Title: Transforming Post-Masters DNP Education: Student Perspectives About Their Educational Experiences

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Abstract Summary:  
This presentation is aimed at DNP program administrators and faculty to describe student-perceived facilitators and barriers to success in a post-masters DNP program. The presentation will include analysis and a discussion of qualitative data obtained from DNP graduates focused on their perspectives of their educational experiences.

Learning Activity:

| LEARNING OBJECTIVES | EXPANDED CONTENT OUTLINE |
Abstract Text:

In 2004, the American Association of Colleges of Nursing (AACN) recommended that the Doctor of Nursing Practice (DNP) be the educational degree needed for entry into advanced nursing practice by the year 2015 for the four advanced practice registered nursing (APRN) roles (AACN, 2004). While 2015 is not a current deadline, in addition to the 264 current DNP programs in the United States, approximately 60 new programs are in development (AACN, 2015a). However, there is more curricular work to be done and more data is needed that identifies facilitators and barriers to success in DNP programs.

The purpose of this qualitative descriptive study was to explore perceptions of masters-prepared APRNs who completed a DNP degree about perceived facilitators and barriers to success in a DNP program. Based on the data, we will discuss possible educational recommendations and strategies. A Survey Monkey questionnaire was used to obtain demographic data and educational experience perspectives from DNP graduates. Inclusion criteria included APRNs who had graduated from a post-master’s DNP program. There were 39 participants who answered the open-ended questions.

The average age of survey participants was 51 years with a range of 32-66 years and the majority were women. Average APRN experience was approximately 14 years with a range of 1-33 years, and participants completed their DNP programs an average of 19 months prior to the study.

On average, the reported DNP program length was 20 months with a range of 12 to 36 months, consistent with the findings of Udlis and Mancuso (2015). The AACN (2015b) recommends a minimum of 12 months of full time study for a post-masters DNP program. For the participants, types of capstone projects included practice change/quality improvement projects, interventions with patients or colleagues, literature reviews, survey research, community health projects, continuing education modules, and qualitative studies. It has been reported that types of DNP projects vary widely in quality and may not be consistent with the AACN’s DNP Essentials (AACN, 2015b; Brown & Crabtree, 2013; Melnyk, 2013; Nelson, Cook & Raterink, 2013; Waldrop, Caruso, Fuchs & Hypes, 2014).

Participants were asked about their own experiences as well as facilitators and barriers to success in their DNP educational program. Content analysis was used to analyze responses to the questions. First, reasons master’s prepared participants returned for DNP degrees resulted in four themes: professional reasons (84.6%), personal reasons (61.5%), the desire to teach (43.6%), and to earn a terminal degree(36%).

Next, participants identified facilitators to success in their DNP educational programs. Faculty/mentor support (51.3%) was the most frequently cited. Within this theme, responses included having supportive...
faculty, supportive DNP Project Team (committee) chairs, and supportive program directors. The next facilitator themes were program-specific characteristics (41%) and included the structure of courses and the ability to learn online, and peer support (41%). Personal attributes (28.2%) included personal traits such as organizational skills, self-motivation, and focus, and the last facilitator was family and community/employer support (10%).

Participants also identified perceived barriers to their success, and responses were categorized into three themes. The first theme derived from responses was DNP program issues (61.5%). This category included less than supportive faculty, chairs, and/or program directors as well as a perception of “chaos” within the program causing dissatisfaction with perceived educational inconsistencies. Next, personal barriers (43.6%) focused on time management, maintaining work/school/home balance, and sustaining a rigorous academic workload. Lastly, professional issues (15%) were reported.

Conflict has been reported to be a common issue for doctoral students, particularly with committee members, and may include disagreement surrounding inconsistent academic expectations of work quality (Cohen, 2011). Perceived conflicts identified by students may be exacerbated by concerns that include a lack of consensus regarding the purpose of the DNP and the role of the DNP graduate, PhD curricula in DNP programs, and differentiating between a PhD dissertation and a DNP project. (Brown & Crabtree, 2013; Melnyk, 2013; Nelson et al., 2013, Udlis & Mancuso, 2015). Others also support the current findings about personal barriers, indicating that maintaining a balance between school, work, and other personal or family responsibilities is a common issue among doctoral students (Cohen, 2011; Kenty, 2000).

Participant recommendations for current or future DNP students included three themes: educational and study strategies for success (77%), personal recommendations (72%), and program selection recommendations (23%). Participants encouraged future students to research DNP programs to assess program reputation and stability as well as its fit to the student. Additional recommendations included reducing work and personal obligations as well as to stay focused, be organized, work ahead, and not give up. It was also recommended by participants that potential students select a topic of interest for a DNP project, be realistic about project time constraints, and develop effective relationships with school peers/the DNP cohort. Cohen (2011) and Smith & Delmore (2007) previously made similar recommendations.

There were several reported outcomes of the DNP degree. A majority (56.41%) of participants reported scholarly dissemination of his/her project by either podium or poster presentation, 7.69% published, and 12.82% both presented and published his/her findings. A majority (64%) of participants indicated that the DNP did not result in an increase in salary, with several participants indicating that they had taken a reduction in pay to work in academia instead of clinical practice. Overall there was a high level of satisfaction with the decision to return for the DNP degree with a mean score of 8.44 on a scale of 1-10, with 1 being extremely dissatisfied and 10 being extremely satisfied.

This current data may be useful to program administrators for student and faculty education and for strategic planning in DNP program development and implementation. With the identification of student-perceived facilitators and barriers to success focusing on program and other related issues, it is essential for DNP faculty to be consistent with academic requirements within programs and to achieve consensus for a vision for the overall goal of the DNP as a terminal degree. The post-master’s DNP program curriculum, including the DNP project requirements, should reflect the DNP Essentials and should be reviewed regularly to ensure that the focus is on translation of the evidence, quality improvement, and practice change to positively influence patient outcomes (AACN, 2015b; NONPF, 2015). Faculty need to arrive at a consensus and understanding of DNP program curricula and project outcomes for the DNP student (Nelson et al., 2013). This will be crucial as many programs move to the DNP as the clinical entry degree for APRNs.

It is recommended that all DNP Project Team Leaders (chairs) be mentored by experienced faculty who are knowledgeable in evidence-based practice and are familiar with the DNP Essentials as well as the
current recommendations from the AACN regarding implementation of the DNP. DNP projects should reflect the recommendations found in the AACN’s recent 2015 white paper. Additionally, DNP Project Team Leader preparation may include information on fostering an encouraging environment for the student as the manner in which educators interact with students and deliver feedback can enhance self-efficacy and provide needed support (Cohen, 2011; Gibbons, 2010).

DNP program directors and administrators can capitalize on student-perceived facilitators and reduce perceived barriers at the student level by incorporating information on strategies for program success at a university student orientation program. An active discussion with students about professional and personal obligations and balancing the demands of a DNP program may be addressed. Such recommendations are consistent with previously reported insights about doctoral program success (Cohen, 2011; Kenty, 2000; Smith & Delmore, 2007). Orientation could include team-building activities, as peer support has been found to be an invaluable resource and coping mechanism for students (Cohen, 2011; Gibbons, 2010; Kenty, 2000; Smith & Delmore, 2007). More quantitative and qualitative data is needed to further enhance the development and refinement of DNP curricula designed to meet the needs of future students especially as the DNP increasingly becomes the standard degree for entry into advanced nursing practice.