted at least a 50% improvement across ethnicities. However, only 25% of the uninsured were impacted by DNP contribution.

CNO satisfaction of DNP performance was only 20% while 80% were either dissatisfied or neutral. Most of the CNOs reported that DNP educational incentives were being offered in their organization, but almost half reported that there were no employees currently enrolled in a DNP program. And while diverse opinions on projected DNP roles were being considered for future employment, less than half the CNOs projected creating DNP roles within their organization. The major anticipated DNP roles included leadership positions but less than half of the prospective DNP roles included any clinical positions. The final question on the survey was the open-ended area for further discovery, however, responses to this question only provided plans within their organization without reference to DNP roles or employment.

Strengths and Weaknesses

This study by Nichols, O'Connor, and Dunn (2014) was only loosely supported by Donabedian's conceptual model of structure/process/outcome in that the outcomes were mostly prospective as viewed by CNOs who were in a position of directing

employment, rather than retrospectively measured outcomes by DNP participation. Additionally, minimal DNP participation was reported, and only 3 of the 5 DNPs were performing APN roles. Furthermore, the findings in this study supported minimal DNP value by CNOs, who are in a position of directing DNP employment within their organization.

Application to Current Study

This study by Nichols, O'Connor, and Dunn (2014) provided valuable information on 2014 views of DNP contribution. And because the organizations surveyed was limited to DNP use within acute care settings, their findings may not provide the intended view of APN use as identified in IOM (2010) expectation for increased access to primary care providers across levels of society. Hence, IOM (2010) challenge to the future of nursing seems to indicate the need for DNP APNs in outpatient settings versus those in controlled hospital environments as those reported in this study. DNP APNs are more likely to be valued in these outpatient direct care roles and may have a more favorable employment forecast.

Other Nursing Administrator's Perception of the DNP

Beeber, Palmer, Waldrop, Lynn, and Jones (2019) provided a descriptive study to evaluate DNP nurses employed in their respective practice settings, excluding academia. They planned to identify role expectations from, first, by DNP educators. Then they proposed to identify employer satisfaction of the performance of DNP nurses.

Methods

Beeber, Palmer, Waldrop, Lynn, and Jones (2019) provided a two-part descriptive survey for their study. Part 1 of the survey was directed to DNP educators and part 2 was focused on the DNP graduates' employers. The first part, the descriptive survey of DNP graduates per educators was used to determine the DNP graduates' employment settings and contact information for follow-up, or part 2 of the study, perceived performance. For the second part of the study, Beeber, Palmer, Waldrop, Lynn, and Jones (2019) provided online surveys or convenience sampling for the use of semi-structured phone interviews. The employers were asked to describe their DNP graduate employees across APN roles, leadership roles, and administrative positions. Beeber, Palmer, Waldrop, Lynn, and Jones (2019) identified four major themes as reported by employers.

Results

Beeber, Palmer, Waldrop, Lynn, and Jones (2019) result showed that most (73%) of the DNPs were employed in direct patient care, 27% in leadership roles. However, the DNP employees did not outperform their MSN counterparts in leadership roles. Furthermore, many of the DNPs in leadership roles did not require DNP achievement for employment in those roles.

Conversely, DNP employers described DNP outperformance in certain clinical areas such as data mining and analysis. DNPs also impacted clinical outcomes in areas of chronic care management. Furthermore, DNPs provided more clinical support to clinical employees with less educational preparation than their MSN counterparts. However, their findings on clinical performance were vague and not measurable.

Therefore, Palmer, Waldrop, Lynn, and Jones (2019) concluded that employers did not differentiate between DNP graduates and other advanced degrees in assigning roles or measuring performance. Beeber, Palmer, Waldrop, Lynn, and Jones (2019) attributed this to the novelty of the degree. They also suggested that universities offering DNP education track employment of graduates for better evaluation of outcomes of DNP attainment versus other advanced degrees, thereby shifting the task of DNP evaluation back onto the educators rather than the employers.

Strengths and Weaknesses

Beeber, Palmer, Waldrop, Lynn, and Jones (2019) provided minimal knowledge on this under-researched topic. However, they provided un-biased conclusions on the value of the DNP by employers relative to other advanced degrees. Furthermore, their view of graduate challenges did not capture the views of the DNP graduate, but the views of the employers of the graduates in anticipated challenges, so areas of their study was ambiguous and not well assigned.

Application to Current Study

Nevertheless, Beeber, Palmer, Waldrop, Lynn, and Jones (2019) provided some relevant information on the perceived value of the DNP by employers. Additionally, since their study excluded DNP graduates employed in academia, their information on DNP performance as compared to any other advanced degree provided insight into the usefulness of this degree or lack thereof in the practice setting. Furthermore, this study was published in 2019, fifteen years after AACN (2004) DNP initiative for mandatory

DNP degrees for advance practice nursing, demonstrating the apparent resistance to the degree by employers, as well as by the vast majority of MSN NPs (AANP, 2016).

Educators' Perception of DNP Performance

Honig, Smolowitz, and Smaldone (2011) provided a quantitative study on APN roles, functions, and competencies. Honig, Smolowitz, and Smaldone (2011) discussed the focus of their study as DNP-APN performance in comprehensive healthcare per evidence-based practice and collaboration in disease management and prevention. Their strategy was to provide both, MSN-APN and DNP-APN educators with objectives to track these competencies (Honig, Smolowitz, & Smaldone, 2011).

Methods

Honig, Smolowitz, and Smaldone (2011) provided an anonymous two-part survey to both, MSN and DNP APN educators. Part 1 identified demographics and roles. Part 2 addressed performance in comprehensive care in clinical settings, patient-focused communication between other healthcare disciplines, and systemic context of care. Honig, Smolowitz, and Smaldone (2011) reported an 80% response rate and that 63% of the participants completed both parts of the survey.

Results

Results for Part 1 on demographics and roles showed that half of the APN educators had DNP preparation and that participants had specialties across multiple specialties. Most were non-tenured assistant professors. Participants reported that they spent 57% of their time in clinical practice, 18% in teaching, and 13% of their time in administrative duties. Precepting among DNP-APNs exceeded reports of MSN

participants by at least 3 to 1. Additionally, 92% were involved in direct patient care, and 58% followed their patients through the continuum. The participants practiced across diverse settings, but DNP-APNs saw a significantly higher number of patients daily. Services were billed under both, MSN and DNP providers' names in 74% of the visits (Honig, Smolowitz, & Smaldone, 2011).

Results for Part 2 addressing performance was stratified per terminal degree. Honig, Smolowitz, and Smaldone (2011) reported outperformance by DNP-APNs in diagnosing and treating genetic disorders, which also suggested that DNP-APNs were more active in the admission process in assessing family history. DNP-APN performance also exceeded MSN-APN performance in coordinating care across settings and other disciplines. DNP-APNs also reported greater communication and making appropriate referrals than their MSN counterparts. Furthermore, DNP-APNs reported higher participation in palliative care, informed choice, and shared decision making than the MSN-APN participants. DNP-APNs also reported assisting in complex ethical decisions and advance care-planning (Honig, Smolowitz, & Smaldone, 2011).

Strengths and Weaknesses

Honig, Smolowitz, and Smaldone (2011) study supported greater performance by DNP-APNs in diagnosing and treating genetic disorders and end of life care. DNP-APN participants also seemed to be better communicators and care managers per self-reported survey results. Honig, Smolowitz, and Smaldone (2011) study suggests outperformance by DNP-APNs over MSN-APNs, possibly attributing the results from the advanced degree and awareness of DNP Essentials. And while their participants were evenly

represented between MSN-APN and DNP-APN participants, the results could have been skewed by their use of convenience sampling of APN educators and not to non-faculty APNs.

Application to Current Study

This study by Honig, Smolowitz, and Smaldone (2011) was applicable to this current study on perceptions of Midwestern MSN NPs of the DNP degree in that it suggested that DNP education is advantageous in APN performance. And while their study showed weakness in their convenience sampling, the equal representation by MSN and DNP participants was demonstrated. Therefore, the study by Honig, Smolowitz, and Smaldone (2011) supports a DNP advantage on the future of nursing, societal healthcare, and the nursing's contribution to the changing healthcare landscape.

Perceptions of DNP/PhD Educators

McNelis, Dreifuerst, and Schwindt (2018) offered a qualitative study on nursing doctoral students and recent graduates on their anticipation of educational roles. Their study was triggered by the apparent shortage of doctoral prepared nurses to fill faculty vacancies. McNelis, Dreifuerst, and Schwindt (2018) purpose was to gain knowledge on the perspectives of doctoral students and recent graduates on preparedness to fill those academic roles.

Background

McNelis, Dreifuerst, and Schwindt (2018) cited reports that half of all PhD students were already in faculty roles and that 72% were anticipating employment in academic settings. They also reported that over half of all DNP graduates were seeking

educational roles. McNelis, Dreifuerst, and Schwindt (2018) also cited background evidence that most of those graduates from both programs did not feel prepared to assume those roles in academia. The authors also cited AACN (2004) publications stating that the PhD was a research degree, not an educational degree, and that additional educational credentialing in addition to the DNP degree was recommended for faculty roles. McNelis, Dreifuerst, and Schwindt (2018) noted that either doctoral degree provided eligibility for academic roles within the discipline of nursing.

Methods

McNelis, Dreifuerst, and Schwindt (2018) recruited six PhD student and six DNP students, as well as six recent PhD graduates, and six recent DNP graduates. Their participants represented 7 diverse geographical states. They utilized a descriptive qualitative design by direct email questionnaires, followed up by 30-minute semi-structured phone interviews.

Results

Emerging themes included met and unmet expectations of their educational experience and ambiguity in preparing them for careers in education. This finding was anticipated by their background information. McNelis, Dreifuerst, and Schwindt (2018) concluded with the recommendation that both, PhD and DNP curricula include coursework on teaching to prepare students for roles in academia.

Strengths and Weaknesses

McNelis, Dreifuerst, and Schwindt (2018) provided equal representation of participants across both PhD and DNP students and graduated. This provided

trustworthiness in their study. They also provided vital information regarding the lack of uniformity and ambiguity of doctoral nursing education. Their study also suggested that either track of doctoral education would prepare graduates for faculty positions, however, the statistics offered in their background information seemed to support that PhD graduates and students were either already in faculty positions or preparing for them. Conversely, none of the DNP students or graduates participating in their study were employed in those roles. Finally, their recommendation for additional educational preparedness for faculty roles in both doctoral degrees seems impractical and could potentially impede accessibility for prospective students by additional educational requirements.

Application to Current Study

The study by McNelis, Dreifuerst, and Schwindt (2018) provided relevant information on DNP perceptions by educators and their evaluation of both doctoral degrees as sufficient preparation for roles in academia. This seemed to support DNP graduates' anticipation for employment in academic settings. McNelis, Dreifuerst, and Schwindt (2018) suggested parity of the doctoral degrees and may be perceived as motivation and value for Midwestern MSN NPs' aspiring to educational roles via DNP attainment.

Registered Nurses' Perception of the DNP

Registered Nurses' Perception of the Value and Obstacles of the DNP

DeMarco et al. (2008) provided a mixed method study on Massachusetts nurses on the value and obstacles of the DNP. They aimed to identify perceptions of the DNP

across educational preparation and practice specialties. DeMarco et al. (2008) also studied views of any personal or professional values or obstacles of DNP education.

Methods

DeMarco et al. (2008) recruited nurses from local professional nursing associations. Questionnaires were created by a panel of expert nurses and presented anonymously online. Demographics showed a varied participant pool per age, practice arenas, and educational preparation. However, over half the participants were master's prepared. A 5-point Likert Scale was utilized to investigate perceptions of the impact of doctoral preparation to the profession, interest in the degree, and perceived obstacles to DNP attainment. Open-ended questions were asked at the end of the survey (DeMarco et al., 2008).

Results

Results showed that most (54%) did not think that the DNP would contribute to the future of nursing but, conversely, 51% felt that the DNP was beneficial in advancing the profession. In addition, most (91%) did not value the degree as a good financial investment. Findings were mixed on views of DNP requirements for APNs and views were equally split in perceptions of DNP parity with other doctoral-prepared healthcare providers. Qualitative data supported lack of time and money as deterrents for pursuing the degree. Other participants were skeptical that nursing doctorates would provide respect and credibility among physicians and other providers entering the profession with doctoral preparation (DeMarco et al., 2008).

Strengths and Weaknesses

DeMarco et al. (2008) acknowledged first, that at the time of their study, the DNP was not universally recognized across the profession. Furthermore, NP participation in the study was not prevalent, and among the NP respondents, views often differed from those of the other nurses, as documented in many of the open-ended questions. Clear representation of values of the DNP were not discussed due to the variations in educational preparation of the participants. Therefore, the study may have been more effective in understanding views of participants if it had been a comparison study between general nursing views and NP views.

Application to Current Study

This study, though outdated, provided insight into DNP perception among nursing population, as well as master's prepared NPs. In addition, perceived obstacles were specifically identified in DeMarco et al. (2008) study on perceptions of DNP preparation. As expected, time, money, and personal commitment continues to be the greatest hindering factor in pursuing the DNP, across educational preparation of the participants.

DeMarco, et al (2008) study also illustrates the changing perspective of DNP recognition when compared to current findings. However, their results demonstrate the ongoing resistance to mandatory DNP requirements for advance practice nursing, and perceptions of the DNP as a good investment still wane (DeMarco et al., 2008; Minnick, Kleinpell, & Allison, 2019; Richter & Stewart, 2015). However, perceived value of the degree seems to be proliferating as recognition and awareness of the DNP emerge.

Registered Nurses View of DNP Obstacles

Richter and Stewart (2015) provided a descriptive study on DNP pressures for advance practice nurses. Their aim was to gain insight into whether DNP requirements would result in less interest in advance practice nursing. Richter and Stewart (2015) provided background on their study discussing the DNP expectations for APN practice and any impact on ongoing supply of APNs.

Methods

Richter and Stewart (2015) recruited Missouri nurses across educational backgrounds. Inclusion criteria included RNs with bachelor's degrees and contemplation of APN attainment. Richter and Stewart (2015) excluded RNs without at least a bachelor's degree, those interested in PhD degrees, or not interested in ongoing education. Richter and Stewart (2015) provided an approved survey and anonymous internet access for participation. Richter and Stewart (2015) discussed several factors in educational decisions including possible deterrents to DNP pursuit including time, inconvenience, and cost.

Results

Their results showed that the majority (87.5%) of participants replied that DNP entry requirements would negatively impact their decision to pursue an advance practice role. Half of the participants reported that DNP mandatory requirements for APN practice may result in consideration of a different healthcare degree. However, most (71.5%) reported that DNP requirements for APN practice was a positive transition. Most (87.5%) agreed that cost of the DNP was a deterrent and only 62.5% felt like DNP preparation

was a sound investment, or that it would it produce a financial advantage in the future (Richter & Stewart, 2015). Other findings suggested that neither geographical location nor age of the participant would be a deterrent to APN pursuit.

Strengths and Weaknesses

Richter and Stewart (2015) study were limited to only Missouri Nurses Association members, and participant total was only 21 who met their broad inclusion criteria. Furthermore, their research questions were also directed at perceived age or geographical location as a deterrent rather than the advantages or disadvantages of mandatory DNPs for APN practice. However, their specific inclusion criteria and methods of data collection via anonymous surveys with Likert Scales provided validity to the results on perceptions of mandatory DNP toward those who are potentially affected by this requirement.

Application to Current Study

Since Richter and Stewart (2015) study was relatively recent, it seemed to support current resistance to DNP preparation as a requirement for advance practice nursing. Richter and Stewart (2015) also identified barriers to DNP degree attainment. And while their study did not specifically address master's-prepared APN's views, their findings can be applied to this current investigation on perceptions of value and obstacles of the DNP degree among master's prepared NPs.

Mixed RN Population Views of DNP Expectations

Udlis and Mancuso (2015) provided a study on perceptions of DNP roles and expectations. And while they agreed that the DNP was a degree, and not a role, they

proposed that DNP graduates were expected to fulfill job descriptions with vague expectations. The purpose of Udalis and Mancuso (2015) study was to identify any presence of role strain on job performance.

Methods

Udalis and Mancuso (2015) presented a quantitative, descriptive study with cross sectional design on nurses' perception of the DNP and role expectations. They recruited 340 participants from two professional conferences to obtain a diverse sample representing multiple nursing specialties and educational backgrounds. However, most of their participants (68%) were master's-prepared APNs. Their conceptual framework was role conflict and chain of command. Their study was implemented by a survey with a 4-point Likert Scale with 21 questions on clarity of roles for DNP-prepared nurse. Survey themes were based on their literature review and graduate role expectations.

Results

Results in Udalis and Mancuso's 2015 study on DNP role perception showed recognition of DNP contribution to healthcare and leadership. Findings also suggested expectations that DNP graduates would replace master's prepared nursing educators. Most participants believed that DNP preparation would bridge the science-practice gap, contribute to nursing scholarship, hence developing knowledge via research. Likewise, participants agreed that the DNP would impact APN practice and provide parity with other doctoral-prepared healthcare professionals. However, less than 20% felt that the DNP would provide employment advantages over master's preparation. Udalis and Mancuso (2015) concluded that DNP perceptions supported the expectations outlined

AACN (2006) DNP Essentials, however, lack of uniformity of educational requirements across DNP programs contributed to ambiguity of DNP role performance and employer expectations.

Strengths and Weaknesses

Udlis and Mancuso (2015) study provided information from a large group (340 participants) which seemed to add validity to the study. However, over two-thirds of the participants were APNs, and may have demonstrated wide variations in responses when compared to the other one-third of their participants. Again, this study may have been more effective in capturing views of DNP preparation if the study groups were comparative.

Application to Current Study

Udlis and Mancuso (2015) study is pertinent to this current study on Midwestern MSN NP perception of the DNP, first, because it provides at least a little information on the concepts surrounding this under-researched topic. Furthermore, their study brought awareness of the DNP Essentials (AACN, 2006) and provided structure for further research. Finally, the views expressed by the diverse participants supported further studies across nursing populations on perceptions of the DNP.

Perceptions of DNP Registered Nurses and APNs

Minnick, Kleinpell, and Allison (2019) offered a descriptive study of DNP prepared nurses across specialties and practice arenas. Minnick, Kleinpell, and Allison (2019) purpose was to provide view on employment opportunities and perceived value of

DNP preparation compared to participants' attitudes prior to receiving a doctoral degree. The study was conducted on DNP graduates across practice arenas.

Methods

Their survey included eight categories of perceptions of roles per DNP Essential guidelines (AACN, 2006). Perceptions of cost/benefits from DNP attainment were also investigated. A 26 item Likert Scale was employed to inquire into views on DNP experience, scholarship, and employment status resulting from DNP attainment. Other questions included participants' views on necessity of the degree.

DNP participants were recruited from professional nursing organization. Respondents represented members from the American Organization of Nurse Executives (AONE), the American Association of Nurse Practitioners (AANP), and the American Association of Nurse Anesthetists (AANA). Response rates were representative across geographical areas.

Results

A majority (63%) of participants had not changed employers since degree attainment and most (59%) reported that the degree was neither required nor preferred among employers. And while over 70% of the participants agreed that the DNP contributed to quality improvement, evidence-based practice, and leadership abilities, other views varied per organizational membership. For instance, 86% of AONE members reported impact of DNP-preparation on organizational change, 58% of AANP members agreed, while only 52% of AANA members shared that view. No membership category

provided insight into any greatest contribution of the DNP to any “specific skill” (Minnick, Kleinpell, & Allison 2019).

Minnick, Kleinpell, and Allison (2019) supported extrinsic satisfaction such as job security, pay increases, promotion, and career flexibility resulting from DNP attainment. Intrinsic satisfaction included personal and professional achievement, and the “prestige” of being called “doctor”. Participants identified parity and respect as other benefits of DNP preparation. However, among the 4.7% of the participants who responded that the DNP added nothing, personal debt was identified as their main concern (Minnick, Kleinpell, & Allison, 2019).

Minnick, Kleinpell, and Allison (2019) also reported that views varied per participant organizational membership, especially in the category questioning views on mandatory DNP degrees for all APNs. In the 10-point Likert Scale, AONE members rated importance as 7.8/10, AANP participants ratings were 6.7/10, and AANA results were 6.2/10. These conclusions suggest that the APN organizations participating in the study (members from AANP and AANA), seemed to place a lower estimation on DNP requirements than non-APN (AONE) members whose jobs would not be impacted by mandatory DNP requirements.

Strengths and Weaknesses

The main strength in this study by Minnick, Kleinpell, and Allison (2019) was that it demonstrated large variations of opinions of mandatory DNP preparation per DNP RNs versus DNP APNs. This study method provided pertinent information of multiple value perceptions of the DNP in professional and personal enrichment. Minnick,

Kleinpell, and Allison (2019) results also demonstrated intrinsic and extrinsic drivers for DNP pursuit by accomplished DNPs.

Application to Current Study

This study was relevant in that it illustrated changing views of the DNP participants compared to their attitudes as MSNs. However, the value of the DNP seems to be in question, considering the cost and time investment to personal outcome. These findings can be applied to the current study investigating perceived value and motivation of the DNP degree among master's prepared NPs.

DNP APNs View of DNP Education

Christiansen and Champion (2018) provided insight into the perceptions of the DNP degree. Their participants were DNP-prepared APNs who had previously been master's-prepared APNs. Their goal was to compare their perceptions of performance as DNP APNs as guided by the DNP Essentials (AACN, 2006) when compared to their performance as MSN APNs.

Methods

Christiansen and Champion's (2018) cross-sectional study was guided and measured by AACN (2006) DNP Essentials and perceived clinical competencies pre and post DNP graduation. Exclusion criteria included DNP students, master's-prepared APNs, other non-doctoral prepared APNs, and other APNs with doctorate degrees that were not the DNP. Demographic questions included number of years since DNP graduation. A five- point Likert Scale was used to determine frequency of engagement in DNP Essentials I-VIII (Christiansen & Champion, 2018).

Results

Christiansen and Champion (2018) study generally supported greater perceptions of competency of DNP Essentials I-VII per years of DNP experience. However, participant perception of competency of DNP Essential VIII, which directly addresses advance practice, did not increase per years since DNP graduation. Rather, participants reported perceptions of competencies across state practice authority levels varied per practice restrictions and APN experience but not with years as DNPs (Christiansen & Champion, 2018).

DNP Impact on Roles. The study results showed that most participants engaged in direct patient contact in practice settings that those roles did not change after DNP graduation. And while leadership skills were evident, no significant correlation was found between years since DNP graduation and assuming a leadership role. Since most DNP graduates did not change roles but acknowledged increases in skills across DNP Essential expectations, this implies that DNP graduates do what they did before, only better.

Other Findings. Christiansen and Champion (2018) study supported uniform expectations of DNP Essentials in graduate performance. Results suggested greater savvy in technical skills, policy creation, evidence-based practice, collaboration, leadership, and system thinking that usually increased with experience. Some significant differences in perceptions of clinical competencies were identified in number of years since DNP graduation. This finding could support that both, clinical experience and DNP attainment could explain perceptions of increased APN practice competencies.

Christiansen and Champion (2018) results supported frustration at practice boundaries experienced by DNP APN graduates across specialties and years of service. Assumptions from this study suggest that enhanced leadership and policy-creating skills could offer opportunities for expanding practice boundaries, both in providing services and in reaching areas of disparity per greater autonomy. This can result in greater societal contribution of DNP-prepared APNs in improving population health.

Strengths and Weaknesses

Christiansen and Champion (2018) sampling criteria provided validity in that the participants were DNP APNs, having also performed as MSN APNs. This seemed to give the participants a point of reference in comparison of performance per educational preparation. However, most of the perceptions of performance in each DNP Essential showed improvement per number of years as a DNP, rather than number of years as an APN. The improvement may have resulted just by awareness of DNP Essentials which were less familiar to them as MSNs, or just by more years of service in clinical roles.

Application to Current Study

Christiansen and Champion (2018) study helped to clarify the organizational pressures for DNP completion as demonstrated in improved performance from DNP preparedness. However, DNP Essential VIII competency, specific to advance practice, was not supported by years of DNP practice. This finding seems to raise the question on why the DNP initiative is targeted directly at APNs, and not to other nursing populations.

DNP APN Perception of Roles

Clark and Allison-Jones (2011) provided a qualitative study among DNP-prepared APNs of roles and expectations across APN specialties, DNP education, and geographical locations. And while Clark and Allison-Jones (2011) acknowledged ambiguity between roles and job descriptions, their study was designed to understand expected performances of both. Clark and Allison-Jones (2011) aimed to clarify the facilitating and impeding factors in developing and practicing within these expectations. Furthermore, goals for DNP preparation were investigated among participants.

Methods

Clark and Allison-Jones (2011) recruited 25 participants and utilized a questionnaire addressing role expectations, opportunities, and challenges. Results were categorized using anonymous online access and electronic coding. Questions included views of participant roles in education, clinical practice, and leadership.

Results

Advantages of Role. Most DNP APN participants responded with affirmation of DNP preparation in practice changes and inter-professional respect and recognition (Clark & Allison-Jones, 2011). They also reported that DNP preparation seemed to provide commonality across the DNP-prepared network and other doctoral-prepared professionals (Clark & Allison-Jones, 2011). DNP-prepared APN respondents reported greater recognition in professional organizations and a voice in role development (Clark & Allison-Jones, 2011). Others affirmed greater circles of influence due to doctoral education (Clark & Allison-Jones, 2011).

Obstacles to Role. DNP APN respondents agreed that, at that time (2011), DNP education was a novelty and widespread recognition was not yet established (Clark & Allison-Jones, 2011). They also reported lack of cohesion across other APN specialties for doctoral education (Clark & Allison-Jones, 2011). Additionally, respondents verbalized resistance from the American Medical Association's territorial barriers in physician practice and equitable salaries (Clark & Allison-Jones, 2011).

Expectations of Roles. The DNP APNs unanimously agreed in the desire for independent practice (Clark & Allison-Jones, 2011). Full practice authority for APNs was a primary goal among participants (Clark & Allison-Jones, 2011). DNP APNs also expressed the goal for recognition of services and skillsets independent of medical practice (Clark & Allison-Jones, 2011).

Other findings. Clark and Allison-Jones (2011) reported a generalized enthusiasm and anticipation for opportunities among DNP APN participants. However, most expressed concerns of DNP recognition across research and educational arenas (Clark & Allison-Jones, 2011). The DNP APN participants voiced a desire to improve practice via evidence-based modalities (Clark & Allison-Jones, 2011). Furthermore, respondents agreed that DNP preparation was geared toward advance practice roles (Clark & Allison-Jones, 2011).

Strengths and Weaknesses

Clark and Allison-Jones (2011) provided ethical research in that they ensured anonymity via online questionnaires. However, Clark and Allison-Jones (2011) surmised that the anonymous approach may have hindered follow up clarification of ambiguities.

Furthermore, they only offered a \$5 stipend for time, and this may have been a deterrent to APNs who perceived their time as too valuable to participate. Moreover, the small number of participants and their lack of demographic data hindered them from applying responses to years of experience. However, their results seemed to support multiple themes of facilitating and hindering factors of DNP practice.

Application to Current Study

This study by Clark and Allison-Jones (2011) fell outside the criteria for recent articles and the novelty of DNP preparation was apparent. Nevertheless, their findings were significant in describing facilitating and impeding factors related to DNP role development. But since the participants were accomplished DNPs, their retrospective views of DNP attainment were not addressed. And since this study was dated (2011), perceptions of practice boundaries seemed more apparent in 2011 before the thrust for advances in scope of practice. This dated study demonstrates the changing attitudes and boundary expansion currently evident within APN practice as well as societal recognition of the APN role.

DNP NP Perceptions of the DNP

Stoeckel and Kruschke (2013) provided a study on DNP perceptions of the DNP. Their aim was to identify any changes in views among DNP-prepared NPs who had previously been MSN NPs. They proposed to identify perceptions of newly formed DNP values resulting from doctoral preparation.

Methods

Stoeckel and Kruschke (2013) conducted a qualitative study of 12 practicing DNP-prepared NPs who had previously been MSN NPs. They used phone interviews with open ended questions. Interview questions were constructed to explore perceptions of DNP education, changes in roles within organizational structure, changes in practice environment, changes in practice and clinical skills. Other questions identified participants' perception of the financial impact of roles as DNP-prepared NPs and ongoing challenges.

Results

Participants' views of the DNP educational outcomes included a broader knowledge base. DNP-NP participants also reported increased respect for research and evidence-based practice. Additionally, participants reported an increase in policy creation and participation. However, participant response did not support an increase in clinical practice skills resulting from DNP preparation (Stoeckel & Kruschke, 2013).

DNP role acceptance was identified as ownership of the title "Doctor". Participants perceived increased respect from patients, colleagues, and physicians that was ascribed to that title. Other aspects of role acceptance included enhanced communication skills with patients and other healthcare professions. Role challenges include peer skepticism and the unanimous report of open confrontation and discouragement during the DNP process by their MSN counterparts. Other role challenges included regulatory barriers preventing full practice and expansion in scope of practice.

Stoeckel and Kruschke (2013) provided a further discussion of their findings. They suggested that, among their very specific population of DNP-prepared NPs who had formerly practiced as MSN NPs, there were wide variations in DNP education. And while the DNP-prepared NPs all reported that their DNP program included a focus on leadership and administration, the lack of concentration on improvement of clinical skills seemed to “lessen” the degree. However, participants agreed that the DNP prepared them for faculty positions without acquiring specific education degrees. Stoeckel and Kruschke (2013) reported that some participants experienced resistance from using the title “doctor” but that most of this resistance occurred from their MSN NP colleagues rather than from physicians.

Stoeckel and Kruschke (2013) reported that the main concern among the DNP-prepared NP participants was the struggle in practicing to the full level of their potential. They expressed discouragement at the ongoing regulatory restrictions and implications for doctoral preparedness in CMS reimbursement. Stoeckel and Kruschke (2013) concluded their discussion in the anticipation of DNP-prepared NPs taking full advantage of their doctoral preparation by impacting regulatory changes and CMS reimbursement.

Strengths and Weaknesses

This study by Stockel and Kruschke (2013) provided baseline qualitative information into DNP APN perception of advantages of doctoral preparation. The inclusion criteria were very specific which could lend to generalizability to other DNP APNs in other geographical locations. Furthermore, their participants represented multiple practice settings and specialties which allowed for diverse views. Stoeckel and

Kruschke (2013) utilized open coding which was probably the best method of analysis for the 12 participants. Their study also provided information on perceived obstacles to DNP preparation.

Application to Current Study

Stoeckel and Kruschke (2013) study provided insight into the lack of consensus for DNP preparation across the NP specialty, particularly from MSN NPs. Their study also specifically identified the obstacles perceived by MSN NPs in their apparent disdain over DNP education. However, this study supported other inter-disciplinary respect afforded by doctoral preparation. Stoeckel and Kruschke (2013) also identified the thrust for full practice, the expanding potential of NP contribution, and awareness of the changing healthcare landscape.

DNP NP Perception of DNP Educational Outcomes

Christiansen-Silva (2015) provided a qualitative descriptive study on DNP prepared nurse practitioners (NPs). Her aim was to explore NPs' perceptions of the DNP education, its influence on professionalism, and impact on patient care. Christiansen-Silva (2015) constructed her interview guide with only the scarce amount of information available on DNP NPs.

Methods

Christiansen-Silva (2015) recruited 10 participants who were DNP-prepared NPs and had practiced at least one year between master's and doctoral programs. She directed her data collection by structured open ended interview questions. Christiansen-Silva (2015) recorded interviews and took field notes.

Results

Christiansen-Silva (2015) study findings supported over-arching themes in perception of broader thinking, new knowledge, new opportunities, and most importantly, in the respect and credibility ascribed to being called “Doctor”. Christiansen-Silva (2015) also reported participants’ perception that evidence-based practice become instinctive and second nature resulting from DNP preparation. She also reported that participants perceived greater tech-savvy and enhanced collaborative interaction. Christiansen-Silva (2015) study participants reported that academic organizations began seeking the newly DNP-prepared NPs for positions in universities. Christiansen-Silva (2015) findings suggest that drivers for DNP education were both, extrinsic motivation of job security and intrinsic motivators of respect and validation provided by doctoral preparation. Christiansen-Silva (2015) reported enhanced skills for evidence-based practice and technology, providing cutting edge competencies afforded by the DNP.

Strengths and Weaknesses

Christiansen-Silva (2015) study was strengthened by maximum-variation sampling. However, her sample size was small (10 participants). Nevertheless, Christiansen-Silva (2015) reported that trustworthiness was enhanced by journaling, field notes, and audit trails.

Application to Current Study

Christiansen-Silva (2015) study identified perceptions of wider practice boundaries opportunities resulting from DNP preparation. Her study also supported employment opportunities available resulting from DNP education. Therefore, this study

is relevant to this current study of Midwestern MSN NP perception of the DNP because it provided insight into accomplished DNP NP perception of the value of the degree by anticipation of widened employment opportunities and practice regulations.

Key Concepts and Recurring Themes

Literature support for the key concepts in this study on Midwestern MSN NP perception of the DNP addressed most of ideas expressed in the purpose of this study. And while information specific to MSN NP perception is lacking, perceptions of the DNP by other nursing populations were identified. Among those perceptions included DNP value, obstacles, facilitating factors, and impact on the future of nursing. The multiple but often divergent themes were discussed.

Perceived Values of the DNP

Values were described in Chapter 1 as priorities or a fair exchange. Values were also described as potential drivers toward a goal. Multiple perceptions of DNP value were reported across the studies presented. These value perceptions were discussed per extrinsic and intrinsic advantages in personal and professional roles. Value perceptions were also expressed as obstacles relating to personal investment of time, money, and expected return on investment.

Extrinsic Advantages of DNP Preparation

Extrinsic advantages of DNP preparation were described as personal advantages for meeting external needs resulting from DNP preparation. Benefits of a DNP in the marketplace were discussed in the areas of employment, performance improvement, and new opportunities in academia. Multiple perceptions on extrinsic advantages and non-

advantages of DNP preparation were reported across nursing specialties and educational preparation. Those values follow:

Employment

Many of the studies supported DNP employment advantages such as job security, pay increases, promotions (Christiansen & Silva, 2015; Minnick, Kleinpell, & Allison, 2019; Udlis & Mancuso, 2015). Conversely, other studies reported that the DNP was not an advantage in consideration of employment (DeMarco, et al., 2008; Minnick, Kleinpell, & Allison, 2019; Udlis & Mancuso, 2015). In fact, actual employers reported that the DNP was neither required nor preferred by potential employers (Beeber, Palmer, Waldrop, Lynn, & Jones, 2019; Nichols, O'Connor, & Dunn, 2014).

Performance

Performance improvement resulting from DNP preparation was also discussed. Several studies suggested that DNP preparation provided no advantage in clinical expertise (Beeber, Palmer, Waldrop, Lynn, & Jones, 2019; Christiansen & Champion, 2018; Nichols, O'Connor, & Dunn, 2014; Stoeckel & Kruschke, 2015). Other studies supported comparable role performance between DNP employees and MSNs performing in the same clinical or non-clinical role (Beeber, Palmer, Waldrop, Lynn, & Jones, 2019; Nichols, O'Connor, & Dunn, 2014).

On the other hand, two of the studies reported outperformance by DNP APNs over their MSN counterparts. Honig, Smolowitz, and Smaldone (2011) provided a comparative study between both populations of APN providers and reported actual clinical outperformance of DNP APNs. Furthermore, Christiansen and Champion (2018)

study documented perceptions of DNP APNs who had previously been MSN APNs in their application of DNP Essentials after graduation. And while they reported outperformance in all DNP Essentials except advance practice, they offered no support of clinical outperformance per educational preparation of APNs. Therefore, while both studies support outperformance of DNP APNs, only nonclinical performance was supported in Christiansen and Champion (2018) study. Furthermore, the DNP NPs in Stoeckel and Kruschke (2013), who received their DNP degree across multiple educational arenas, report that this lack of focus on clinical expertise offered in their degree seem to “lessen the degree”. However, these views reflect the lack of understanding of the DNP as a practice degree rather than the expectation for leadership and political savvy expressed in the DNP Essentials (AACN, 2006).

Opportunities in Academia

Other advantages of DNP preparation included opportunities in academia which would not have been afforded with only an MSN education (Christiansen-Silva, 2015; Stoeckel & Kruschke, 2013; Udalis & Mancuso, 2015). Furthermore, McNellis, Dreifuerst, and Schwindt (2018) proposed that DNP preparation was in parity with PhD prepared nurses for faculty positions. However, Clark and Allison-Jones (2011) reported in their 2011 study of DNP perceptions of limitations in educational opportunities for DNPs over their PhD counterparts.

Intrinsic Advantages of DNP Preparation

Intrinsic advantages of DNP preparation provide inherent satisfaction resulting from doctoral education. However, these intrinsic advantages were only reported among accomplished DNPs, most of who were APNs. These intrinsic advantages include:

1. The title “doctor” (Christiansen-Silva, 2015); (Minnick, Kleinpell, & Allison, 2019; Stoeckel & Kruschke, 2013)
2. Parity (Minnick, Kleinpell, & Allison, 2019; Stoeckel & Kruschke, 2013; Udlis & Mancuso, 2015)
3. Respect (Christiansen-Silva, 2015; Clark & Allison-Jones, 2011; Minnick, Kleinpell, & Allison, 2019; Stoeckel & Kruschke, 2013)
4. Validation (Christiansen-Silva, 2015; Clark & Allison-Jones, 2011; Stoeckel & Kruschke, 2013)
5. Leadership (Christiansen & Champion, 2018; Stoeckel & Kruschke, 2013)
6. A stronger voice in policy creation, decisions, role development (Christiansen & Champion, 2019; Udlis & Mancuso, 2015)
7. A greater circle of influence (Clark & Allison-Jones, 2011; Stoeckel & Kruschke, 2015)
8. Evidence-based skills (Christiansen-Silva, 2015)

These intrinsic advantages of DNP preparation were reported across DNP graduates. Furthermore, most of the participants were DNP APNs. And while these same participants expressed some extrinsic non-advantages of DNP preparation, a comparative view of the intrinsic rewards of DNP attainment was realized when viewed

retrospectively from the perspectives of the same participants when they had lesser degrees.

This section on perceived values of the DNP has provided wide variations across nursing populations. And while many advantages of DNP preparation are apparent, perceptions of its value as a “fair exchange” in investment seems to be dubious. The next section will be used to discuss DNP resistance per value perception and other obstacles of DNP preparation by these same populations of nurses.

Perceived Obstacles

An obstacle was described in Chapter 1 as something blocking progress or making an endeavor more difficult. The obvious hindrances in DNP completion reported were time and money (DeMarco, et al., 2008; Minnick, Kleinpell, & Allison, 2019; Richter & Stewart, 2015). Other obstacles were identified as personal commitment (DeMarco, et al., 2008, Richter & Stewart, 2015), and personal debt (Minnick, Kleinpell, & Allison, 2019). In fact, some studies reported that the DNP “is not a good investment” among nurses with lesser degrees (DeMarco, et al., 2008; Richter & Stewart, 2015), as well as DNP graduates (Minnick, Kleinpell, & Allison, 2019). In fact, Minnick, Kleinpell, and Allison (2019) study among DNP graduates reported that the DNP provided “no particular skill” and no improvement on personal outcome.

DNP Resistance

Internal and external resistance to DNP attainment were reported in these studies. Internal resistance from MSN colleagues (Stoeckel & Kruschke, 2015) was identified as DNP deterrents within the profession. Resistance to a mandatory DNP also was

expressed by general nursing populations (DeMarco, et al., 2008), as well as prospective APN students (Richter & Carl, 2015). Furthermore, Minnick, Kleinpell, and Allison (2019) reported that accomplished DNPs expressed resistance to DNP requirements for advance practice nursing, mostly among their DNP APN participants, who had already attained the degree. Additionally, prospective employers reported that the DNP was not favored, nor required (Beeber, Palmer, Waldrop, Lynn, & Jones, 2019; Nichols, O'Connor, & Dunn, 2014), neither was there an advantage in DNP performance over MSNs in the same role (Beeber, Palmer, Waldrop, Lynn, & Jones, 2019; Nichols, O'Connor, & Dunn, 2014). Furthermore, lack of uniformity of DNP programs (Udlis & Mancuso, 2015), lack of cohesion across other APN specialties (Clark & Allison-Jones, 2011) were identified as internal hindrances in pursuing DNP preparation.

External resistance to DNP education included AMA perception of competition and invasion of territorial privileges (Clark & Allison-Jones, 2011). Other external obstacles were identified as regulatory barriers preventing full practice and expansion in scope of practice (Clark & Allison-Jones, 2011; Stoeckel and Kruschke, 2013). Some of these external obstacles were addressed in the section on perceptions of the future of nursing.

Facilitating Factors

Facilitating factors was described in Chapter 1 as strategies for overcoming obstacles and making the goal less difficult to achievement. And while none of the studies alluded to facilitating factors in DNP achievement, the IOM (2010) proposed a “seamless transition” in nursing education. Factors facilitating DNP achievement were reiterated for an equitable transition by AACN (2015) when their original prospects for

mandatory DNPs by 2015 were not realized (AACN, 2004). Hence, perceptions of an equitable transition for DNP attainment were discussed in this current study. This concept was investigated among the Midwestern MSN NPs in their perception of facilitating factors for DNP pursuit, or strategies for making the goal less difficult.

Future of Nursing

The future of nursing was addressed in IOM (2010) call for nursing to lead healthcare reform via educational preparation, and later reaffirmed by the National Academy of Science, Education, and Medicine (n.d.), when ongoing expectations were articulated for nursing leadership in the changing healthcare landscape. A few of the research articles alluded to the future of nursing and participation in societal healthcare reform per DNP preparation. For instance, Nichols, O'Connor, and Dunn (2014) study showed that organizational CNOs unanimously reported that DNP presence would contribute to societal access to healthcare access. Other studies suggested that DNP credentialing would contribute to independent practice, widened professional boundaries, and regulatory changes (Clark & Allison-Jones, 2011; Stoeckel & Kruschke, 2013). Furthermore, Stoeckel and Kruschke (2013) reported that DNP preparation could facilitate APN practice at the full level of their potential, as challenged in IOM (2010) invitation for nursing to lead healthcare reform. These are the some of the anticipated outcomes perceived by DNPs for the future of nursing and societal healthcare.

Summary

The themes identified in this literature review demonstrated mixed views of DNP preparation across nursing specialties and educational preparation. Their perception of

the extrinsic and intrinsic value of DNP preparation were expressed. Additionally, other value-laden obstacles hindering DNP attainment were identified in the literature review, as well as resistance to a DNP mandate for advance practice. However, some of the key concepts addressed in this study's purpose, such as facilitating factors for DNP attainment were not identified in this exhaustive literature review. Those gaps in literature were further explored in this study as the participants considered their current role in the future of nursing as Midwestern MSN NPs versus any potential opportunities afforded by DNP preparation.

Conclusion

Chapter 2 was used to provide foundational framework and analyze existing literature available for this study on Midwestern MSN NPs' perception of the DNP. Key concepts expressed in that literature review were synthesized to support evidence for this forthcoming investigation. Chapter 3 was used to discuss ethical strategies for data collection and trustworthy synthesis in this study on perceptions of Midwestern MSN NPs' of the DNP degree.

Chapter 3: Research Methods

Introduction

As discussed in Chapter 1, the purpose of this study was to investigate the perceptions of MSN NPs of the DNP degree. Moreover, as inferred in the Assumptions section of this study, these Midwestern MSN NPs were aware of the impending pressure for doctoral preparation for APN practice (ANA, 2004; IOM, 2010; NONPF, 2018). Hence, these Midwestern MSN NPs understood the potential professional and financial implications of mandatory DNP preparation as an occupational requirement. Since over 80% of the practicing NPs have a master's degree as their highest educational accomplishment (AANP, 2016), this imminent mandate impacted, not only the NPs under scrutiny, but the entire healthcare system.

Hence, the purpose of qualitative narrative inquiry was to gain insight into the perceptions of Midwestern MSN NPs on the personal and professional value of the DNP. Their perceptions of obstacles and facilitating factors toward returning to school for DNP attainment were also discussed. Furthermore, their perception of their current roles as Midwestern MSN NPs in the future of nursing and any potential opportunities provided by DNP preparation were explored. Those were the intentions for conducting this study of Midwestern MSN NPs perception of the DNP.

Preview of Chapter 3

Therefore, this study on the perceptions of Midwestern MSN NPs of the DNP was used to provide new information specific to this population on any current and anticipated impact of doctoral contribution to personal enrichment, to the nursing

profession, and to societal improvement. This current chapter discusses ethical data collection and analysis of the findings. The qualitative research design and rationale for the narrative descriptive approach are explained and strategies to ensure trustworthiness are identified.

Research Design and Rationale

Strategies for exploring the perceptions of Midwestern MSN NPs of the DNP were discussed in detail in the proposal of this dissertation. Conceptual constructs were explained, as well as the rationale for the use of basic qualitative inquiry with a narrative inquiry approach. The appropriateness of this research design was demonstrated as new knowledge was synthesized in this study on the perceptions of Midwestern MSN NPs of the DNP. This process began by reviewing the research questions.

Research Questions

The research questions for this study were as follows: Among Midwestern MSN NPs practicing in the Midwestern United States,

Research Question 1: What are their perceptions regarding returning to school for the DNP?

Research Question 2: What are their perceptions of the value of the DNP to their personal and professional life?

Research Question 3: How do they feel that DNP attainment could impact their current roles and any contribution to the future of nursing and societal healthcare?

Research Question 4: What are their perceptions of obstacles and/or facilitating factors in DNP attainment?

Central Concepts

The central concepts in this study were the perceptions of Midwestern MSN NPs toward the professional pressure for doctoral education. Furthermore, the occupational implication for mandatory DNP education created value judgements on the worth of the degree and the challenges of going back to school. Additionally, the professional and collegial pressure for contributing to the future of nursing and societal healthcare were also being experienced in this very specific group under study.

Research Tradition and Rationale

Considering the study's purpose as expressed in the research questions, qualitative inquiry was selected as the research strategy for this investigation. This tradition provided genuine expression of the perceptions of this very specific population to the relevant issues impacting their professional practice. Rationale for building this study via narrative inquiry approach was the logical sequence for understanding true meanings surrounding intention, motivation, and transitions in life's experiences (Merriam & Tisdell, 2016).

Therefore, to effectively understand the perceptions of the main stakeholders, Midwestern NPs and their view of a mandatory DNP as a practice requirement, individual ideas were expressed via qualitative tradition per narrative inquiry approach. Since the background of the scenario presented on mandated DNP preparation for APN practice, and in fact, for employment in advance practice nursing, authentic views of the DNP initiative were captured via open-ended questions and interactive probes. Wide parameters for discovery of participants' perception of the DNP degree on personal

enrichment, professional growth, and societal contribution provided groundwork for building new knowledge on this important topic (Burns & Grove, 2013; Clandinin, 2006; Merriam & Tisdell, 2016). Further discovery on perceived advantages of doctoral degree attainment emerged via follow-up interactive probes. Participants' views on obstacles impeding DNP attainment and ideas for facilitating factors were investigated by the open parameters afforded in qualitative narrative inquiry (Clandinin, 2006). Therefore, that was the research tradition selected for this study on Midwestern MSN NPs' perception of the DNP degree.

Role of the Researcher

As an observer-participant in this study on Midwestern MSN NPs' perception of the DNP, my role as the researcher was fully defined. I have not had any direct social relationships with any of the Midwestern MSN NPs interviewed in this study. Neither have I had any supervisory role with any of the participants. Furthermore, I only recruited participants with whom I worked as professional peers in years past or their colleagues with whom I was not acquainted. Hence, I could approach this study topic with the expectation of genuine responses. Because the participants represented multiple practice settings and years of experience, they provided multiple views resulting in robust data collection and the development of themes.

And since I am also a Midwestern MSN NP without a DNP degree, I could understand the pressure being exerted by "the powers that be" for doctoral attainment. However, since beginning research on the DNP imperative and educational essentials, I developed a respect for the degree that I had not previously experienced before

undertaking this study. Furthermore, the perceptions expressed in the literature review of conflicting value judgements of the DNP provided me with valid pros and cons toward DNP attainment. Hence, I could view this study scenario with an open mind.

Other Ethical Issues

My main recruitment strategy was via text messages provided by previous contact information obtained from participants when we were employed within the same company. Snowball sampling provided contact information on their colleagues who met the inclusion criteria. Communication was texted with an invitation and consent to voluntarily participate in this study. Participants were invited via text once and responses were voluntary.

Incentives

Since my participants were gainfully employed NPs, and their wages were usually based on productivity, time was considered as money. So, by approval of the IRB, I offered stipends of a \$50 Amazon card for the initial interview and a \$25 Amazon gift card for follow ups and probes. These stipends were researcher-funded. The appropriateness of this stipend was discussed and supported by AANP Research Department (Chantel DePaepe, MPH, personal communication, January 20, 2020). Furthermore, participation demonstrated intrinsic value for nursing research and contributing to nursing's knowledge.

Methodology

Participant Selection

This study on master's prepared NPs' perception of the DNP was, of course, limited only to Midwestern MSN NPs who were not currently in a DNP program. Other inclusion criteria stipulated that the NPs were certified in one of the two nationally recognized organizations (AANP or ANCC) and had state licensure for advance practice. Furthermore, they were currently in practice as an APN and were not in a DNP program or have another nursing doctoral degree. DNP students or prospective students were not eligible to participate because that inferred that they had already placed value on the DNP and had reconciled obstacles in degree pursuit. These inclusion/exclusion criteria were verified during the recruitment process, before progressing to data collection.

Participant Recruitment

The anticipated sample size in this study on master's prepared NPs of the DNP was approximately 10-12, or until data saturation was achieved. Participant recruitment was expected to establish commonalities in themes. Diversity of Midwestern MSN NPs who practiced in various settings was anticipated for providing multiple views on DNP value, obstacles, and facilitating factors. The purpose of the study was clearly identified, and voluntary participation was invited.

Themes of Inquiry

Chapter 2 of this study on Midwestern MSN NPs of the DNP provided many themes to be investigated. This included participants' perception of the extrinsic and intrinsic value for DNP attainment and any attitudes toward a DNP mandate to continue

careers in advance practice nursing. Other themes included their perceptions of a completed DNP in personal enrichment, professional influence, and potential contribution to society resulting from doctoral degree attainment. Themes employed in this study included any ideas on facilitating factors for returning to school. Other minimally explored themes included any perception of DNP impact on their roles in the future of nursing and societal healthcare. These portions of the interview provided multiple views on this specific gap in knowledge.

Interview Framework

Personal Enrichment

Personal enrichment of DNP perceptions referred to potential advantages of the DNP to their practice, marketability, and job security. It also included intrinsic factors such as feelings of accomplishment, recognition, inter-disciplinary respect, and the title “Doctor”. Other personal perceptions expressed were disadvantages such as the cost of the degree and time-consuming activities surrounding doctoral preparation.

Professional Influence

Professional influence of the DNP included their perceptions of advantages afforded by DNP attainment. This included potential widened practice boundaries and full practice privileges. Other perceptions included the changing healthcare landscape and their potential contribution to the nursing profession by social recognition.

Contributions to Society

Perceptions of DNP contribution to society included access to care at affordable prices. Other perceptions included evidence-based practice and patient advocacy. The

political savvy afforded by DNP attainment inferred to a strong voice in areas of disparage in society.

Obstacles

Obstacles to DNP attainment were investigated even when the participants did not seem to value the degree. Their assignment of the value of the DNP were further explored because their views could provide information on obstacles and facilitating factors of DNP attainment. This strategy ensured that thoughtful expressions on facilitating factors were reported by participants regardless of their value of the DNP.

Facilitating Factors

Facilitating factors for DNP attainment emerged as a gap in knowledge in the Chapter 2 literature review. Development of this theme helped provide Midwestern MSN NP perceptions on any ideas for making the DNP degree more achievable. The expectations for developing this concept added a baseline of information in this much-needed topic for nursing's knowledge and helped bring awareness of obstacles hindering DNP attainment.

Future of Nursing

Another under-developed theme was DNP impact on the future of nursing. Perceptions of Midwestern MSN NP current roles in the future of nursing versus any anticipated roles afforded by DNP preparation was another concept that had been minimally explored. Participants were invited to evaluate the DNP degree as it relates to the future of nursing and healthcare reform.

Data Saturation

Saturation occurred when all the concepts in this study on MSN NPs' perception of the DNP is became repetitive and further data collection became redundant. Once this occurred, sampling size had been achieved and further recruitment was unnecessary. Furthermore, after all themes were investigated for nuances or any need for addressing sub-categories, saturation was considered achieved. Other strategies to confirm saturation included comparing themes between interviews and resequencing the order of thematic analysis (Constantinou, Georgiou, & Perdikogianni, 2017). Therefore, when themes emerged supporting agreement or disagreement on participants' perception of these concepts, and outlying ideas were further investigated and verified or discarded by triangulation, then the objectives for this study were met. Further follow ups or probes on current participants were invited to clarify expressions with ambiguous responses to determine relevance to the purpose of the study.

Instrumentation

Instrumentation employed in this qualitative study on the perceptions of Midwestern MSN NPs of the DNP was applied via semi-structured phone interviews using a researcher-developed interview guide as seen in the Appendix section of this study. This semi-structured approach provided an orderly process for answering the research questions and for investigating all the themes identified in chapter 2. However, some open-ended questions via interactive narrative inquiry provided flexibility for a wide variation of responses to further develop themes. When possible, I conducted interviews via video conferencing. This ensured observation of non-verbal cues and body

language, along with voice inflections that accompanied verbal responses. Interviews began with verbal permission for recording interviews and subsequent interpretation. Permission for follow-up questions and probes were solicited during these recorded interviews.

Data Collection

Data collection for this investigation of Midwestern MSN NPs view of the DNP continued until responses become repetitive and data saturation was reached. As discussed, follow-up questions were arranged as necessary, during the original interview. Participants were provided with my personal cell number for debriefing or for further data collection. Ongoing interaction was invited to provide participant engagement and any further development of participants' evolving views of DNP perception on the future of nursing, as these concepts were identified as gaps in chapter 2. Participants were informed that they would be provided with a copy of the completed research document as a memento of their participation in research and their contribution to nursing knowledge in the development of this under-researched topic. Therefore, these recruitment plans ensured sufficient diversity for similar and contrasting views as well as adequate participation in this multi-faceted topic of Midwestern MSN NPs' perceptions of the DNP.

Data Analysis Plan

As discussed, interview questions in this inquiry Midwestern MSN NPs' perception of the DNP were semistructured, framed by the research questions and further explored via the interview guide. Additional open-ended questions provided clarity and

other potential issues for discovery. Any outlying concepts were clarified via follow-up probes. Coding occurred during each interview and themes were identified during reflective journaling after each interview (Constantinou, Georgiou, & Perdikogianni, 2017).

Ongoing participant interviews provided similarities or contrasting codes and themes identified in previous participants' responses. Thus, thematic threads emerged and deeper understanding of contrasting responses were developed during and after each participants' interview (Constantinou, Georgiou, & Perdikogianni, 2017). Manual transcription and coding were implemented throughout the process to identify emerging themes, which became apparent early in the interview process and were strengthened by further data collection. Follow-ups and probes helped clarify any ambiguous responses and to support similarities in findings. Outlying discrepant responses were revisited and clarified when supported by other participant views or by researcher triangulation.

Issues of Trustworthiness

Credibility

Credibility for this study was ensured, first, by providing open-ended questions in the interview process and clarification by follow-up interviews. These probes identified concepts that did not neatly fit into preconceived notions anticipated in the semi-structured interview process. However, data saturation and recurrent themes across participant responses promoted credibility when common threads emerged. Themes were compared and re-sequenced to ensure thematic saturation (Constantinou et al., 2017). Furthermore, member-checking by follow-up probes provided authenticity to the

recorded responses and validated analysis of codes and themes. Other strategies promoting credibility included reflexivity by journaling throughout the entire research process and revisiting journal entries as the investigation continued. Triangulation by follow-up clarification on questionable responses provided credibility by confirmation of similar or contrasting views (Ravitch & Carl, 2016).

Transferability

Transferability refers to relevance to context that was applied to similar scenarios (Ravitch & Carl, 2016). As discussed, this proposed study on the perceptions of Midwestern MSN NPs of the DNP was investigated in the context of powerful expectations for them to obtain a higher degree to continue working. This scenario seemed to be original in that minimal information on this topic existed. Therefore, findings from this study should be transferable to other MSN NPs from other geographical areas who share the same experience when asked for their perception of the DNP. Furthermore, the exhaustive literature review provided themes on which to build interview questions for further studies. Additionally, careful coding and thematic interpretation by data saturation ensured transferability across similar settings (Constantinou et al., 2017).

Dependability

Dependability refers to the stability of the data (Ravitch & Carl, 2016). Dependability was provided in this study on perceptions of Midwestern MSN NPs of the DNP by ensuring congruence across its entirety. The research problems identified were consistently addressed in the literature review criteria and themes from the literature

review were investigated in the interview questions. Adherence to this study's purpose provided structure across the investigation. The entire process was viewed through the theoretical lenses of SDT value and motivation. Furthermore, attention to the authenticity of participants' response further promoted integrity to the study. These strategies should help stability and dependability of the findings over time.

Confirmability

Confirmability is ascribed to a study by the acknowledgement that investigator bias exists but has been controlled via structured processes (Ravitch & Carl, 2016). Confirmability in this study on perceptions of Midwestern MSN NPs of the DNP was strengthened by the acknowledgement that the investigator is Midwestern MSN NP without a DNP degree. Investigator perception of both sides of the argument had been evaluated for strengths and weakness that were applied to the participant, to the profession, and to societal healthcare. Personal reflection and emotional intelligence were applied to every aspect of this study as participants shared their views on the DNP and their perceptions on going back to school. The benefits of the DNP were also discussed with participants as we acknowledged its potential impact on the nursing profession and on society (Ravitch & Carl, 2016).

Ethical Procedures

Institutional Review Board (IRB) approval was solicited, first, from Walden University's IRB. Further organizational IRB approval was not necessary. Participant recruitment was achieved by snowball sampling. The MSN NP participants were asked for permission to record the interviews. The participants were provided with a uniform

agreement for participation via text. They were informed that that no risks were anticipated for their participation and that they had the right to refuse further participation without explanation or further questions. The participants were also informed that the purpose of the study was to fulfill doctoral degree requirements and that their participation contributed to nursing knowledge. Participants were ensured of confidentiality by providing only initials of their name, their years of nursing service and their years of NP practice. Data collected by phone or video interviews were password protected on the appropriate devices with only researcher access. The laptop used in transcribing and documenting this research project was also password protected allowing only researcher access and stored in a locked office.

Data collected from this study was further protected by USB drive devices which were identified by encrypted coding familiar only to me, the researcher. These devices were securely locked in a drawer in a locked office. I could only identify the data by utilizing a system of encrypted initials, years of nursing service, and years of NP practice, if applicable. Data obtained from this study will be securely stored in compliance with Walden University policies and procedures for five years as indicated by Walden IRB. After this time, all research data for this project will be destroyed.

Furthermore, no conflict of interest was identified in this research. I have not been employed by any educational organizations promoting DNP completion. Moreover, only the participants' stipends discussed in this chapter were provided for participation in this research project. Application of these strategies helped ensure participant protection and ethical research procedures.

Summary

Chapter 3 of this qualitative study on Midwestern MSN NPs' perception of the DNP was used to explain the rationale for choosing a narrative inquiry approach for collecting data for this study, while describing my role as an observer-participant. Furthermore, methods for participant recruitment and data collection and analysis have been addressed. Strategies to ensure trustworthiness via ongoing dialogue with participants and researcher reflexivity were also expressed. Finally, plans for ethical treatment of participants and secure data collection and storage were also discussed.

Chapter 4 of this qualitative study on Midwestern MSN NPs' perception of the DNP was an application of the research methods just discussed. Actual participant expressions of the concepts surrounding this topic were recorded per the ethical standards indicated. Qualitative coding and analysis were applied as new knowledge emerged. Chapter 4 was used to express answers to the research questions and implication for further study on this topic of Midwestern MSN NPs' perception of the DNP.

Chapter 4: Results

Introduction

Chapter 4 of this study on Midwestern MSN NPs DNP degree began with a description of participant recruitment and interview settings, as well as any unusual circumstances in data collection during the height of the COVID-19 pandemic. Next, the mode of data collection was discussed, and subsequent coding emerged as the participants' expressed their value of the DNP degree, along with their views on obstacles or facilitating factors for DNP attainment. Finally, the recurring themes provided answers for the research questions on Midwestern MSN NPs' perceptions of the DNP degree as viewed through the lens of the SDT (Deci & Ryan, 2004).

Themes in Data Collection

The research questions on perceptions of Midwestern MSN NPs of the DNP are congruent with the purpose of this study and were used to guide the interview questions. Furthermore, the participants' responses supported the assumptions in Chapter 1. The value codes that emerged were logically organized into categories. The recurring themes aligned with the study's framework of the SDT (Deci & Ryan, 2004).

Setting

Recruitment

The original plan for this study on Perceptions of Midwestern MSN NPs of the DNP had been directed toward data collection within a nationwide company who employed NPs, many of whom practice in the Midwest. Although IRB consent was obtained for this study, data collection was disabled by company recruitment restraints.

So instead, alternate plans were resubmitted to IRB and approved for snowball, or network sampling. Participant recruitment was then facilitated among Midwestern MSN NPs with whom I had been professionally acquainted, by or who were referred by their MSN NP colleagues.

Demographics

Total MSN NP participation was nine, seven females and two males. Three participants were Asian, three were White, one African American, one African, and one Hispanic. All the participants were MSN NPs per inclusion criteria and were not currently DNP students nor enrolled in any DNP program. Eight of the NPs were certified family nurse practitioners (FNPs) and one was a geriatric nurse practitioner (GNP). Average years of RN service ranged from 7 years to 30 years with a mean of 17.7 years; years of MSN NP practice ranged from 3 years to 13 years with a mean of 5.7 years. All nine practiced in the same general vicinity in a Midwest state. Four participants described their practice site as urban, three practiced in suburban areas, two reported practice in rural settings. Their practice settings were also very diverse, ranging from an urban University hospital inpatient facility to a rural house-call service. No two MSN NPs practiced in any similar setting.

Data Collection

Total texted invitations for participation to Midwestern MSN NP participants was seventeen. Twelve responded but only nine were available for interviews. Data were collected from those nine participants between October 2020 and November 2020. Each participant was invited via text message. Consent was texted or emailed after plans for

video-enabled interviews was established. Eight of the interviews were facilitated via FaceTime app, one via Zoom. Eight of the interviews were conducted remotely from a private area in my home; one face-to-face interview was conducted in a local nursing home in a provider-assigned area to ensure privacy.

The interviews were audio-recorded with consent of the participant. No video-enabled interviews were recorded. Participants were only aware of the purpose of the research topic, but none were aware of the specific questions in the interview guide (Appendix). They responded spontaneously via semistructured approach with appropriate time to answer questions or to provide additional views. Average interview time ranged from 10 to 39 minutes with an average recorded time of 19 minutes.

Variations in Data Collection

The original plans for data collection specified face-to-face interaction, when feasible, to monitor participants' facial expression or body language. However, the time allotted for actual data collection was during the COVID19 lockdown, so most of the interviews were conducted via FaceTime or Zoom video-enabled conference calls. Only one of the interviews was conducted via face-to-face interaction, but face masks and social distancing constrained some observations of voice inflection or facial expression.

Unusual Circumstances

While data was collected during a particularly severe COVID 19 outbreak, the Midwestern MSN NP participant had already been entrenched in caring for patients who were either at risk for the infection, currently infected with COVID 19, recovering from the infection, or died from COVID 19. Several months prior to data collection, early

COVID 19 HIPAA-compliant guidelines for telehealth care had been implemented in some practice arenas; however, the MSN NPs in this study were still performing face-to-face patient care, at great personal risk. Furthermore, their professional practice choices were questioned by participants who were aware of aggressive job recruitment strategies for psychiatry MSN NPs for telehealth positions providing safer practice settings with significantly higher financial compensation than primary practice in-person visits. Therefore, some of the participants compared ongoing DNP credentialing for practice in the same primary care roles versus lateral MSN NP certification in psychiatry with better pay and working conditions.

Data Analysis

Process

The process began as I was the main research instrument. Reflective memos were hand-written on individual participants' printed interview guide during and after the interviews. Similarities in participant responses or contrasting views were also hand-written on the participant-specific paper interview guide. Furthermore, any participant response supporting the literature review was also documented on the interview guides.

I transcribed the data manually per verbatim coding and deliberately compared new information with earlier participants' responses. This seemed to bring fresh insight into the participants' responses when contrasted with other interviews. Next, those initial codes were re-sequenced as the interviews progressed, supporting insight and rationale for confirming or contrasting views (Clandinin, 2006a).

Codes

Initial in-vivo coding began by listening intently to each participants' expressions about ongoing DNP education. While the participants were diverse in demographics and practice settings, their current COVID 19 experience seemed to provide alignment to their views and priorities. Secondary coding emerged as the participants shared evolving values of their current professional circumstances. Categories aligned with ongoing expressions that were appropriately organized by values (thoughts supporting worth or fair exchange), attitudes (feelings about self and others) and beliefs (considerations for action), or motivation for goal attainment per intrinsic and extrinsic drivers (Saldana, 2016).

Themes

The following themes emerged while addressing the research questions as guided by study's theoretical framework (Grove et al., 2013). Extrinsic and intrinsic motivation was supported by the SDT (Deci & Ryan, 2004). Values codes were categorized per perception of extrinsic or intrinsic rewards, which drive motivation and goal achievement (Deci & Ryan, 2004). Furthermore, attitude codes (Saldana, 2016) were categorized and applied via relatedness with peers and other social interactions, or considerations of "where do I fit in this scenario?" (Deci & Ryan, 2004). Belief codes, or criteria for action (Saldana, 2016) were assigned by participants' perception of autonomy, or ability to master skills, and competence, or effectively harnessing skills to control their circumstances (Deci & Ryan, 2004). Belief codes emerged as themes supporting considerations for DNP pursuit or other professional ventures.

Values

Codes specific to values, or perceptions of extrinsic/intrinsic worth or fair exchange will be identified and documented by their number and frequency of the expression. Extrinsic values include the obvious external drivers of DNP attainment such as pay increases, job promotions, and employment opportunities. Conversely intrinsic values include those that provide feelings of recognition, a sense of accomplishment, or self-fulfillment (Deci & Ryan, 2004).

Extrinsic Values

Extrinsic values are usually appraised by the expected result, whether the reward will bring external satisfaction (Deci & Ryan, 2004). External outcomes considered valuable, or a fair exchange in DNP pursuit, would begin with the worth of the finished degree, specifically in time, money, and perceived rewards. Other extrinsic values of the DNP would be any perceived change in pay and practice, or any job opportunities made available by DNP attainment.

Time, Money, and Priority. Themes supporting extrinsic values included perceptions of the time and money anticipated in DNP pursuit. Other considerations were expressed on whether the finished degree was worth the investment. Another extrinsic driver included perceptions of priorities and whether the participants were motivated for completing the DNP.

Changes in Pay and Practice. Other themes supporting extrinsic values included consideration of any changes in pay or practice resulting from DNP attainment. Most of the participants expressed that the DNP would not impact their current pay as MSN NPs.

Several of them also felt that the DNP would not impact roles or practice because these parameters are directed by state nursing boards, not by doctoral achievement.

Opportunities in Employment. Another value-laden theme was perception of job opportunities resulting from DNP attainment. Although most stated that the DNP would be an asset in pursuing a career in academia, none perceived any value of the DNP in clinical practice. A few of them expressed that the DNP may provide opportunities in changing their professional arenas away from direct patient care.

Intrinsic Values

Intrinsic values originate from within, often after external needs are met (Deci & Ryan, 2004). Intrinsic values include feelings of accomplishment, satisfaction at completing a process. The reward is derived from understanding, knowing, learning, or creating (Deci & Ryan, 2004). And while most of the responses by the participants in this study on Midwestern MSN NP perception of the DNP were directed at external rewards, many intrinsic values of DNP attainment were also expressed. The intrinsic value themes that emerged from this study on perceptions of MSN NPs of the DNP included feelings of achievement and increase in knowledge. Other intrinsic themes discussed were perceptions of respect, credibility, and the title “doctor” resulting from DNP attainment.

Achievement and Knowledge. A few of the MSN NP participants reported that the DNP would provide a sense of satisfaction at achieving the highest level in nursing education. Some expressed feelings of self-fulfillment with a finished degree. Several perceived that the DNP would provide the satisfaction of achieving professional expertise.

Respect, Credibility, and the Title “Doctor”. Most of the MSN NP participants felt that DNP attainment would result in respect in the clinical arena. Several perceived greater credibility across professional lines and social interactions. But views were mixed regarding the title “doctor” and parity among MDs. Though some expressed that a nursing doctorate would qualify them for the title “doctor”, others felt that a DNP was not in parity with the training required for MDs.

The Impact of DNP

One of the aims in this study of MSN NPs’ perceptions of the DNP was to inquire into DNP impact to the nursing profession and to society. Value perceptions toward the profession were also evenly mixed. Positive views of DNP achievement included access to care, social justice, and advantages in research which would impact standards of care and evidence-based practice.

Attitudes

Attitudes are feelings and reflective evaluations about self and others; attitudes are relatively stable over time (Saldana, 2016). Attitudes are significant to feelings of relatedness, or acceptance with others, a feeling of belonging (Deci & Ryan, 2004). One of the assumptions in this study included feelings of solidarity within the profession and among other MSN NP peers. The interview questions were used to explore attitudes of relatedness with peers. Furthermore, some of the NPs’ attitudes toward their interaction with doctors were also expressed.

Attitudes about Peers

Most of the MSN NPs interviewed stated that they were at least partially influenced by their peers. Some of them reported interacting more with supportive peers when considering going back to school rather than peers who had a negative view of ongoing formal education. Others expressed respect for colleagues who had completed the DNP. However, none felt competitive or threatened by their DNP counterparts.

Attitudes about Doctors

Though several MSN NP participants expressed negative attitudes about doctors, a few stated that DNP preparation would not result in being a doctor because the nursing doctorate is not in parity with MD preparation in investments of time, specifically in MD residency training versus DNP practicum. While several MSN NPs anticipated being dubbed “doctor” from nursing doctoral preparation, several also reported that they are already being called “doctor” due to their role as a provider. One surmised that MDs were resistant to sharing the title “doctor” and this could be due to reports on MDs are already being replaced by MSN NPs without doctoral degrees.

Beliefs

Beliefs are an expression of values and attitudes that can guide action (Saldana, 2016). Beliefs are guided by feelings of autonomy in achieving mastery over a goal (Deci & Ryan, 2004). Beliefs are also directed by competence, or control over one’s own destiny (Deci & Ryan, 2004). The following beliefs about the DNP degree were identified by the MSN NP participants.

The DNP is a Good Thing

Most of the MSN NP participants expressed a positive evaluation of the DNP degree. None of them were opposed to the idea of nursing doctorate education. Most seemed to have given thoughtful consideration of DNP pursuit.

Education is Good

Most of the MSN NPs believed that education, in general, was good. While most were not in DNP programs (per study exclusion criteria), most were either enrolled in or considering ongoing formal nursing education. This finding was supported in this study's assumptions that the participants value education.

DNP Programs

Most of the participants shared views on DNP programs without being directly asked. Some expressed that the additional practicum hours would result in more clinical expertise. However, others felt that the DNP provided too few clinical hours to be credible, especially when compared to MD training.

DNP Requirements

As expected, most of the MSN NP participants inferred opposition DNP practice requirements. Their views varied from additional stress, lack of interest, and minimal motivation for DNP attainment without extrinsic rewards such as higher pay. Furthermore, a few stated that DNP attainment should automatically result in higher compensation but that that increase was not anticipated.

However, most of the MSN NP participants reported that they believed that the DNP practice requirement was imminent. Others said that they would return to school for

the DNP if it was required. Others anticipated being “grandfathered in”. Others would return to school if pressured by peers.

DNP Challenges

Several MSN NP participants reported that DNP pursuit would be challenging. Some said that it would be hard, others stated not so hard. However, most of them believed that DNP achievement is attainable.

Obstacles to the DNP

Most MSN NP participants expressed that money was the greatest challenge to DNP attainment. Additionally, most MSN NP identified time as one of the greatest challenges. Many identified family constraints as a major deterrent to returning to school. Others reported work/life balance as an obstacle to returning to school.

Facilitating Factors for the DNP

Some of the MSN NP participants suggested that more MSNs would return to school if they perceived a greater reward afforded by DNP attainment. Some reported that if greater affordability, flexibility, educational support in DNP programs was available, more MSNs would return to school. Others stated that if the DNP was paid by employers or by other sponsored programs, that more MSNs would pursue a doctoral degree.

Discrepant Cases

As discussed, discrepant cases emerged early in the data collection process. While the interview questions were directed at inquiring into participants’ view of the DNP, the unexpected phenomenon unfolded. This began with the first interview and continued

during most of the interview process. As earlier inferred, while inquiring into MSN NPs' value of ongoing education, most of the participants expressed an interest in a lateral MSN psychiatry NP specialty rather than the DNP. In fact, some of them were already enrolled in this specialty program. Others expressed interest in pursuing a psychiatry MSN NP specialty. Few responded favorably toward DNP pursuit.

These unexpected responses on lateral specialties were not originally anticipated nor solicited. Further data collection was purposefully redirected via the interview guide with questions specific to DNP preparation. However, MSN NP value of ongoing education was further investigated, and similar responses were observed. This reinforced one of the original study assumptions on MSN NP value of education and appreciation of the benefits resulting from specialty certification. This finding also supported extrinsic motivation at consideration of a more marketable, higher paying lateral NP specialty that could be practiced remotely, or at least, without physical contact. Therefore, most of the MSN NPs favored specialty certification over doctoral education which would not command higher pay or changes in clinical practice.

Issues of Trustworthiness

Credibility

Credibility for this study on Midwestern MSN NP's perceptions of the DNP was facilitated first, by the mode of participant interviews during the months of October and November 2020, when the Midwest was virtually locked down due the COVID 19 pandemic. Although the original plan for face-to-face interviews was not feasible, the video-enabled interview process seemed to provide a more comfortable setting for

authentic participant responses. Field notes supported a relaxed atmosphere in most of the interviews and confidentiality seemed further secured by participants' control over the interview time and place.

The data seemed to become saturated at first, but further recruitment with consideration of contrasting views resulted in thematic saturation (Constantinou, Georgiou, & Perdikogianni, 2017). Themes were strengthened by the study's framework, the self-determination theory (SDT, Deci & Ryan, 2004) as participants expressed priorities for DNP education when weighed against other duties and responsibilities. Moreover, participants' perceptions of extrinsic and intrinsic motivation, based on calculations of rewards in pursuing the DNP degree, were further solidified by the frequency of the responses. And while the interviews were re-sequenced multiple times during the transcription and coding process, most of the views of the MSN NPs' of the DNP remained consistent.

Triangulation strengthened the study's credibility by participants' clarification of the coded responses. Triangulation was further demonstrated as some of the contrasting views were found interspersed across other participants' interview transcripts. Finally, reflexive memos provided support of the SDT (Deci & Ryan, 2004) as participants unknowingly expressed the SDT tenets.

Transferability

Transferability of this study on Midwestern MSN NPs' perception of the DNP was demonstrated, first, by the relevance of the study. Most of the MSN NPs seemed to be aware of expectations for DNP attainment. Most of them even surmised that DNP

attainment for advance practice nursing would eventually be mandatory. And while the study was specific to Midwestern MSN NPs, participation occurred across diverse cultures, years of nursing service, and practice settings. But because this study was conducted in the Midwest, many of the MSN NPs expressed dismay at the limitations on APN practice allowed in these states (AANP, 2021). However, other MSN NPs with limited practice constraints (as observed in most Midwestern states, AANP, 2021) would probably express similar doubts on whether the DNP could broaden practice boundaries. But further studies on MSN NPs across geographical areas, even among states with less stringent practice boundaries, would probably yield similar findings on perceptions of DNP value, priorities, and views of obstacles and facilitating factors, regardless of practice restrictions imposed by state nursing boards.

Dependability

Dependability in this study on the perceptions of Midwestern MSN NPs' perception of the DNP was demonstrated as the participants replied to the interview questions consistent with the study's purpose. Many of their responses were supported in the literature review by previous studies of DNP perception by other nursing populations across other geographical areas. The dates of these previous articles spanned from 2008 to 2019 and the findings in this 2020 study further support stability over time. These comparisons will be discussed in Chapter 5.

Dependability of this study was further evident by alignment with the enduring framework of the SDT (Deci & Ryan, 2004). The SDT projected goal achievement per intrinsic and extrinsic motivation, as expressed in the participants' values and priorities of

the DNP. The MSN NP attitudes toward peer pressure and MD animosity supported perceptions of relatedness with others, or solidarity, one of the major tenets of the SDT. Furthermore, perceptions of competence and autonomy were demonstrated by the MSN NPs' positive value toward ongoing education and their belief that their educational endeavors (lateral MSN NP certification and/or DNP accomplishment) were achievable to them if pressured by extrinsic priorities (Deci & Ryan, 2004).

Confirmability

Confirmability in this study on Midwestern MSN NPs' perception of the DNP began by acknowledging that researcher bias exists. Researcher bias was evident early in the interview process as I experienced disappointment with the participants' responses. Nearly all the participants expressed indifference to DNP value or priority. While most agreed that time, money, and family constraints were among the main deterrents to DNP pursuit, three of the initial participants were enrolled in a lateral MSN psychiatry specialty which also required time, money, and rebalancing family priorities. Ongoing interviews remained congruent with the purpose of this study on MSN NP perception of the DNP, so this finding was not originally solicited for further development. However, when most MSN NP participants conveyed similar views of a lateral psychiatry MSN specialty over the DNP degree, this theme began to emerge. While this was an accidental finding, these responses provided support for MSN NP value of education. This value for education had already been anticipated in the Assumptions section of Chapter 1 of participant value of education and appreciation of the rewards resulting from education and credentialing. Their responses also alluded to views of extrinsic rewards of further

education, as well as intrinsic rewards of personal accomplishment and contribution to societal healthcare.

Study Results

The results from data collection on Midwestern MSN NPs' perception of the DNP were congruent with the study's research questions. And while unexpected findings emerged, they were supported in the Assumptions section in Chapter 1 of this study. The research questions for this study, asked to practicing MSN NPs in the United States, are as follows.

Research Question 1: What are their perceptions regarding returning to school for the DNP?

Research Question 2: What are their perceptions of the value of the DNP to their personal and professional life?

Research Question 3: How do they feel that DNP attainment could impact their current roles and contribute to the future of nursing and societal healthcare?

Research Question 4: What are their perceptions of obstacles and/or facilitating factors in DNP attainment?

These individual research questions will be answered per participant responses and themes structured by the SDT (Deci & Ryan, 2004). Their perceptions were organized per value coding and assigned into values, attitudes, and beliefs (Saldana, 2016). These findings were supported by the number of participants expressing this view and the frequency of the responses.

Research Question 1: Returning to School

Research Question 1 asked: What are the perceptions of Midwestern MSN NPs regarding returning to school for the DNP? Perceptions on returning to school for the DNP were mixed. Most inferred strong resistance to DNP practice requirements. Eight of the nine participants had no current plans on DNP pursuit. Only one of the nine participants was planning to enroll in a DNP program.

However, three of the participants were already in a lateral MSN psychiatry NP specialty program and one had been enrolled in a psychiatry NP program but dropped out. Two others expressed interest in this same MSN NP specialty certification. This finding was supported in this study's assumptions that the participants value education and was further supported in the assumption that the MSN NPs appreciate the benefits of education and credentialing thus far in MSN NP certification. This finding emerged from the framework of the SDT (Deci & Ryan, 2006) tenet on extrinsic motivation for setting (educational) goals because the specialty identified by most of these participants would result in higher pay, remote practice, and greater marketability in the clinical arena.

DNP Perceptions

Most of the participants had a favorable opinion of the DNP. These positive responses are captured in the quotations and frequencies below. And while most implied opposition to DNP requirements for practice, they also thought that the DNP would eventually be mandatory. Several had already researched DNP programs and expressed opinions about the logic and effectiveness of the programs. Tables 1-3 show quotations

and frequencies of the participants' perceptions of the DNP, evaluation of DNP programs, views on DNP requirements, and anticipated ability to achieve the DNP.

Table 1

MSN Perceptions of the DNP

MSN NP	Perceptions	Frequency*
1	A good thing	1
2	Highest level of achievement	2
3	Not a bad thing	1
	A terminal degree	1
4	A good thing	1
5	An amazing accomplishment	1
	A great asset	1
6	A great thing	2
7	Beneficial	2
8	A good idea	1
9	More weight than MSN	1

Note. *Frequency of participant's statement(s).

Table 2*MSN NP Perceptions of DNP Programs*

1	No comment on DNP	
2	No comment on DNP	1
3	Availability of DNP programs is an obstacle	1
	DNP programs should provide a specialty track	1
	Current DNP programs only add more practicum	1
4	DNP programs should be condensed	1
	Should delete repetition of material learned in MSN	1
	DNP program should only be 1 year	1
5	DNP programs should be a refresher course	1
	Programs should stay current with changing times	1
	DNP programs require too much paper-writing	1
6	DNP programs need more practicum.	2
	DNP programs need more clinical focus	4
	Current DNP programs have too much fluff	2
	Nursing doctorate is not comparable investment to MD	1
7	No comment on DNP programs	
8	Need uniformity of DNP programs	2
	DNP programs should be a bridge program	2
	DNP programs look expensive.	2
	DNP programs probably political	1
9	DNP not comparable to MD in clinical time	3
	DNP requires too much paper-writing	

Note. *Frequency of participant statement(s).

Table 3*MSN NP Perceptions on Mandatory DNP and Achievability of DNP*

MSN NP	Mandatory	Frequency *	Achievable	Frequency *
<u>1</u>	No comment		No comment	
2	Required for academia.	4	Can do it if required.	1
	Required for leadership.	1	Can expected by peers	1
3	Probably will be.	1	It will be hard	1
	No current deadline.	1	Can with support	1
			Not afraid	2
			Ready for challenge	1
4	Probably will be.	1		
5	Probably will be.	2		
6	Probably will be.	1	Can with study	1
	May be grandfathered	2	time	1
			Have to give it my all.	
7	Probably will be	1	I would be willing.	2
			It would be feasible.	1
			Would be challenging	2
8	Required in academia	3	Will be challenging	1
			Really not that hard	1
			Plan to enroll in 2021	1
9	Probably will be	1	Can if required.	1
			Easy, not that hard.	3

Note. *Frequency of participants' statement(s)

Also imbedded in the interview guide (Appendix 1) were questions about peer and other professional influence on any decisions for returning to school. Most of the participants perceived MSN NP peer support, as well as DNP NP support. However, several of the Midwestern MSN NPs anticipated discouragement from their MD counterparts regarding nursing doctorate degrees, performance expectations, and current practice boundaries. Their views were documented in Table 4.

Table 4*MSN NP Perception of Peers and MDs*

MSN NP	Peers	Frequency*	MDs	Frequency*
1	No comment		No comment	
2	Respects DNP peers	1	Midlevel title unfair	1
	Not competitive	2	NPs competent	2
	Peers supportive	2	Work harder than MDs	1
			MDs would expect more	1
3	Peer support for psych NP	3	Animosity	1
			MDs set boundaries	2
			MDs would expect more	1
4	No comment		No comment	
5	Probably supportive	4	No comment	
6	Peers supportive	2	MDs territorial	2
			MDs protect title	1
			No MD respect for DNP	1
7	No comment		No comment	
8	Mixed signals	3	No comment	
9	Peer support for psych NP	1	No comment	

Note. *Frequency of participant's statement(s).

Research Question 2: Personal Value

Research Question 2 asked: What are the perceptions of Midwestern MSN NPs on the value of the DNP to their personal and professional life? The Midwestern MSN NPs in this study described their perceptions of DNP value on their personal lives. Most began the conversation with a list of personal priorities ahead of DNP attainment. However, most of the participants also acknowledged intrinsic personal value of the DNP.

Personal Extrinsic Values

Perceptions of personal value in DNP attainment were mostly negative per extrinsic values. Several inferred that the DNP was not a priority; others explicitly stated that the DNP “is not worth it”. Several stated that they were not motivated, others placed conditions on motivation for DNP. Expressions and exact quotation on value, priority, and motivation are listed in Table 5.

Table 5

MSN NP Personal Extrinsic Value of DNP

MSN NP	Value	Frequency*	Priority	Frequency*
1	Not worth it	2	Not interested	1
2	Not worth it	1	Have 3 kids in college	1
	Too stressful	1		
3			Not a priority	2
4	Will add nothing	1		
5	Not worth the stress	5	Student debt	2
6			I have a teenager	3
			Too many responsibilities	2
7	No current benefit	1	Not a priority	3
			I have a toddler	2
			Student debt	2
8	Will be worth it	1	I have 3 kids	2
			I'm married	1
9			I have kids	2

Note. *Frequency of participant's statement(s).

Personal Intrinsic Values

Conversely, intrinsic personal values of DNP attainment were positively expressed. Responses varied from feelings of achievement to self-fulfillment. Most acknowledged that DNP attainment would result in an increase in knowledge. These values and frequencies are displayed in Table 6.

Table 6

MSN NP Personal Intrinsic Value of DNP

MSN NP	Achievement	Frequency*	Knowledge	Frequency*
1	An achievement	1	Top of your game	1
2	Highest achievement	5	Creativity	1
	Self-fulfillment	3	Expert in your field	2
3	A terminal degree	2		
4				
5			More knowledge	2
6	Highest level	1		
7			Experts in your field	1
			Advanced education	1
8			Broaden horizons	1
9			More knowledge	1

Note. *Frequency of participant's statement(s).

Professional Extrinsic Values

Most of the Midwestern MSN NP participants expressed DNP value per changes in pay or job opportunities. Their view on those extrinsic values suggest that they would not pursue the DNP for increased pay or job opportunities. However, several would consider DNP attainment for intrinsic satisfaction.

Roles. The MSN NPs were nearly unanimous in their perception of DNP impact on current roles and practice. Most agreed that DNP attainment will not result in increased practice boundaries. Some of the MSN NPs explicitly stated that these parameters are regulated by the state and not by doctoral achievement.

Pay. Likewise, most of the MSN NPs stated multiple times that the DNP would not improve pay. Several of the participants expressed interest in a more lucrative MSN NP specialty in psychiatry, but the sentiments were nearly unanimous in areas of DNP pay. A few of the participants stated that the DNP *should* result in higher pay, but they did not anticipate any extrinsic financial rewards from DNP attainment. The one participant planning on DNP enrollment agreed that there would be no DNP advantage to current pay or practice, that she would anticipate higher compensation with DNP credentialing in academia than with a current MSN degree.

Opportunities. While most of the MSN NP participants agreed that the DNP would not benefit pay or practice, almost of them acknowledged that the DNP would open doors of opportunity in other areas of employment. For instance, most stated that the DNP would provide access to jobs in academia. Several thought that leadership positions would be more available to DNP graduates than MSN competitor. One participant thought that the DNP would provide an exit from direct patient care, and another said that the DNP could provide opportunities to work from home. These professional extrinsic values of the DNP and frequencies of expressions will be listed in Tables 7 and 8.

Table 7*MSN NP Professional Extrinsic Value of DNP*

MSN NP	DNP Impact on Pay	Frequency*	DNP Impact on Roles	Frequency*
1			No change	1
2	No change	4	No change	3
3	No change	3		
4			No change	4
5	No change	2	No change	4
6			No change	6
7	No change	4	No change	3
8	No change	1	No change	1
9			No change	2

Note. *Frequency of participant's statement(s).

Table 8*MSN NP Perception of DNP Opportunities*

MSN NP	Academia	Frequency*	Leadership	Frequency*	Other
1	Yes	2	Yes	4	Research
2	Yes	4	Yes	2	
3	Yes	1			Upward mobility
4			Yes	1	Research
5	Yes	2			Change in work environment
6	Yes	3	Yes	1	
7	Yes	2	Yes	1	
8	Yes	7	Yes	1	Change in work environment
9	Yes	2			

Note. *Frequency of participant's statement(s).

Professional Intrinsic Values

Respect. Eight of the nine participants identified respect and recognition among the intrinsic values of DNP attainment. And while their views varied among which

population would show them increased respect from DNP attainment, they were generally consistent in their evaluation of DNP advantage in that area. Most identified respect more than once.

Credibility. Likewise, several of the MSN NP participants listed credibility as an attribute resulting from DNP attainment. And while their views were divided on what population would assign more credibility to the DNP degree, their general sentiments supported greater credibility in professional interaction. However, a few of them expressed that credibility, along with respect, was earned by a genuine caring attitude toward patients rather than any doctoral title.

The Title “Doctor”. While MSN NP views were mixed on whether a nursing doctorate would be in parity with MD training, the title “doctor” also had mixed responses. Several of the MSN NPs anticipated being called “doctor” if DNP attainment was achieved. However, several of them reported that they were already being called doctor in clinical settings with only MSN NP achievement. The professional intrinsic value of title “doctor” is displayed in Table 9.

Table 9*MSN NP Professional Intrinsic Values*

MSN NP	Title “Doctor”	Frequency*
1	Yes	2
2	No, “NP is not a doctor”.	2
3	No	2
	“Not without a badge showing doctor title”.	1
	“They already call me a doctor”.	1
4	No	2
	“I’m already called a doctor”.	1
5	“They already call me a doctor”.	1
6	No	1
	“How will they know unless it’s stenciled on my coat”?	1
7	Yes	1
8	Yes	4
9	No comment	

Note. *Frequency of participant’s statement(s).

Research Question 3: Current and Future Roles

Research Question 3 asked: How do MSN NPs feel that DNP attainment could impact their current roles and contribute to the future of nursing and societal healthcare?

With this question, participants discussed the current and futures roles of DNPs. They also addressed potential DNP impact on societal healthcare.

Current Roles

Eight of the nine participants agreed that the DNP would not change roles or practice. Several reported that they are already practicing in the role of a provider that

will not change with doctoral achievement. Some of the participants replied that practice boundaries are regulated by the State and that DNP attainment would not increase autonomy or practice boundaries.

Future of Nursing

Value perceptions on DNP impact on the profession were mixed and most of the responses were vague. Some stated that DNP attainment may result in standardized care or higher quality of new NPs who are entering practice. One participant surmised that DNP requirements would result in a shortage of NPs in practice when there are already too few.

And as discussed in perception of roles, none of the Midwestern MSN NP participants believed that DNP attainment would contribute to expanding nursing's boundaries or increasing NP practice. The participants stated that these limitations are regulated by the State. None thought that these parameters would be widened due to nursing doctorate preparation.

Impact on Societal Healthcare

Most of the MSN NP participants responded positively to DNP impact on societal healthcare. One specifically expressed that the DNP could facilitate social justice and increased access to healthcare. Three participants stated that the DNP would impact research, two discussed the benefit of research on improved standards of care.

The surprise finding in the attitudes of Midwestern MSN NPs regarding MDs could also imply the changing healthcare landscape. Many of the participants expressed animosity at the MD's condescending view of NPs or "middle providers" practicing in

territories previously limited to MD practice. Some of the Midwestern MSN NPs identified similar roles with MDs while working harder and carrying larger patient loads. One of the participants had observed that MSN NPs outnumbered MDs, and in many cases, were replacing MDs. This suggests a greater influence of NP presence on societal healthcare, also not directly attributed to DNP attainment. These findings will be displayed on Table 10.

Table 10

MSN NP Perceptions of the Future of Nursing and Societal Healthcare

MSN NP	Future of Nursing	Frequency*	Societal Healthcare	Frequency*
1			Change in research	1
			Best practice	1
			Positive impact	1
2				
3	Benefits profession	2	Access to care	1
	No individual benefit	1	Social justice	1
	Improve new NPs	2	Political value	1
4	Clinical expertise	1	Research	1
			No other change	1
5				
6	Implication for changing healthcare landscape.	2	No difference	1
			No change in remote access	1
7	May worsen NP shortage	2	Beneficial for research	2
			Beneficial for best practice	2
8	Standardized care	2		
9			Positive impact	1

Note. *Frequency of participant's statement(s).

Research Question 4: Obstacles and Facilitating Factors

Research Question 4 asked: What are the perceptions of MSN NPs of obstacles and/or facilitating factors in DNP attainment? With this question, participants addressed in more detail their perceptions of what could deter other individuals from attaining a DNP. Further, they also discussed factors that would facilitate DNP attainment including motivation.

Obstacles to the DNP

Most of the MSN NP participants alluded to money or tuition cost as an obstacle to DNP attainment. Two of them discussed current student loans as a deterrent to taking on more debt. Several participants specifically identified time as one of the greatest challenges; a few alluded to work/life balance. Over half identified family constraints as a major deterrent to returning to school. Other obstacles for DNP attainment implied in this study is lack of interest or motivation. These expressions will be illustrated in Table 11.

Table 11*MSN NP Perceptions of DNP Obstacles*

MS NP	Time	Frequency*	Money	Frequency*	Other	Frequency*
1	Yes	1	Yes	1	Worth of degree	1
2	Yes	1	Yes	1	Family constraints	1
					Motivation	2
3	Yes	2	Yes	1	Motivation	1
					Access to program	1
4			Yes	1	Interest	1
5	Yes	1	Yes	1	Stress	1
					Motivation	1
					Work/life balance	1
6	Yes	1	Yes	1	Family constraints	2
					Work/life balance	1
7			Yes	5	Family constraints	2
8					Family constraints	3
					Work/life balance	1
9					Family constraints	2
					Paper writing	2

Note. *Frequency of participant's statement(s).

Facilitating Factors for the DNP

Several of the MSN NP participants believed that more MSNs would return to school if they perceived a greater financial compensation afforded by DNP attainment. Some reported that changes in practice boundaries from DNP achievement would be a motivating factor. Most of the participants reported that if greater affordability, flexibility, educational support in DNP programs was available, more MSNs would return to school. Several expressed that if time for study was provided by employers or

by other sponsored programs, that more MSNs would pursue a doctoral degree. Other facilitating factors for DNP attainment implied in this study include setting priorities for DNP pursuit which could be influenced by extrinsic motivation of DNP requirements or intrinsic motivation from peer pressure. Their views were charged on Tables 12 and 13.

Table 12

MSN NP Perceptions of Facilitating Factors for DNP: DNP Attainment

MSN NP	Tuition	Frequency*	Time off	Frequency*	Other
1	Yes	1			Motivation **
2					Motivation **
3	Yes	1	Yes	1	Motivation**
4	Yes	2			Motivation**
5	Yes	1			Motivation**
6	Yes	2	Yes	2	Motivation**
7	Yes	1			Motivation**
8	Yes	1			Easier transition
9			Yes	1	Motivation ** Education support

Note. *Frequency of participant's statement(s). **Motivation for DNP.

Table 13*MSN NP Perceptions of Facilitating Factors for DNP: Motivation for DNP*

MSN NP	DNP pay change	Frequency*	DNP role change	Frequency *	Motivation
1	yes	1	yes	2	
2					2
3					1
4	yes	1			1
5	yes	4			
6					1
7	yes	1	yes	1	
8					
9	yes	1			1

Note. *Frequency of participant's statement(s).

Summary

The value of the DNP degree was expressed by the nine Midwestern MSN NPs who participated in this study. They openly discussed their views of intrinsic and extrinsic rewards of the DNP in relation to their personal and profession lives. And while many of their responses were not anticipated, they replied with honest answers to the interview question and their responses provided information on this specific group's perceptions of the DNP degree. Therefore, the objective was accomplished on this very relevant and under-researched study on Midwestern MSN NPs' perceptions of the DNP.

Furthermore, the responses by the nine participants in this study answered the study's research questions and aligned with the study's assumptions predicted in Chapter 1. And while new knowledge emerged in this study on MSN NPs' view of the DNP, many of the participants' responses compared or contrasted with the expressions of other nursing population's views of the DNP as recorded in the literature review in Chapter 2.

Those themes were discussed in the next chapter. Additionally, the tenets of the SDT (Deci & Ryan, 2004) were demonstrated during the interview process and were discussed in greater detail in Chapter 5.

Chapter 5: Discussion, Conclusions, and Recommendations Introduction

The purpose of this study on MSN NPs of the DNP degree was to identify their views toward any impending pressures for DNP achievement to continue to practice. This was a qualitative narrative inquiry used to investigate their perceptions of the DNP degree relating to their personal and professional life and any impact of the finished DNP on the nursing profession and societal healthcare. The other purposes of this study were to provide insights on any obstacles or facilitating factors in achieving the DNP degree. The key findings of this study follow.

Key Findings

Perceptions of Ongoing Education and the DNP

The Midwestern MSN NPs had a general respect for education and for the DNP. While several of the participants were either in school for a lateral MSN NP psychiatry specialty, or were strongly considering it, they were nearly unanimous in respect for DNP education as well. Most of the participants inferred opposition to DNP practice requirements; however, most believed that the DNP will eventually be mandatory for NP practice. Additionally, most believed that they were prepared for the challenge and that they could achieve the DNP if it were required. Incidentally, several participants discussed their views of current DNP programs without being directly asked, which suggests that they have investigated DNP programs while considering the worth of degree and whether it was a current priority.

Personal Value

Positive personal extrinsic rewards of a finished DNP degree included opportunities in employment, specifically in areas of academia and leadership. However, most did not anticipate increased pay for DNP achievement in clinical practice. Intrinsic personal rewards of the DNP included increased knowledge, feelings of accomplishment and achievement.

Professional Value

The MSN NP participants also had mixed views of DNP professional value. They stated that DNP attainment would not change current roles or practice boundaries. Intrinsic values included respect, credibility, and the title “doctor”.

Future of Nursing

Regarding DNP impact on the future of nursing, the participants felt that the nursing profession would be positively influenced by DNP achievement. However, most were vague in their responses. Also, several identified nursing research and its impact on evidence-based practice as potentially advancing the nursing profession.

Still, all agreed that the DNP would not expand nursing’s boundaries or NP practice. They stated that these boundaries are regulated by the state and not by doctoral education. However, the surprise finding was MSN NPs’ interaction with MDs within their Midwestern state, and the perceived “tug of war” in roles, workloads, and recognition. This seems to indicate the pervasive presence of NPs’ influence, possibly impacting practice boundaries.

Contribution to Societal Healthcare

Again, the Midwestern MSN NPs responded positively to DNP impact on societal healthcare. A list of those contributions included access, social justice, and best practices. And as inferred from their perceptions on the future of nursing, the presence of NP contribution to healthcare suggested that ongoing role expansion could be anticipated, thereby benefiting underserved communities with access to healthcare.

Obstacles

While most of the Midwestern MSN NPs seemed to agree that the DNP was attainable, they also identified the expected obstacles of time, money, and family commitments. This also suggested that the DNP, when compared to personal and professional values, was not a priority. This led me to assume that their perceptions on the worth of the degree was not enough to consider its pursuit at the time of this study.

Facilitating Factors

Possible motivation for DNP achievement included increased pay for a completed DNP over current MSN compensation. Other facilitating factors considered by the MSN NP participants included enhanced NP roles or wider practice boundaries from DNP attainment. Tuition reimbursement and time for study were also identified as facilitating factors for DNP pursuit.

Interpretation of the Findings

Personal Value of the DNP

The perceptions of personal value of the DNP as expressed by the Midwestern MSN NPs in this study reflected the some of the findings from other studies of DNP

value by other nursing populations. As discussed in Chapter 2, the nursing population's view of the DNP were very diverse, and their perceptions widely varied, usually per educational preparation. However, many of the participants, including those in this current study on Midwestern MSN NPs, concur that the DNP is not worth the time or the money. These views were previously expressed by nursing populations with lesser degrees (DeMarco et al., 2008; Richter & Stewart, 2015), as well as DNP graduates (Minnick, Kleinpell, & Allison, 2019).

Opportunities

The Midwestern MSN NPs in this study were already gainfully employed with MSN credentials. So, none of the participants anticipated any additional opportunities in the clinical arena from DNP attainment. In fact, several of them were either enrolled in a lateral MSN NP specialty or considering a lateral NP specialty which would probably result in higher pay (AANP, 2019) than that anticipated from DNP attainment.

Academia

Several of the midwestern MSN NPs identified opportunities in academia from DNP attainment. In fact, the solitary MSN NP who was planning on DNP enrollment stated that a career in academia was the anticipated goal upon graduation. Likewise, DNP advantage in educational careers was also identified by the studies in Chapter 2 (Christiansen-Silva, 2015; McNellis, Dreifuers, & Schwindt, 2018; Stoeckel & Kruschke, 2013; Udalis & Mancuso, 2015).

Leadership

The Midwestern MSN NPs also identified opportunities in leadership resulting from DNP attainment. Leadership roles were minimally addressed in either of those two previous studies of DNP NP participants, but those participants did agree that leadership opportunities would be enhanced by DNP attainment (Christiansen & Champion, 2018; Stoeckel & Kruschke, 2013). However, none of those DNP NPs in either of those previous studies were in leadership roles.

Other Employment Opportunities

A few of the participants in this current study of Midwestern MSN NPs, described vague employment opportunities from DNP achievement. Likewise, a previous study of DNPs across specialties suggested that the DNP may provide unspecified job opportunities across practice arenas. Those participants also reported job security, career flexibility, and opportunities for promotion resulting from DNP attainment (Minnick, Kleinpell, & Allison, 2019).

Views by Employers

Conversely, several of the Midwestern MSN NPs in this current study shared their experiences in viewing online jobsite in the local area. They observed that DNP requirements for NP clinician positions was never addressed. One of the participants stated that she was acquainted with NP employers and that they also did not show any preference for DNP NPs in clinical roles.

Likewise, the studies in Chapter 2 provided views from RN administrators suggesting that the DNP was neither required nor preferred for employment. Nursing

administrators in one of those previous studies reported that they had no preference for DNP-prepared employees because DNPs did not outperform MSNs in the same role (Nichols, O'Connor, & Dunn, 2014). Similar views were expressed by Beeber, Palmer, Waldrop, Lynn, and Jones (2019) in their studies on DNP job performance when compared with MSN counterparts.

Professional Value of the DNP

Performance

Further views on performance were discussed with the Midwestern MSN NPs in this study. Except, in this study, these participants compared their current job performance with their MD counterparts. A few of them stated that they carried heavier loads than the MDs performing the same role. They also surmised that DNP attainment would result in expectations of increased caseloads by MDs.

However, the previous studies in Chapter 2 have contrary views of DNP performance. Two of the studies in Chapter 2 on DNP performance suggested that DNPs did not outperform their MSN counterparts in the clinical arena (Christiansen & Champion, 2018; Stoeckel & Kruschke, 2013). But two other studies supported outperformance of DNP NPs over MSN NP in the same role (Christiansen-Silva, 2015; Honig, Smolowitz, & Smaldone, 2011).

One of the studies in Chapter 2 compared MSN NP to DNP NP performance per the DNP Essentials (Christiansen & Champion, 2018). And as expected, the DNPs outperformed the MSNs due to their knowledge of DNP Essentials. However, DNP outperformance was not observed in the most important tenet to NP practice, DNP

Essential VIII, for advance practice nursing. Performance in DNP Essential VIII, advance practice nursing, was appraised by the years of NP experience rather than the NP's educational degree. Likewise, several of the Midwestern MSN NPs in this study suggested that clinical excellence was a direct result of years of experience rather than by DNP achievement.

Roles

The Midwestern MSN NPs in this current study reported that their state practice guidelines impeded enhanced NP roles. Therefore, they did not anticipate any DNP impact on expanding NP practice. Similarly, the participants in one of the studies in Chapter 2 described the frustration by accomplished DNP NPs at current practice limitations (Christiansen & Champion, 2018). This dissatisfaction was expressed by DNP APN graduates across specialties and years of service. However, Christiansen and Champion (2018) also surmised that enhanced leadership and policy creating skills from DNP attainment could provide opportunities for widened practice boundaries via political savvy expected from DNP graduates.

Similarly, DNP NP participants in an earlier study also described discouragement at being unable to practice to their expected potential due to state regulations (Stoeckel & Kruschke, 2013). Likewise, those DNP NP participants also surmised that doctoral preparedness could impact regulatory restrictions. They even anticipated positive increases in CMS reimbursement that could result from a doctoral-prepared NP workforce (Stoeckel & Kruschke, 2013). These two earlier studies by DNP NPs

suggested that DNP preparation may embolden NPs to subscribe to nursing's agenda and widen nursing's influence across previously determined territorial boundaries.

Title/Parity with Doctors

Intrinsic advantages of DNP preparation identified in Chapter 2 by accomplished DNPs included the benefit of being called "doctor" (Christiansen-Silva, 2015; Minnick, Kleinpell, & Allison, 2019; Stoeckel & Kruschke, 2013). However, several of the Midwestern MSN NPs in this current study reported that they are already being called "doctor" due to their role as a provider, with only a master's degree. And while the DNP graduates in Chapter 2 suggested parity with MDs, several Midwestern MSN NPs in the current study stated that a nursing doctorate would not compare to the educational preparation of MDs.

Respect

The DNP participants in the literature review section of this study (Chapter 2) reported enhanced respect resulting from DNP accomplishment (Christiansen-Silva, 2015; Clark & Allison-Jones, 2011; Minnick, Kleinpell, & Allison, 2019; Stoeckel & Kruschke, 2013). Likewise, several of the Midwestern MSN NPs in this current study anticipated increased respect from DNP achievement. However, some of the Midwestern MSN NPs surmised that a caring attitude and clinical expertise would promote more respect among patients than DNP achievement but offered no rationale for their perceptions.

Future of Nursing

Scarce information on perceptions of the DNP toward the future of nursing was identified in the previous studies reviewed in Chapter 2. Similarly, the Midwestern MSN NP participants in this current study provided minimal views on DNP impact on the future of nursing due to current practice restrictions. However, the expressions of DNP graduates in Chapter 2 alluded to a greater circle of influence resulting from DNP preparation (Stoeckel & Kruschke, 2015). Other DNP NPs in Chapter 2 reported perceptions of a stronger voice in policy creation, decision making, and role development (Christiansen & Champion, 2018; Udliis & Mancuso, 2015). This finding may suggest that DNP preparation equips graduates with confidence and feelings of professional empowerment for advancing nursing's influence across territorial boundaries.

Societal Healthcare

Some of the study participants in Chapter 2 alluded to DNP impact on societal healthcare via increased access. Nichols, O'Connor, and Dunn (2014) also supported unanimous perception of APN presence facilitating access to areas of disparity. Likewise, the participants in this current study on Midwestern MSN NPs provided some ideas on increased access per NP presence, not necessarily from DNP achievement. A few of the MSN NP participants interviewed in this study stated that DNP research would improve the standards of care, thereby improving societal healthcare.

Perceived Obstacles

As discussed in Chapter 2, the obvious obstacles for DNP pursuit included time and money (DeMarco, et al., 2008; Minnick, Kleinpell, & Allison, 2019; Richter &

Stewart, 2015). Other hindrances included family constraints (DeMarco, et al., 2008, Richter & Stewart, 2015), and personal debt (Minnick, Kleinpell, & Allison, 2019). Likewise, the Midwestern MSN NP participants expressed these same concerns. They also expressed dubious value on the worth of the degree, as previously discussed by participants in Chapter 2 (DeMarco, et al., 2008; Minnick, Kleinpell, & Allison, 2019; Richter & Stewart, 2015).

Other DNP obstacles discussed in Chapter 2 included internal resistance from MSN colleagues (Stoeckel & Kruschke, 2015) and lack of uniformity across DNP programs. (Udlis & Mancuso, 2015). External DNP resistance discussed in Chapter 2 included AMA competition and territoriality (Clark & Allison Jones, 2011). Surprisingly, these exact issues were echoed in this current study by Midwestern MSN NPs in the context of the interview questions, without being directly asked. The Midwestern MSN NPs discussed the influence of their peers and that most were supportive of ongoing education. Several discussed their perceptions of DNP programs and some also identified the lack of standardized DNP programs as an obstacle. Furthermore, AMA influence, competition, and territoriality were also expressed by several of the Midwestern MSN NPs in this study. All these perceptions were categorized as attitudes and feeling of inter-relatedness with their surroundings and will be discussed in the theoretical framework section of this chapter.

Facilitating Factors

Facilitating factors, as described in Chapter 1, is a strategy for overcoming obstacles. And while this was identified as a gap in knowledge, the Midwestern MSN NP

participants simply expressed that a facilitating factor for DNP attainment would be overcoming the obstacles of time and money. Several stated that tuition assistance and other study support for DNP attainment would probably make the journey less cumbersome. Several other participants suggested motivating factors, such as increased pay and practice boundaries for DNP attainment. Motivation will be further discussed in the next section on theoretical frameworks.

Summary

Overall, the Midwestern MSN NPs supported most of the findings of other nursing populations in previous studies regarding time, money, effort, return on investment, and opportunities resulting from DNP attainment. And some of their frustrations at practice restrictions were reflected in previous studies by other NP populations. However, the perceptions of a finished DNP degree by other DNP-prepared populations in previous studies offered a more hopeful outlook on possibilities provided by doctoral attainment, including greater practice privileges.

Theoretical Framework

The theoretical framework for this study was appropriately supported by the self-determination theory (SDT, Deci & Ryan, 2004). The tenets of the SDT were clearly demonstrated by the Midwestern MSN NPs in this study. The SDT and the relationship between the Midwestern MSN NPs' perception of extrinsic and intrinsic motivation toward the DNP, relatedness in their professional interaction, autonomy in setting goals, and competence in achieving those goals were discussed.

Motivation

As described by Deci and Ryan (2004) and discussed in Chapter 1, motivation is the inherent drive toward meeting a need or a goal. Motivation can be extrinsic, or meeting external necessities, or intrinsically directed toward inherent satisfaction. Both of those motivating factors were discussed by the Midwestern MSN NPs in this study.

Extrinsic Motivation

First, personal extrinsic drivers were identified as increased financial compensation for DNP attainment. Professional extrinsic drivers included extended practice boundaries and enhanced job opportunities. In both cases, personal and professional, the participants did not perceive any extrinsic motivation toward DNP attainment.

Next, the Midwestern MSN NPs directly identified that the DNP was not a priority when compared to other obligations such as money, time, or family constraints. Several verbalized that the degree was not worth it. Some specifically stated that they were not motivated toward the DNP degree.

Intrinsic Motivation

Nevertheless, the MSN NP participants appreciated the multiple intrinsic benefits of DNP completion. They acknowledged that the degree would result in feelings of accomplishment at achieving the highest level of clinical nursing practice and the sense of knowledge that the degree would bring. They also valued the respect and recognition associated with a DNP degree, as well as the title “doctor”. However, these intrinsic drivers were not strong enough to motivate them toward the DNP path.

These extrinsic and intrinsic drivers were identified as values and priorities. Their perceived worth of the degree and consideration of rewards determined whether the DNP was a viable goal at this time. Most did not perceive the extrinsic or intrinsic rewards of the DNP as strong enough motivation to pursue the degree.

Relatedness

The Midwestern MSN NPs in this study identified a sense of solidarity with their NP peers, both MSN and DNP prepared colleagues. While some described peer resistance to DNP attainment, most expressed peer support for ongoing education. And none of them felt competitive or threatened by whether their coworkers had a DNP degree. This sense of relatedness may be due to their recognition of the NP role in that they are providers who perform similar tasks as their MD counterparts.

On the other hand, several of the Midwestern MSN NPs described feelings of competition and territoriality among the MDs who practiced alongside them. They described carrying heavier caseloads than the MDs and doing it well. They also surmised even greater performance expectations with DNP attainment.

These expressions demonstrate relatedness and pondering “where do I fit here?”. Since the role of the NP carries advance practice boundaries well beyond nursing’s regular scope of practice, these MSN NPs are experiencing the changing healthcare landscape, just by their presence in the healthcare arena. Furthermore, while they are not necessarily considering DNP pursuit, several have researched DNP programs, probably still contemplating “where do I fit here?”. Most expressed resolve to their assigned practice boundaries. Other were discouraged at their current state practice regulations.

Most participants explicitly stated that the DNP would not result in expanded roles or practice privileges. Some inferred professional competition with MDs who practice without restriction in the same state. A few suggested that doctors were exerting their political power over current state regulations.

Autonomy

Autonomy is the sense of control over one's destiny per mastery of a skill (Deci & Ryan 2004). The Midwestern MSN NPs in this study expressed both, a sense of autonomy over professional goals as well as feelings of powerlessness over their practice boundaries. They demonstrated control over their careers in that some were gaining additional practice credentials in lateral MSN specialties, and they felt empowered in following a path that would improve their pay and working conditions. However, they also were aware of the impending DNP requirements for NP practice. This seemed to devalue the DNP, in their estimation, because DNP attainment would not result in greater pay or practice privileges.

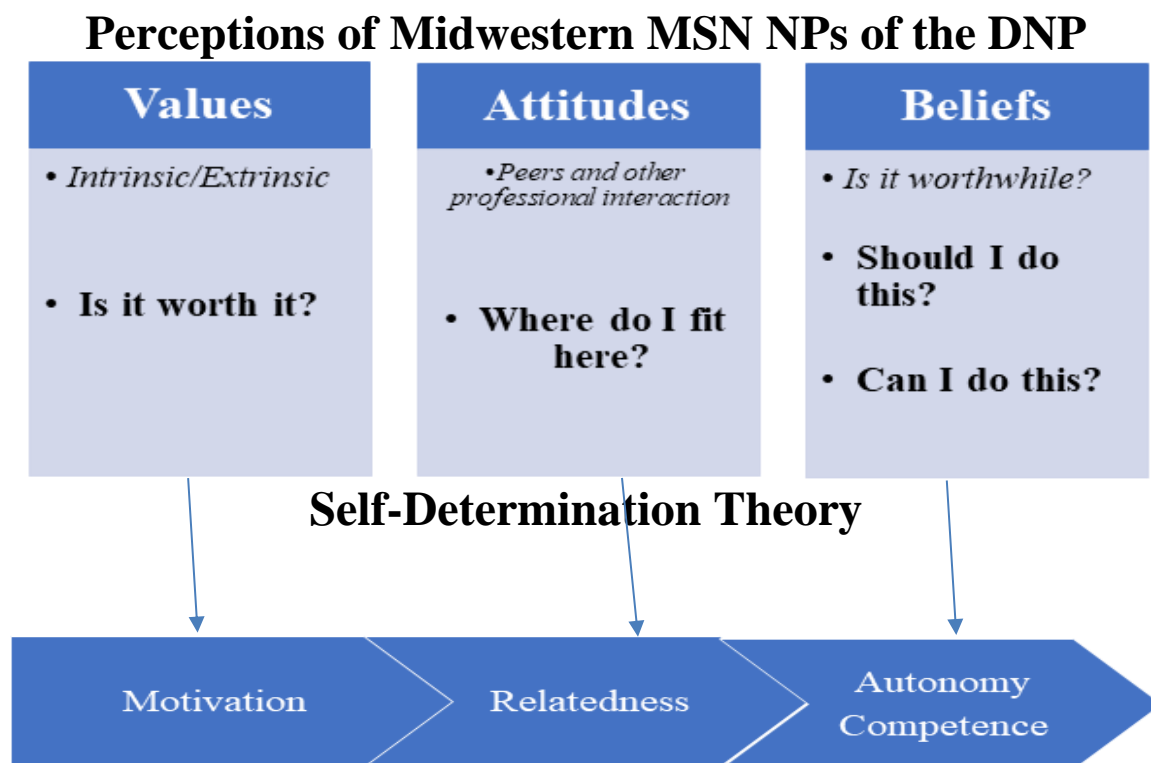
Competence

Competence is the sense of harnessing skills to achieve goals (Deci & Ryan, 2004). Though the Midwestern MSN NPs felt like they did not have control over state regulatory restrictions, they sensed that they could direct their future by accomplishing the DNP if it was required for practice. And while motivation for DNP attainment was low due to absence of extrinsic rewards in achieving this goal, they would feel a sense of urgency if their employment status depended on DNP attainment. The participants were aware of the obstacles in pursuing the DNP degree, but they also felt competence in

overcoming the obstacles to accomplish the goal. A concept map illustrating the interaction of the values coding with the theoretical framework in this study is shown in Figure 1 below.

Figure 1

Application of the SDT to Current Study



Limitations

Limitations to this study were discussed in Chapter 1 and were considered during the process of data collection and analysis. Limitations in methods and theory adherence were reviewed and reconciled. Also, any researcher bias was revisited and resolved.

Finally, cohesion to the study's purpose will be demonstrated by reviewing the study's findings.

Methods

This was a qualitative narrative inquiry of perceptions of Midwestern MSN NPs of the DNP degree. The participant selection was carefully observed, first, by the invitation and consent provided to the participants prior to the interviews. Next, the inclusion and exclusion criteria were reiterated prior to the interview process. Therefore, only Midwestern MSN NPs, who were nationally certified, licensed in the Midwestern state of practice, and not currently doctoral- prepared or enrolled in a doctoral program were invited to participate.

Bias

Researcher bias was anticipated early in the dissertation process while interacting with my MSN NP participants. Therefore, I acknowledged first, that I was also an MSN NP without a DNP degree. And I also recognized that I had developed a sincere respect for the DNP degree after becoming immersed in this study but that my peers may not share that evaluation.

I was prepared for any expressions of indifference to the DNP degree. While I was encouraged that the participants seemed to hold a general respect for the DNP, I was also disappointed when, very early in the interview process, three of the first four participants announced that they were currently in a lateral MSN NP program. Furthermore, several others expressed an interest in that same program, rather than the DNP.

I had to deal with researcher bias by revisiting my assumptions in Chapter 1 regarding MSN NP honesty in responses, respect for education, and recognition of the privileges of certification. Then I was somewhat appeased by recognizing that these assumptions became genuine observations during the interview process. Furthermore, as I viewed the SDT tenets of autonomy and competence, I recognized participants' perceptions of control over their destiny by developing skillsets to direct their future (Deci & Ryan, 2004).

Dependability

Dependability of this study was also demonstrated by adherence to the study's purpose while using an interview guide that reflected the study's research questions. This strategy guided the responses even when the participants expressed unexpected views. So, while several verbalized interest in lateral MSN NP certifications, their views of the DNP continued to remain the top priority during the interview process. Hence, the MSN NP participants effectively answered the questions and provided their genuine perceptions of the value of the DNP, any impact on their personal and professional life, influence of the DNP on the future of nursing and societal healthcare, and any obstacles or facilitating factors for DNP achievement.

Recommendations

While the purpose of this study on Midwestern MSN NPs' perception of the DNP was achieved and the research questions were effectively answered by the participants, several further questions remain unanswered. For instance, a question remains on why several participants selected an educational path toward lateral MSN certification rather

than the DNP; is that due to state practice regulations or by lack of financial remuneration for DNP attainment? And what if the DNP resulted in both, pay increases as well as increased practice boundaries, would that change their trajectory of education priorities? Therefore, recommendation for further study might include qualitative comparative case studies on MSN NPs who chose lateral specialties and MSN NPs who chose the DNP degree, their reasons for choosing that path, and their anticipated personal and professional rewards for their choice. Further studies could also identify how NPs at both levels of education would challenge practice boundaries.

Another obvious question generated from this study is how the current COVID 19 outbreak in this Midwestern state influenced participants' selection of a safer practice setting with less personal risk. Therefore, detailed phenomenological studies should be conducted on MSN NPs, who were frontline workers during the COVID 19 pandemic and subsequently selected safer practice arenas. These studies could provide information on safety and retention of workers, as well as emergency preparedness for any further global pandemic.

These ongoing questions emerged in this study on Midwestern MSN NP participants during unprecedented challenging circumstances. Further studies should be done on similar groups of MSN NPs during safer, more stable times. Their perceptions on extrinsic/intrinsic personal/profession value of the DNP may add insight into this current study, as well as possible resolution of obstacles and facilitating factors of DNP attainment.

Social Change

This study offered a glimpse of a changing healthcare landscape. As reflected by the Midwestern MSN NPs in this current study, they felt like they carried at least equal or greater caseloads than their MD counterparts, and that they did it safely and effectively. Some surmised that MSN NPs were beginning to outnumber and even replace MDs across practice settings. These findings support benefit to societal healthcare by the strong presence of an MSN NP workforce who were ready and available for service, even during a global pandemic.

Implications

The future of nursing and impact on societal healthcare were minimally addressed in previous studies and this current study only added scarce additional insight. Several ongoing questions have emerged from this study and demand further investigation. The contribution of NPs to the nursing profession and to societal healthcare are just beginning to emerge.

Now, with a strong MSN NP presence influencing healthcare, what would happen if they were all DNPs? How would that improve access and quality of healthcare? How can they be a strong political voice for underserved populations? Current knowledge supports NP contribution to healthcare and their evolving roles will continue to benefit society. This also suggests that the potential for the future of nursing has yet to be realized.

Conclusion

This study on perceptions of Midwestern MSN NPs of the DNP degree began as an inquiry into the unheard voices of this specific group to impending pressures for higher education to continue to ply their trade. While many NP contributions to the nursing profession and to societal healthcare were recognized in previous studies, this specific group's views on expected educational performance, in addition to their daily roles in advance practice nursing, had not been expressed. This study has provided insights into some of their perceptions. Furthermore, their value of the DNP in relation to their personal and professional lives were also verbalized. While the Midwestern MSN NPs provided some additional information on obstacles and facilitating factors for DNP attainment, DNP influence on the future of nursing and societal healthcare was minimally expressed.

Although the Midwestern MSN NPs in this study echoed many of the same sentiments of other nursing populations in previous studies, so much is still not known about DNP impact on the future of nursing and on societal healthcare. The MSN NPs had already anticipated DNP requirements and most had resolved themselves to the fact that they could and would perform this educational feat while providing healthcare for some of the sickest and most compromised groups in society. While they acknowledged some of the same obstacles to DNP attainment identified in previous studies, they also provided possible solutions and facilitating factors for achieving this expected degree. The future of nursing and societal healthcare could be benefited by consideration of some of their recommendations on facilitating factors for an equitable transition to DNP attainment.

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Appendix

Interview Guide

The research questions for this study are as follows:

1. What are the perceptions of Midwestern MSN NPs on returning to school for the DNP?
2. What is their perception of the value of the DNP to their personal and professional life?
3. How do they feel that DNP attainment could impact their current roles or any contribution to the future of nursing and societal health care?
4. What are their perceptions of obstacles or facilitating factors in DNP attainment?

The interview questions are as follows:

1. Assuming that you are aware of DNP expectations for advance practice nursing, how do you feel about that?
2. How do you feel about going back to school?
3. How do you value the DNP relating to your personal life?
4. What impact would the DNP have on feelings of achievement or personal enrichment?

5. How would a decision about going back to school be influenced your circle of professional peers?
6. What impact would the DNP have on your professional roles?
7. What difference would the DNP make on interdisciplinary interaction?
8. How would DNP attainment impact your interaction with patients?
9. How would the DNP influence any current professional boundaries?
10. How would uniform DNP attainment for advance practice impact societal healthcare?
11. What areas of opportunity do you think the DNP would provide that you are not experiencing with MSN completion?
12. What employment opportunities do think would be more achievable with a DNP degree?
13. How would a DNP impact job security or upward mobility?
14. What obstacles do you perceive in DNP attainment?
15. What facilitating factors would make the DNP more achievable?