The Doctor of Nursing Practice:
A Sentiment Analysis and Credential Correlation

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Capstone Project

DOCTOR OF NURSING PRACTICE

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ABSTRACT

The 2015 goal for the preparation of advanced practice nurses at the Doctor of Nursing Practice (DNP) degree level is quickly approaching. There is an extensive ongoing debate within the nursing profession over the practice-based doctorate. A review of the literature regarding the DNP demonstrates that the debate is multifaceted in nature, centering on both clinical and academic issues as well as issues related to the professional practice of nursing. The multiple points of debate as well as the varying backgrounds of the authors leads one to question if doctorally prepared nursing authors are expressing positive, negative or neutral sentiment toward the DNP related to their respective degree credentials?

A major factor in the transition to the DNP for practice entry is recognition of strengths and weaknesses of the DNP and interests and bias held by varying nursing populations. Therefore, the salient points of debate surrounding the DNP were identified from the literature and adapted into a sentiment analysis tool for DNP literature. The tool was then utilized for the extraction of positive, negative and neutral sentiment from 90 pieces of DNP and practice doctorate related literature. The positive, negative or neutral sentiment expressed by each author was subsequently correlated with their credentials. No clear correlation was found between non-DNP credentialed authors and the sentiment expressed in their published literature. However, a correlation was identified between DNP credentialed authors and the expression of positive sentiment toward the DNP degree.
PART ONE

Introduction

The Doctor of Nursing Practice

In October of 2004 the American Association of Colleges of Nursing (AACN) released a position paper endorsing the Doctor of Nursing Practice (DNP) as the terminal level of educational preparation for advanced practice nurses (APRNs). Currently, the deadline for requirement of the DNP for entry into advanced practice nursing is set for 2015.¹ The stance taken by the AACN is related to today’s ever changing and complex healthcare setting, reports by the Institute of Medicine and work performed by the AACN Task Force on the Practice Doctorate.¹,² Starting in 2002 this task force reviewed the state of practice oriented doctoral nursing education in the United States and ultimately made recommendations that led to the 2004 AACN position paper supporting the DNP.²

The Nursing profession’s long history of diverse doctoral education sets a prime environment for debate over the AACN’s DNP requirement. Historically, degrees offered at the doctoral level in nursing include the traditional research-focused doctor of philosophy (PhD) and the similarly research-focused doctor of nursing science (DNSc/DNS).³ Other titles include the Doctor of Education (EdD)³ and the entry-level Nursing Doctorate (ND). The ND may have helped in laying the groundwork for the newer practice-focused Doctor of Nursing Practice (DNP).² Additionally, some nurses have chosen to pursue doctoral degrees in neighboring disciplines such as the Doctor of Public Health (DrPH).

Degrees such as the PhD and DNSc prepare nurse scientists with a strong background in research methodology. These nurses are prepared to perform primary research and have a dissertation requirement for graduation.⁴ In contrast, the DNP prepared nurse is conceptualized
as an expert clinician with extensive knowledge regarding the utilization and synthesis of research. The culmination of DNP education consists of a practice-focused project that may take on various formats depending on the program’s focus. “The theme that links these forms of scholarly experience is the use of evidence to improve either practice or patient outcomes.”

The idea of a practice based doctorate in nursing was first conceptualized at Case Western Reserve in 1978 under the title Doctor of Nursing (ND). The ND never gained mainstream acceptance and only 4 ND programs were in existence before the 2004 AACN position paper. With the resurgence in interest, there are currently 120 DNP programs in the U.S. with 161 more in early stages. Numbers such as these lead one to believe that a general acceptance surrounds the DNP as the terminal degree for advanced practice nurses. However, there is much debate over the implications of the DNP for nursing.

The ongoing debate over the practice doctorate presents a hurdle for the nursing profession. The DNP appears to be the next logical step in nursing education to some and a detrimental step in the wrong direction to others. With this in mind, the purpose of this paper is to evaluate if there is a correlation between nursing authors’ credentials and their sentiment expressed in the literature regarding the DNP. Three author populations appear to exist. First are those nursing authors who support the DNP with positive sentiment in the literature. Second is the contrasting population which is more hesitant to accept the DNP and convey that fact by expressing negative sentiment toward the DNP in the literature. The third group of authors appears to take a neutral standpoint on the DNP by conveying neither a strong negative or positive sentiment regarding the practice doctorate.
Overview

This paper begins with a review then an evaluation of the literature regarding the issues surrounding the DNP and the requirement for the degree as a prerequisite for advanced practice nursing. Identified issues include trends in healthcare education, the nursing faculty shortage, DNP curriculum, aspects of nursing as a profession and the DNP’s impact on patient care. In addition, there is discussion regarding the DNP as disruptive innovation, which has also been mentioned in the literature. This is followed by a synthesis of the literature findings.

Complimenting the literature synthesis is an in depth explanation of the intervention. The intervention centers on an exploration of the relationship between sentiment found in the literature and the respective authors’ credential. Due to the interventions conceptualization as an innovative idea, the steps of the intervention are explored using Rogers’ Five Stages in the Innovation-Decision Process. These stages are the Knowledge Stage, Persuasion Stage, Decision Stage, Implementation Stage and Confirmation Stage. Each stage is explained in detail within the context of the intervention. With the intervention discussed, a conclusion is provided which explains the clinical impact of the sentiment-credential correlation.

Subsequently, the Stetler Model of Research Utilization is described and applied as the guiding framework for implementation of the project. The steps of the project are elaborated within the context of the five phases of the Stelter Model. The five phases are Preparation, Validation, Comparative Evaluation/Decision Making, Translation/Application and Evaluation.

The paper continues with an evaluation of the results and a discussion regarding the possible implications of the project’s findings. Subsequently, there is an exploration of the lessons learned during the project as well as ideas for expansion upon the intervention. Suggestions are then made for nurses who plan to utilize the results of the project’s intervention.
These suggestions are presented from both a general perspective as well as a more research focused standpoint. Finally, recommendations are made for future DNP studies.
PART TWO

Literature

Background

In 2004 the AACN defined advanced practice nursing as:

…any form of nursing intervention that influences healthcare outcomes for individual populations, including the direct care of individual patients, management of care for individuals and populations, administration of nursing and health care organizations, and the development and implementation of health policy.\textsuperscript{6p.3}

Clearly, this is a broad definition encompassing a myriad of nursing roles. Under this definition a change in practice necessitates a major change for a large number of advanced practice nurses (APRNs). Furthermore, a change in advanced practice educational requirements impacts a large number of potential and current APRNs. According the Institute of Medicine and the AACN, healthcare is changing and becoming more complex and practice demands are evolving.\textsuperscript{1} Emerging issues in healthcare have resulted in the need for practitioners with an expanded knowledge base and an advanced educational background.

Due in part to these new demands the AACN has set the goal of preparing advanced practice nurses at the doctoral level by 2015.\textsuperscript{1} Currently, the majority of advanced practice nurses in the clinical setting are prepared at the masters level. Therefore, the requirement for doctoral education presents a significant transition for current and future advanced practice nurses.

As with any major change there is debate particularly regarding the impact the DNP will have on nursing. Numerous authors with varying educational backgrounds have voiced their concerns and approvals over the requirement for doctoral education in advanced practice nursing. Peer-reviewed literature has strong potential to influence and impact others in healthcare
and policy making positions and sentiment expressed by the authors may impart bias or personal subjectivity to a professional issue that should be explored and evaluated objectively. Therefore, assessment and critique of nurse author sentiment regarding the DNP is necessary to make fully informed decisions based on objective data. Full exploration of the strengths and weaknesses as well as the internal and external influences is paramount to decision making especially for stakeholders in nursing who will be involved in the DNP transition.

Methodology

The Literature collection took place between September 2009 and October 2010. Literature was collected from CINAHL and MEDLINE databases with initial literature review supplementation from Google scholar. Search terms included Doctor AND Nursing AND Practice as well as DNP. The literature search yielded 300 results. The Doctors of Nursing Practice website’s “DNP Bibliography” was also utilized to increase collection of relevant literature. The “DNP Bibliography” included 122 pieces of literature. All databases were cross referenced for overlap. Furthermore, search results were eliminated if the article was published before the year 2000, the author did not possess or did not disclose their pursuit of a doctoral degree, the author was not a registered nurse, or the article was not relevant to the practice doctorate debate. A total of 90 pieces of literature met inclusion criteria and were utilized for sentiment extraction.

Review of Literature

Trends in Health Care Education

The need for nursing to stay abreast with educational trends in other health care fields is an argument that has been used to support the DNP. Disciplines such as pharmacy, audiology and physical therapy have adopted professional doctorates as their entry level credential. These
doctoral degrees are specific to their respective fields and generally lead to a career in a profession, such as seen with medicine, rather than scholarly research. Nursing remains behind in accepting and encouraging doctoral education as the preferred credential for practice. It is widely accepted to have a professional practice doctorate alongside an academic research based doctorate in a professional field of clinical practice. This is seen in pharmacology, medicine and education. The doctoral preparation of both expert researchers and practitioners may provide a stronger professional knowledge base to expand the science of nursing. In addition, the hour requirements for a master’s degree in nursing have steadily increased resulting in a degree that is not representative of the educational time commitment. Many advanced practice nursing degrees require 45 to 50 credit hours as compared to 30 hours in other disciplines. The increased complexity of healthcare is steadily requiring more education for advanced practice nurses. O’Sullivan et al. express the concern that, “Continued expansion in breadth and depth of the master’s programs is no longer socially responsible.” With this in mind a doctoral degree may be a better representation of a student’s investment in their education.

However, there is concern regarding the comparisons being made between the entry level doctorates of other health care fields and the DNP. The practice doctorates of neighboring health care providers differ from the DNP. Graduates pursuing careers in physical therapy, pharmacy and medicine must obtain their doctorates for entry into practice. This contrasts the current DNP which is not required for entry into nursing practice but rather as a post-entry doctorate. Despite the transition of other health care fields to the practice doctorate, there remains a void in the data regarding the effect the doctorate has had on these disciplines. Dracup et al. cite nursing’s desire to mimic the practice doctorates of other disciplines which has resulted in the unfortunate development of multiple nursing doctorates and titles. It is difficult to discern if the
differences pointed out in the literature are significant enough to negate the comparisons being made between the DNP and other professional doctorates.

**Nursing Faculty**

The shortage of doctorally prepared nurses to fill university faculty positions is another area of concern regarding the implications of the DNP. Enrollment in PhD nursing programs has failed to adapt to the demands of nursing education and there is a projected shortage of doctorally educated faculty in the near future. Berlin and Sechrist note that, “Recurrent themes contributing to the shortage include the aging professoriate, the flight of doctorally prepared nurses from academia to lucrative opportunities in the clinical and private sectors, workload and workplace issues, and unrealistic role expectations.” The emergence of the DNP is viewed by some as a solution to the faculty shortage and as a hindrance by others.

In addressing this topic, it is essential to consider the views of potential doctoral students, who may ultimately fill faculty positions. The practice-focused DNP may appeal to current practicing nurses who do not have a desire to pursue a doctorate degree with a research foundation. If this is true, the DNP could increase the number of doctorally prepared nurses to fill faculty shortages. Loomis and Cohen found that 55% of students surveyed from 5 DNP programs expressed an interest in entering nursing education. Many of these students found the DNP in line with their professional goals and lacked interest in a research-based doctorate.

Cartwright and Reed project that the DNP will increase the number of doctorally prepared nursing educators in the long run. However, university guidelines regarding requirements for faculty may play a role in determining DNP faculty positions. In addition, Hathaway et. al believe that the role DNP prepared nurses play in the translation of research into practice place them in a strong position to fill faculty positions, despite their lack of a research-
based doctorate. Their knowledge as expert clinicians is viewed as essential in the education of competent nurses at all levels.\textsuperscript{7} However, with the transition to DNP preparation for APRNs it must be considered that faculty teaching in DNP programs will need to be prepared at the doctoral level.\textsuperscript{14} This may increase faculty shortages by limiting the ability of master’s prepared educators to contribute to DNP programs,\textsuperscript{14} and add another responsibility to the doctorally prepared nurses’ list.\textsuperscript{15}

Others consider the PhD prepared educator as the best option. The missing focus on primary research is presented as a major downfall to the quality of a DNP prepared faculty member.\textsuperscript{16} Webber sees the lack of research methodology as an “epistemological mistake” in the development of the DNP and fears that without a background in research methodology the DNP will lead to a void in the production of nursing knowledge. Another concern expressed by Dracup et al. is that without the extensive knowledge to perform scholarly research, such as seen with PhD prepared faculty, the DNP prepared educator will take a back seat in the world of academia. Subsequently, nursing stands to lose its leadership at the university level.\textsuperscript{10}

To some, the DNP is pictured as a threat to enrollment in PhD programs,\textsuperscript{10,15,17} and a potential negative factor effecting the performance of nursing faculty as well as faculty contributions to scholarly nursing research. The number of applicants seeking doctoral study is already limited and it is proposed that students may “unwittingly”\textsuperscript{15} end up in DNP programs when their intention was to pursue the traditional research-based doctorate.\textsuperscript{15}

Whether DNP faculty will be eligible for tenure is another topic of debate,\textsuperscript{7,15,18} which may be an important factor for those pursuing a clinical faculty position.\textsuperscript{3} Fulton and Lyon and Chase and Pruitt challenge the “academic rigor” of the DNP. This is suggested as one possible reason for not offering tenure to DNP prepared faculty.\textsuperscript{15} Many universities require a PhD for the
tenure track. Therefore it is projected that DNP faculty will not be offered tenure and may lose the opportunity to contribute to decision making bodies at their respective institutions.\textsuperscript{15,18} By advocating two separate doctorates nursing is, “creating a second-class citizenship in universities” and encouraging marginalization in academic institutions.\textsuperscript{18}

This is not a universal perspective and it is suggested that other educational pathways need to be evaluated for the creation of more nursing faculty.\textsuperscript{12} Hathaway et. al demonstrate that eligibility for tenure may be institution specific and based more on the contributions made by faculty members than the specific degree held. Faculty members with a variety of practice doctorates are often eligible for tenure and it may be reasonable to expect the same for the DNP.\textsuperscript{7} Clinically based doctoral education has the potential to increase the contributions of a faculty member and should add to their eligibility for tenure.\textsuperscript{7} This is related to the fact that some of academia has reassessed thoughts associated with scholarship.\textsuperscript{9} As a result there is a viewpoint recognizing the scholarship of application, as presented by Boyer.\textsuperscript{19} This expanded view may present a pathway for scholarly accomplishment with a focus on practice.\textsuperscript{7,9,13} It is the view of Patricia L. Starck, Dean of the University of Texas School of Nursing at Houston that, “graduates with the DNP degree may be eligible for tenure if they are productive clinical scholars meeting the criteria established by a given university.”\textsuperscript{13}

**The Nursing Profession**

The recommendation for the DNP as the entry degree to advanced practice nursing is not to suggest that the current master’s level preparation for APRNs is subpar.\textsuperscript{2} However, the nursing profession has a history of disenfranchisement.\textsuperscript{10} The educational transition from the hospital setting to the college setting left diploma nurses with an education no longer valued by academia.\textsuperscript{10,18} Concerns exist that nurses with master’s degrees will feel that their education is no
longer valued by the nursing profession.\textsuperscript{10} Efforts are currently in place to combat this issue and multiple entry points are being offered into DNP programs to provide the opportunity for master’s level nurses to pursue doctoral education.\textsuperscript{2}

Nursing also has a history of multiple titles that often result in confusion.\textsuperscript{10,17} It is argued that adding another title\textsuperscript{17} and the term “doctor” to the clinical arena of nursing will encourage confusion from the patient’s perspective.\textsuperscript{10} In an effort to limit confusion, the degree title “Doctor of Nursing Practice” (DNP) is endorsed by the AACN and other practice doctorate titles are to cease.\textsuperscript{2} It is interesting to note that since this suggestion by the AACN other practice-based doctorate titles have arisen including Doctor of Nursing Practice (DrNP), Doctor of Nurse Anesthesia Practice (DNAP) and Doctor of Management Practice in Nurse Anesthesia (DMPNA).\textsuperscript{3}

Dracup et al. suggest that a driving force for the practice doctorate is the desire of the nurse to be called “doctor,” and that the use of the term “doctor” will result in patient confusion regarding the role of their provider.\textsuperscript{10} However, it is suggested that most patients who have consistent exposure to advanced practice nurses understand their role in the healthcare team and those who spend less time around nurse practitioners may not be able to make the same designation.\textsuperscript{7} The public is generally concerned more with the quality of healthcare than the letters behind the providers name.\textsuperscript{7} Hathaway et al. feel that a healthcare provider is free to use their title but should specify their role in the provision of care.

\textbf{Impact on Patient Care}

A legitimate question can be posed regarding whether the DNP will impact the level of care provided to patients? DNP prepared advanced practice nurses may be able to fill increasingly needed roles as primary care providers.\textsuperscript{20} The aging population in the United States
faces complicated chronic illness with contributing factors that are not only genetic in nature but also influenced by patient behaviors and lifestyle choices. Mundinger suggests that doctorally prepared advanced practice nurses have the knowledge to manage aspects of chronic illness and additionally influence patient behavior due to the unique nature of a nurses’ educational background. The patient centered approach that characterizes nursing places the DNP prepared practitioner in a prime position to contribute to patient care through education. This contrasts the emphasis placed strictly on pharmacological interventions.\textsuperscript{21} It is further pointed out that nurses with a clinical doctorate are armed with the skills to synthesize and evaluate literature and utilize informatics.\textsuperscript{20} At Columbia University the charter class of their DrNP program expressed, “a strong theme of increased confidence, more assertive accountability and responsibility, especially in the clinical arenas, and emerging roles they had not before considered.”\textsuperscript{20p.175} It is notable that the charter class consisted of experienced faculty. One would think that such a change in perspective and advancement in clinical skills holds the potential to improve patient care.

Despite the potential for improved care, there is no current research to support this conclusion. It is noted by Fulton and Lyon that associating the DNP with clinical issues such as patient safety is not reasonable and in a sense implies that the current master’s level workforce falls short in this category. The argument can be made that the required educational standards are already in place to address the problems of healthcare and the real issue is political in nature. Therefore, the practice doctorate is not the answer to improving healthcare.\textsuperscript{15}

An additional argument against the DNP improving patient care is driven by the concern that the clinical doctorate in nursing will result in a demand for higher salary.\textsuperscript{10} Therefore, the money spent paying practitioners with a clinical doctorate will force the healthcare system to
invest in more ancillary personnel who lack a higher level education. Subsequently, the bulk of care will be provided by ancillary staff with less care being provided by the highly trained DNP prepared nurses.¹⁰

**Curriculum**

The disparity between DNP curriculum and the focus of different programs is addressed as a downfall in the literature.¹⁰,¹⁵,¹⁷ Fulton and Lyon fear that the focus of some DNP programs is not on nursing but rather on nurses assuming the duties of medical providers. The concern over the lack of nursing based content in DNP programs is also addressed by Chase and Pruitt. Inconsistency in curriculum as well as differing program lengths and prerequisite educational requirements for entry are all identified as negative aspects of DNP education.¹⁰,¹⁷ Dracup et al. suggest that these variables will discredit the degree title as well as the ability of the graduate to contribute to healthcare.

The AACN’s “The Essentials of Doctoral Education for Advanced Nursing Practice” clearly delineates the educational requirements for DNP programs. Eight “DNP Essentials” must be present in the curriculum of any DNP program.⁴ The AACN does state that these “DNP Essentials” are only the base of the curriculum and that each program will prepare their graduates depending on the specific roles they will assume as advanced practice nurses.⁴ This element of specialization may contribute to the inconsistencies in DNP program characteristics.

**The DNP and Disruptive Innovation**

The DNP has been described in the context of Christensen et al.’s work in disruptive innovation.⁷,¹⁷ Disruptive innovation takes place when services are appropriately matched to the demands of the market.²² In the context of healthcare personnel, this means that the appropriate practitioners should be taking care of the appropriate patient populations.²² The highly trained
specialists need to treat the most difficult to manage patient populations, while other practitioners, such as those with a DNP, care for the populations that once required a specialist. This is an example of an upmarket movement of the advanced practice nurse. Market movement and the process of disruptive innovation often results in disturbance of an established norm. When a norm is disrupted resistance is often encountered. Hence, those in power often “work to discredit and oppose” disruptive innovations.

The scene is set for disruptive innovation, as there is currently the need for cost effective practitioners with the advanced skills to meet the practice demands of today’s healthcare system. The DNP is focused on preparing advanced practice nurses with the knowledge necessary to move upmarket and address complex healthcare issues, while allowing specially trained physicians to focus their attention on appropriate patient populations. Strong leadership and cooperation is necessary to address the barriers to the DNP disruption in an effort to improve our healthcare climate. Christensen et al. believe it is better to remove barriers to disruptive innovation rather than continuing to make changes to current systems in place. This concept is analogous to nursing’s need for the removal of barriers surrounding the DNP. Disruptive innovation suggests that removal of these barriers is better for nursing than the continued manipulation of our master’s level programs.

The theory of disruptive innovation supports the objectives of this project as it is necessary to determine whether a population of nursing authors with a certain credential are working within the model of disruptive innovation to “discredit and oppose” the DNP. If this population is identified efforts must be made to reach a compromise in order to move forward with the DNP transition as a unified nursing profession.
**Synthesis of Literature**

The issues of the debate surrounding the DNP are well documented and discussed in the literature. The main areas of the debate in which sentiment is present can be organized into three categories. First, there is the realm of education in which concerns focus on faculty shortages, tenure, academic acceptance, student program selection, institutional transition, curriculum and research impact. Second, there is the clinical arena in which concerns center on titling, the use of the term “doctor,” regulation of DNP practice, cost of the DNP prepared nurse and the DNP impact on patient care. Finally, there is the category of professional aspects of nursing which include debatable points regarding the profession’s need for the DNP, coequality with other healthcare disciplines, the APRN/physician relationship and marginalization of master’s prepared advanced practice nurses.

First, with regards to education and faculty shortages it is important to remember that the PhD is a research doctorate and not a teaching doctorate. Chase and Pruitt emphasize that the DNP fails to prepare its graduates with the skills necessary to become successful educators. They also suggest that despite the fact that PhD graduates lack these same skills, they may be better prepared due to student teaching positions. In reality, it appears that neither degree places a true emphasis on education, which is an issue that must be addressed to improve the quality of incoming nursing faculty. The concern over the nursing faculty shortage appears to be a widespread phenomenon in the literature. Some authors present the DNP in a positive light, citing the degree’s ability to increase the pool of nursing faculty, which reflects a positive outcome for nursing and subsequently positive sentiment. Other authors depict the DNP as exacerbating the faculty shortage which reflects negative sentiment (see education flow chart).
Tenure is another issue that will impact the DNP. Institutional decisions regarding tenure and the DNP may influence the decisions students make when pursuing a nursing doctorate. If a student wishes to seriously pursue teaching with a clinical focus and institutions do not offer tenure to a DNP prepared faculty member, then the inability to obtain tenure may deter students from seeking the practice doctorate. However, the idea of scholarship is evolving and beginning to incorporate the application of research and practice.\textsuperscript{9,13} This appears to be a positive step for the DNP’s eligibility for tenure.

For example, at Kentucky State a more encompassing approach to tenure is developing based on Boyer’s model.\textsuperscript{19} This approach hopes to open up academia to a wider range of faculty and limit the exclusivity currently in place.\textsuperscript{9} Exclusivity brings up the issue of academic acceptance of the DNP which appears to be tied to the issue of tenure. The two are related because in some cases tenure may be required to obtain a seat as a decision maker at the table of educational policy making.\textsuperscript{18} Possessing a voice in institutional decision making may be viewed as a reasonable indicator of acceptance at the academic level.

**Sentiment Emergence in the Literature**

It is conveyed through the literature that positive sentiment toward the DNP is indicated through support of the DNP for tenure and advocating for the degree’s academic acceptance. In contrast, negative sentiment appears to sway the reader toward the idea that DNP faculty should not be tenured, the degree will not be academically accepted or the degree lacks sufficient difficulty to be considered a legitimate doctoral degree (See Figure 1).

Research is another topic addressed in the literature and based within the educational arena. This issue arises predominately as a function of the lack of primary research focus underlying the DNP. Positive sentiment toward the DNP tends to represent the degrees clinical
and practice focus as appropriate and necessary. While negative sentiment demonstrates that the DNP results in a division of nursing practice and science which is potentially detrimental to the profession \(^{16,18}\) (See Figure 1).

An additional area in which DNP sentiment is present includes student selection of doctoral education programs and the effect of the DNP on the doctoral applicant pool. There is discussion over the effect that DNP programs will have on the number of PhD applicants. However, the issue is presented in different ways. Authors who convey a negative sentiment toward the DNP appear to see DNP programs as competition that will decrease PhD enrollment. They may also feel that the increased educational time commitment and cost of the DNP will deter students from pursuing the degree. Whereas authors with positive sentiment toward the DNP demonstrate that the DNP may increase the number of doctorally prepared advanced practice nurses and benefit nursing at educational and clinical levels (See Figure 1).

Finally, as pertaining to education, aspects of the DNP such as curriculum and institutional transition are also addressed with sentiment in the literature. Curriculum is discussed in the context of negative sentiment when authors highlight the inconsistencies or inappropriateness of the DNP curriculum or point to the addition of curricula that is not directly related to the field of nursing. For instance, Fulton and Lyon feel that the DNP curriculum crosses over into the practice of medicine and lacks a nursing focus. In contrast, some authors state that advanced practice nurses desire the additional knowledge provided by practice-based doctoral education. This latter standpoint represents a positive sentiment toward the DNP.

The issue of institutional transition to doctoral level advanced practice nursing preparation predominantly conveys a negative sentiment toward the DNP. Authors point to the
fact that some institutions may not have the capacity to award a doctorate or may lack the educational resources necessary to support an additional doctoral degree (See Figure 1).

Shifting to a clinical focus, the literature gives rise to several other areas in which sentiment is expressed regarding the DNP. One point of argument pertains to the use of the term “doctor” in the clinical setting. Positive sentiment regarding the practice doctorate is expressed by some authors who feel that expanding the use of “doctor” in the clinical setting will not have a negative impact healthcare. Furthermore, some authors feel that the use of “doctor” is an earned right of DNP holding advanced practice nurses, given their role in the healthcare team is well defined to the patient. Negative sentiment arises when authors propose that DNP prepared practitioners using the term “doctor” will confuse the public or misrepresent the APRN’s role in healthcare (See Figure 2).

Along similar lines is the point of titling the practice doctorate prepared nurse. Authors expressing negative sentiment cite the fact that the nursing profession is already fraught with multiple degree titles at the doctoral level and that the addition of the DNP initials will further confuse the public and colleagues. Contrary to this perspective is the positive sentiment, which is expressed through the argument that standardizing the practice doctorate with the DNP credential may help clarify doctoral level titling. These authors tend to feel that the DNP will be the recognized practice doctorate credential. It is important to note that the AACN has endorsed the DNP and the CCNE will only accredit practice doctorates with the DNP title. (See Figure 2).

Sentiment is also expressed regarding the cost of the DNP prepared practitioner to the healthcare system. The perspective presented with positive sentiment is that the DNP will not increase the cost of healthcare and the advanced practice nurse will continue to be a cost-effective provider option. Some authors believe contrary and express negative sentiment by
stating that DNP practitioners will increase the cost of healthcare by demanding higher rates of compensation. For example, concerns exist that DNP graduate may in fact price themselves out of the healthcare market through increased salary demands, a statement which reflects negative sentiment toward the DNP (See Figure 2).

Regulation and licensing is another recurrent issue surrounding the practice doctorate. Although educational requirements for the DNP can be imposed by the AACN, practice standards are regulated at the state level. Therefore, transition to and regulation of DNP practice may complicate advanced practice nursing which currently requires a master’s degree in most states. Furthermore, with the DNP transition, regulatory bodies may face required changes to current practice guidelines. These changes have the potential to impact current practitioners. This point predominately reflects negative DNP sentiment by citing practice regulation changes as one of the many reasons the practice doctorate should be avoided (See Figure 2).

The DNP prepared practitioner’s impact on patient outcomes and the healthcare system is another reoccurring issue in the literature. Authors expressing positive DNP sentiment state that the increased knowledge obtained by practitioners through the DNP educational process has the potential to positively impact both patient outcomes and the healthcare system. The argument is made that the DNP prepared practitioner will have a unique skill set with the ability to synthesize literature and utilize evidence based practice in an effort to impact healthcare. However, other authors cite the fact that there is no current evidence to support the assumption that the DNP prepared practitioner will improve patient outcomes or positively impact today’s healthcare climate. In the latter point, negative sentiment is expressed with regard to the practice doctorate (See Figure 2).
Professional aspects of nursing, such as the profession’s need for the DNP, professional parity with other healthcare disciplines, the APRN and physician relationship and the disenfranchisement of master’s prepared APRNs are also discussed with in the literature. Many challenge the nursing profession’s need for the DNP and look to the history of success with the current model of advanced practice nursing education at the master’s level as an indicator that the DNP is not necessary. This conclusion conveys negative DNP sentiment. However, positive sentiment is also expressed toward the practice doctorate by authors who acknowledge that additional skills are required for advanced practice nursing due to the increased complexity of the healthcare system (See Figure 3).

The nursing profession lags behind other healthcare fields with respect to requiring a doctorate for practice. Using a perspective conveying positive sentiment toward the DNP many authors see the practice doctorate as an opportunity for nursing to achieve parity with other healthcare disciplines which require clinical doctorates for practice. From this perspective the DNP may provide advanced practice nurses with the necessary credentials for consideration as a professional and academic equal when viewed by other healthcare professionals. As with the other points of debate, there is negative DNP sentiment expressed regarding this same topic. Negative sentiment arises from the argument that the DNP will not provide parity with other healthcare professionals. It is highlighted that the DNP is not the equivalent to neighboring healthcare practice doctorates because it is not required for entry into nursing practice. Additionally, within the context of professional relationships with other healthcare disciplines, a concern is expressed in the literature that the DNP may have a detrimental effect on the relationship between advanced practice nurses and physicians.28 (See Figure 3).
The final point of sentiment analysis within the professional aspects of nursing arena is the disenfranchisement of master’s level advanced practice nurses. Negative sentiment is conveyed through the literature regarding the DNP when the practice doctorate is described as a vehicle for devaluing the master’s prepared nurse. It is argued that the DNP will create a division between advanced practice nurses and result in master’s level practitioners feeling disenfranchised. The literature also reveals that positive sentiment exists with regard to this same topic. The point is made that the DNP is not intended to devalue any level of practitioner and multiple entry points are being created for easy access to DNP education (See Figure 3).
Figure 1. DNP Education Sentiment Flow Chart

**Research**
- **NEGATIVE** The DNP results in a split between nursing research and practice which may be detrimental to the nursing profession.
- **POSITIVE** The clinical concentration of the DNP is necessary and/or the lack of research theory focus is acceptable.

**Institutional Transition**
- **NEGATIVE** Transition to the DNP will be difficult for some institutions or the transition will drain scarce educational resources.
- **POSITIVE** The DNP curriculum is appropriate and/or the additional knowledge provided by the DNP is desired by APRNs. The knowledge base and curriculum required for the advanced practice nurse is expanding beyond the capacity of master's level education.

**Education**

**Student Program Selection**
- **POSITIVE** The DNP may not draw from the PhD applicant pool. The DNP is more aligned with the nurse clinician's goals and/or may lead to an increase in doctoral enrollment.
- **NEGATIVE** The DNP may draw from the PhD applicant pool. The additional time and cost of the DNP may deter potential nursing students.

**Faculty Shortage**
- **POSITIVE** The DNP may help alleviate the faculty shortage.
- **NEGATIVE** The DNP may not alleviate the faculty shortage or the degree may actually worsen the faculty shortage.

**Preparation of Educators**
- **POSITIVE** The DNP may prepare quality clinical faculty members.
- **NEGATIVE** The DNP may fail to adequately prepare nurse educators.

**Curriculum**

**Tenure and Academic Acceptance**
- **POSITIVE** The DNP may be eligible for tenure. The DNP may help alleviate the faculty shortage.
- **NEGATIVE** The DNP may not be eligible for tenure. The DNP may not achieve acceptance within academia or the rigor of DNP is challenged.
Figure 2. DNP Clinical Sentiment Flow Chart

**POSITIVE**
The DNP is an appropriate degree title and will be recognized within healthcare.

**NEGATIVE**
The DNP may add to the nursing profession’s numerous degree titles and confuse the public/colleagues.

**POSITIVE**
The DNP will not have a negative impact on the cost of healthcare.

**NEGATIVE**
The DNP may increase the cost of healthcare or decrease the cost effectiveness of APRNs.

**Titling**

**Cost of the DNP Prepared Practitioner**

**Clinical**

**Regulation of DNP Practice**

**NEGATIVE**
The DNP may complicate the regulation or licensing of APRNs.

**The Use of “Doctor”**

**Impact on Patient Outcomes and Health Care**

**POSITIVE**
Use of the term “doctor” is acceptable for the DNP prepared practitioner or inconsequential to the practice setting.

**NEGATIVE**
Use of the term “doctor” is inappropriate for the DNP or will facilitate confusion in the practice setting.

**POSITIVE**
The DNP carries the potential to improve patient care/healthcare system.

**NEGATIVE**
There is no data to support the proposition that the DNP will improve patient care/healthcare system.
Figure 3. DNP Professional Aspects Sentiment Flow Chart
PART THREE

The Intervention

As made evident by synthesis of the literature there are multiple points through which sentiment toward the DNP can be extracted. Scholars with multiple views and varying educational backgrounds present strong and valid arguments regarding the future of nursing’s educational path and reputation. The topics of debate are complicated and answers to the debate may require great minds to communicate openly and with limited bias. The polarity of opinions expressed in the literature is astounding. Nurses all share a common educational foundation and yet come to drastically different conclusions regarding the practice doctorate debate.

Therefore, one poignant question emerges from the literature. Do doctorally prepared nursing authors who publish DNP literature express positive, negative or neutral sentiment toward the DNP related to their degree credentials?

Sentiment and the Intervention

With a formalized population, intervention, comparison and outcome question outlined and the DNP debate reviewed, the proposed intervention is a comprehensive correlation of the sentiment expressed in the literature with the authors’ credentials. Whether the author’s credentials influence the sentiment of the article is an issue that must be addressed to advance the DNP discussion. One may ask, “What is sentiment?” For the purpose of this project, sentiment is defined as the thought, attitude, emotion or feeling intended to be conveyed by words.29

Support for this intervention is apparent from the literature review. For each topic of debate identified in the literature there is a positive or negative sentiment that can be expressed by the author. For example, Mundinger argues that nurses prepared at the clinical doctorate level
obtain additional clinical ability as well as a progressive outlook and increased sense of responsibility. Brown-Benedict points out that nurses place an emphasis on patient education which may contribute to patient care given the health issues facing today’s population. These points suggest that the DNP may result in some level of improved patient care and convey positive sentiment. In contrast, Fulton and Lyon convey negative sentiment toward the DNP and point out that there is no reason to come to the conclusion that the DNP will improve patient safety. They further emphasize that the DNP is “unlikely” to be the answer to the problems in healthcare.

Each one of the aforementioned authors draws a different conclusion regarding the impact of the DNP on patient care and each has a varying educational background. Mundinger is a nurse with a DrPH, Brown-Benedict a DNP prepared nurse and Fulton and Lyon are credentialed with a PhD and DNS respectively. This exemplifies the question of whether the credentials of the authors are responsible for the sentiment expressed in their writing and supports the proposed intervention.

Steps of the Intervention

The steps of the intervention were as follows: Salient and consistent points of sentiment surrounding the DNP were extracted from the literature.

1.) Using the points identified in step one, flow charts were designed to outline the major points through which authors expressed sentiment toward the DNP. The flow charts were used to organize the points of DNP sentiment into three main categories.

   a.) Education

      i.) Faculty Shortages

      ii.) Curriculum
iii.) Tenure and academic acceptance
iv.) Student program selection
v.) Research impact
vi.) Institutional Transition
vii.) Preparation of educators

b.) Professional Aspects of Nursing
i.) Coequality with other health care disciplines
ii.) Marginalization of master’s prepared nurses
iii.) Professional need for the DNP
iv.) DNP and ethics
v.) The APRN and physician relationship

c.) Clinical
i.) The use of the term “doctor”
ii.) Impact on patient outcomes
iii.) Cost of the DNP prepared APRN
iv.) Titling
v.) Regulation of DNP practice

Each of the above subcategories was broken down into positive and negative sentiment conclusions. These positive and negative categories were based upon findings in the literature which support or argue against the DNP.

2.) The flow charts were then adapted into a numerical tool for evaluation of sentiment from the DNP literature (See Figure 3).
3.) Three readers were provided with the DNP sentiment analysis tool and all collected literature.

4.) Each individual read the article to obtain an initial impression of the author’s sentiment toward the DNP/practice/clinical doctorate.

5.) If the authors clearly stated the purpose of the article was to support or oppose the DNP then the article was automatically placed in the positive or negative sentiment category respectively.

6.) If the author failed to clearly state his or her purpose, the article was reread using the DNP sentiment analysis tool. The points of sentiment were marked in their corresponding check boxes.

7.) Each check box was assigned a numerical value of one. In addition, a box was provided for the reader to include any unique points of sentiment which were not encompassed by the standardized analysis tool. Each of these points was also assigned a value of one.

8.) The values in the positive sentiment column and negative sentiment column were totaled.

9.) If the author highlighted at least twice as many points of negative sentiment than positive, the article was placed in the negative category. If the author highlighted at least twice as many positive points of sentiment than negative, the article was placed in the positive category.

10.) In the case of articles in which the numerical values of opposing sentiment points did not meet the criteria outlined in step ten the article was designated as neutral.

11.) While evaluating the articles, the author’s sentiment was based on original statements made, or concepts presented by the author rather than issues cited from other literature.
12.) If consensus was not met regarding the sentiment of an article then the scorer was offered an opportunity to reconsider their score in a second, and if necessary, third round of scoring.

13.) The overall positive or negative sentiment of the article was correlated with the author’s credentials and displayed in table format.

**Figure 4. DNP Sentiment Evaluation Tool**

<table>
<thead>
<tr>
<th>POSITIVE</th>
<th>NEGATIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>The author clearly states the purpose of the article is to support the DNP. (Automatically place article in positive sentiment category)</td>
<td>The author clearly states the purpose of the article is to oppose the DNP. (Automatically place article in negative sentiment category)</td>
</tr>
<tr>
<td>The DNP may achieve acceptance within academia.</td>
<td>The DNP may not achieve acceptance within academia or the rigor of DNP is challenged.</td>
</tr>
<tr>
<td>The DNP may be eligible for tenure.</td>
<td>The DNP may not be eligible for tenure.</td>
</tr>
<tr>
<td>The DNP may help alleviate the faculty shortage.</td>
<td>The DNP may not alleviate the faculty shortage or the degree may actually worsen the faculty shortage.</td>
</tr>
<tr>
<td>The DNP may prepare quality clinical faculty members.</td>
<td>The DNP may fail to adequately prepare nurse educators.</td>
</tr>
<tr>
<td>The DNP curriculum is appropriate and/or the additional knowledge provided by the DNP is desired by APRNs</td>
<td>The DNP curriculum or purpose is inconsistent, unclear or inappropriate.</td>
</tr>
<tr>
<td>The DNP provides additional skills to the advanced practice nurse which may be advantageous in the clinical setting.</td>
<td>N/A</td>
</tr>
<tr>
<td>The knowledge base and curriculum required for the advanced practice nurse is expanding beyond the capacity of master's level education.</td>
<td>Master’s level advanced practice nursing education is the appropriate, established and accepted education for APRNs.</td>
</tr>
<tr>
<td>The clinical concentration of the DNP is necessary and/or the lack of research theory focus is acceptable.</td>
<td>The DNP results in a split between nursing research and practice which may be detrimental to the nursing profession.</td>
</tr>
<tr>
<td>The DNP may compliment the PhD in the research process.</td>
<td>The DNP may result in a lack of nursing researchers with the ability to generate new nursing knowledge.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>N/A</td>
<td>Transition to the DNP will be difficult for some institutions or the transition will drain scarce educational resources.</td>
</tr>
<tr>
<td>The DNP may not draw from the PhD applicant pool.</td>
<td>The DNP may draw from the PhD applicant pool.</td>
</tr>
<tr>
<td>The DNP is more aligned with the nurse clinician’s goals and/or may lead to an increase in doctoral enrollment.</td>
<td>N/A</td>
</tr>
<tr>
<td>A doctoral level degree is commensurate with the educational time commitment of the advanced practice nurse.</td>
<td>The additional time and cost of the DNP may deter potential nursing students.</td>
</tr>
<tr>
<td>Additional knowledge is needed for the advanced practice nurse to meet the demands of today’s healthcare system.</td>
<td>Current advanced practice education and the associated knowledge base is sufficient for advanced practice nursing.</td>
</tr>
<tr>
<td>The DNP complies with the ethical principles of healthcare and/or nursing.</td>
<td>The DNP does not comply with the ethical principles of healthcare and/or nursing.</td>
</tr>
<tr>
<td>N/A</td>
<td>The DNP may worsen the relationship between APRNs and physicians.</td>
</tr>
<tr>
<td>The DNP does not intend to devalue or disenfranchise the master’s prepared advanced practice nurse.</td>
<td>The DNP may devalue or disenfranchise the master’s prepared advanced practice nurse.</td>
</tr>
<tr>
<td>Nursing lags behind other professions regarding the requirement for doctoral level education.</td>
<td>The DNP is not comparable to the entry level doctorates of other healthcare professions.</td>
</tr>
<tr>
<td>The DNP may provide degree or esteem parity with other healthcare disciplines.</td>
<td>The DNP may not provide degree or esteem parity with other healthcare disciplines.</td>
</tr>
<tr>
<td>The DNP is an appropriate degree title and will be recognized within healthcare.</td>
<td>The DNP may add to the nursing profession’s numerous degree titles and confuse the public/colleagues.</td>
</tr>
<tr>
<td>The DNP may help prepare nursing leaders in healthcare.</td>
<td>N/A</td>
</tr>
<tr>
<td>The DNP will not have a negative impact on the cost of healthcare.</td>
<td>The DNP may increase the cost of healthcare or decrease the cost effectiveness of APRNs.</td>
</tr>
<tr>
<td>N/A</td>
<td>The DNP may complicate the regulation or licensing of APRNs.</td>
</tr>
<tr>
<td><strong>The DNP carries the potential to improve patient care.</strong></td>
<td><strong>There is no data to support the proposition that the DNP will improve patient care.</strong></td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>The DNP carries the potential to improve today’s healthcare system.</strong></td>
<td><strong>There is no data to support the proposition that the DNP will improve the healthcare system.</strong></td>
</tr>
<tr>
<td><strong>Use of the term &quot;doctor&quot; is acceptable for the DNP prepared practitioner or inconsequential to the practice setting.</strong></td>
<td><strong>Use of the term &quot;doctor&quot; is inappropriate for the DNP or will facilitate confusion in the practice setting.</strong></td>
</tr>
<tr>
<td><strong>Unique positive points of sentiment (each valued at one point).</strong></td>
<td><strong>Unique negative points of sentiment (each valued at one point).</strong></td>
</tr>
<tr>
<td>1.)</td>
<td>1.)</td>
</tr>
<tr>
<td>2.)</td>
<td>2.)</td>
</tr>
<tr>
<td>3.)</td>
<td>3.)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>TOTAL</strong></td>
</tr>
</tbody>
</table>

**The Intervention and Innovation**

The DNP has been described in the context of disruptive innovation.\(^7,17\) Disruptive innovation takes place when services are appropriately matched to the demands of the market and in many instances there is resistance to this process.\(^22\) A certain level of resistance to the DNP is obvious from a review of the literature and expected as the degree, in its most recent form, is a new innovation. Due to the void of primary research regarding the DNP and description of the DNP as disruptive innovation the given intervention is best described in the context of Rogers’ Innovation-Decision Process.

Additionally, new ideas and alternative ways of assessing a situation are innovations in themselves. Therefore, the intervention of correlating the author’s credentials with sentiment expressed in the literature is also considered an innovation in the context of Rogers’ model. This approach to the debate over the DNP has not been attempted and similarly to the DNP itself may meet resistance. Despite potential resistance, an innovative approach to the DNP debate is
necessary to advance discussion, open minds and impact the DNP’s conceptualization in the clinical setting.

Figure 5. Rogers’ Five Steps of the Innovation-Decision Process

The Knowledge Stage

The first stage, known as the Knowledge Stage, is the period of time in which the decision making units, which in this case may comprise of the advanced practice nursing population, future nursing authors and healthcare leaders, are presented with an innovation and knowledge is obtained regarding that innovation. It is more than reasonable to assume that the majority of advanced practice nurses (APRNs) have knowledge of the DNP degree and the possibility that sentiment in the literature is related to the authors credentials. However, Rogers’ describes the process of “selective exposure” and “selective perception” in which a decision making body filters potential exposure and perception to innovations based upon what is deemed important by that decision making body. Therefore, APRNs may have been exposed to sentiment in the literature but failed to further consider the issue based upon a lack of perceived need or interest.
The same concept applies to the DNP degree itself as an innovation. The lack of need or interest regarding the DNP is expressed by a group of nursing authors in the literature. The question exists as to whether the author’s attitudes and beliefs are a function of their credentials and whether those credentials are reflected in sentiment regarding the DNP?

If this is the case, recognition of this issue may lead to the next step for the DNP. A “change agent” may be necessary to obtain this next step. The change agent is one who influences innovation-decisions. In the case at hand, the change agent is this author and the intervention of correlating sentiment expressed in the literature with the credentials of the authors.

The presented intervention, or change agent, will function in two parts. First, it must be accepted and implemented as an innovative idea itself. Second, if accepted and implemented it will serve as a change agent by providing new knowledge and insight to the debate over the DNP as a healthcare innovation. A need must be created to advance the debate over the DNP just as a need is required to drive desire for an innovation. A primary goal of presenting the credential and sentiment correlation (correlation table) is to create new ideas and spark the need for further communication. Essentially, this is changing practice through changing the thoughts of practitioners and leaders in the clinical climate. This will be accomplished by providing practitioners and healthcare leaders with a new and innovative assessment of the literature and debate surrounding the DNP.

The intervention will provide valuable information. Specifically, the correlation table may help provide nursing authors and APRNs with “awareness-knowledge.” This knowledge consists of recognizing the DNPs existence, acknowledging that the debate is ongoing and answering the question as to whether sentiment in the debate literature is related to
the author’s education. When the target population obtains this “awareness-knowledge,” it may subsequently influence their interpretation of the literature and hence their clinical and academic acceptance of the degree. Anytime acceptance, attitude and thought changes practice will also change.

Additionally, “how-to knowledge” may emerge from the intervention. “How-to knowledge” is necessary to correctly utilize an innovation. The DNP is an innovation and recognizing how to interpret the literature based upon the author’s credentials may impact the use of the DNP prepared practitioner in the clinical setting. For instance, health care institutions may review the literature and come to the conclusion that the DNP prepared nurse will not benefit their health care operation. This same scenario may take place on an individual practitioner level in which the clinical practitioner evaluates the literature and comes to the conclusion that pursuing the DNP is not in their best interest. These conclusions result from sentiment expressed in the literature. However, with “how-to knowledge” regarding literature interpretation and the impact of the author’s credentials, the decision makers may become aware that the literature reviewed only included viewpoints from a select population of authors who tend to present a negative sentiment regarding the DNP. Subsequently, the health care institution or clinical practitioner may seek additional knowledge from authors with different credentials. Rogers’ identifies “how-to knowledge” as the most important type of knowledge to the decision makers once in the decision making stage. This applies to acceptance of the DNP in practice, as knowing how to interpret DNP literature may substantially impact decisions made regarding the DNP at both the individual and institutional levels.
The Persuasion Stage

During the Persuasion Stage an attitude or opinion is created in the minds of the decision makers. This attitude is either positive or negative with regard to the innovation, which in this case consists of the DNP itself and the idea that an author’s credentials may impact sentiment in the literature. The attitudes formed by the APRN population, future nursing authors and health care leaders may influence their decisions regarding the interpretation of the DNP debate.

As demonstrated by the literature review and synthesis the issues surrounding the DNP are presented in a contrasting manner by authors. This forces every decision maker develop their own feelings regarding a myriad of debatable points. The attitudes formed by these decision makers may impact whether APRNs pursue the DNP. Additionally, these attitudes may also impact the sentiment of future DNP literature and the utilization of the DNP in the clinical setting. It is apparent that the overall attitude formed toward the DNP stands to significantly impact the future direction in which the DNP will travel, not only within the literature but also in the clinical setting. Therefore, the intervention stands to guide each decision maker in the formation of their attitudes. This process will take place through proposing the idea that the author’s credentials may impact the perspective that is presented in the literature.

In the Knowledge Stage the decision makers are exposed to the idea of the DNP debate and the sentiment-credential correlation. Now, in the persuasion stage, the decision makers will deal with the formation of personal feelings toward the DNP debate and literature. According to Rogers’ model, in this stage, members of the designated decision making populations will seek out information regarding the DNP literature and author sentiment and use that information to guide the development of their feelings. In addition, due to the uncertainties that surround new innovations such as the DNP and an alternate way of assessing the literature, decision makers
may seek out the opinions of colleagues to compare attitudes. \(^{30}\) Rogers' refers to this as “social reinforcement.” \(^{30p175}\) In this stage decision makers begin to ask themselves, “What are the personal advantages and downfalls to adoption of this innovation?” \(^{30p175}\) Ultimately, individuals will form a positive or negative opinion toward the sentiment-credential correlation, the DNP debate and the DNP innovation as whole. \(^{30}\) Even if a positive attitude is formed toward the intervention it does not mean that communication will advance forward and the DNP innovation will be accepted. Many times a “cue-to-action” is necessary to encourage implementation of an innovation. \(^{30p176}\) An example of a “cue-to-action” would be an author publishing an article acknowledging that his or her credentials influence sentiment associated with the DNP. At that point, a decision maker who is leaning toward acceptance of the sentiment-credential correlation and the subsequent impact on the DNP debate may solidify his or her positive attitude. \(^{30}\)

**The Decision Stage**

In this stage decision makers will decide to either “adopt” or “reject” the innovation. \(^{30}\) “Adoption” is the decision to accept the sentiment-credential correlation, and utilize those findings to advance the DNP innovation via recognition of attitudes and advancement of the debate. In contrast; “Rejection” is abstaining from acceptance of the intervention’s results and proceeding on with the DNP debate without the knowledge provided by the intervention.

Uncertainty regarding the intervention, due to its nature as an innovation, is inevitable. Rogers suggests that one way to deal with uncertainty is to try the innovation without full implementation and evaluate the results on a smaller scale. This is a possibility if a decision maker decides to evaluate a sample of DNP literature independently and assess whether the idea of a sentiment-credential correlation is congruent with their assessment. Often when this method is used, the final result is to adopt the innovation as long as a small benefit is recognized. \(^{30}\) A
decision maker may also look to others to evaluate whether they have fully accepted the innovation and an alternate approach to assessing the mood of the DNP literature. However, partial trials and “trial by others”\textsuperscript{30p177} will only take place if the decision is made to adopt the intervention. Therefore, if decisions makers reject the intervention as an innovation these trials will fail to take place.

Another factor to consider in the Decision Stage is pressure from other individuals or organizations.\textsuperscript{30} It is possible that APRNs and future nursing authors may feel pressure from others that actively accept the sentiment-credential correlation. These decision makers may then use the results to advance the DNP debate, alter thoughts and attitudes and change the practice setting.

The Implementation Stage

“Implementation takes place when an individual, or other decision-making unit, puts an innovation to use.”\textsuperscript{30p179} In this stage of Rogers’ Innovation-Decision Process APRNs, nursing authors and health care decision makers transition from predominantly abstract thought about the intervention to actually putting concept of a sentiment-credential correlation to use by advancing the DNP debate.\textsuperscript{30} This is the step in which the actual findings of the sentiment-credential correlation will be utilized. Implementation of the findings through dissemination via publication and teaching will optimally result in new insight associated with the DNP debate. In other words, the sentiment-credential correlation, an innovation itself, will optimistically result in facilitating the advancement of another innovation- the DNP. Rogers points out, that in general, the decision making stage is quickly followed by implementation. This may not be the case if implementation is limited by availability of the innovation.\textsuperscript{30} This is a potential issue with the
sentiment-credential correlation findings if dissemination is not substantial and fails to reach the necessary population.

Another aspect to consider with an innovation is implementation at an organizational versus the individual level. It is likely that the sentiment-credential correlation, as an innovative idea, will be implemented at the individual level. However, there is a larger picture to consider that is not necessarily organizational in nature but rather composed of a comprehensive group attitude. The sentiment-credential correlation may change group attitude through recognition of the impact that credentials have on sentiment. This has consequences because there may be individual decision makers, within the group, who oppose the idea that credentials influence DNP literature. Due to the nature of a group attitude, these individuals may feel excluded from the direct decision making process and subsequently express strong resistance to implementation and acceptance of the sentiment-credential correlation.

It is likely that the implementation stage will take quite some time. The APRN population, nursing authors and health care decision makers must use the idea of a sentiment-credential correlation to reassess the DNP debate and change the way they look at the DNP as an innovation. With time, the idea that credentials play a part in the sentiment expressed in DNP literature may become widely accepted. When this is accepted as the norm, the concept will lose its quality as an innovation and no longer hold a “separate identity.”

**The Confirmation Stage**

In the final stage of Rogers’ process, decision makers will look for reinforcing indicators that using the sentiment-credential correlation and advancing the DNP debate was the correct decision. If the messages received by the decision makers are not congruent with their decision then a state of dissonance may occur. Actions may be taken to eliminate this feeling of
dissonance. One option is to discontinue the innovation. In the case of adopting the correlation table discontinuance may be difficult due to the nature of the innovation. Once a decision maker chooses to adopt the sentiment-credential correlation, the new ideas behind the DNP may continue to influence the thought processes of the decision maker even if discontinuance is elected. This demonstrates that concrete innovations may be easier to discontinue than innovation which influence thoughts and attitude.

**Outcomes**

Implementation will take place through publication of the intervention’s findings. A substantial impact is possible using the power of publication to disseminate new and innovative ideas. Outcomes for evaluation consist of assessing future DNP literature for a response to the published intervention. For example, the number of nursing authors who respond to the intervention’s results will be measured and citation of the article will be monitored. These outcomes are measureable and will provide an indication of the project’s impact.

**Conclusion**

With the debate over the DNP so well documented, it is only logical to ask the question as to whether the author’s credentials effect the sentiment expressed in the literature. Answering this question will contribute greatly to the advancement of the discussion surrounding the DNP. Furthermore, answering this question holds the potential to impact practice by changing thought. Additionally, practitioners, nursing authors and healthcare leaders can utilize the results of this intervention to interpret the published DNP literature. The intervention may help the aforementioned populations guide decision making regarding educational pursuit of the DNP, publication of literature regarding the DNP and utilization of the DNP prepared practitioner in the clinical setting.
At first evaluation it may appear that an intervention aimed chiefly at evaluation of literature may lack clinical impact. This author disagrees with that perspective and encourages a global approach to impacting clinical practice. The DNP itself has been proposed as an innovation that may improve patient outcomes and address the needs of the ever changing healthcare climate. Hence, in the context of this intervention, the DNP is considered analogous to a clinical technique, medication or procedure. Therefore, the literature surrounding the DNP must be synthesized just as one would synthesize literature regarding a clinical concept.

The difference lies in the fact that the literature associated with the DNP is, at this point, predominately opinion based. Therefore an innovative approach must be taken in which the sentiment of individual authors is assessed. Correlation of the sentiment expressed in the literature with the author’s credentials and dissemination of this information is necessary to advance the DNP debate. As the DNP debate advances assessment of attitudes by both individuals and organizations will continue. This is a vital factor to consider, as it is the attitudes and sentiment of decision makers that may ultimately play a part in determining the DNP role in clinical practice.
PART FOUR

Implementation and Results

Guiding Framework

The Stetler Model was used as a guiding framework for this project. The Stetler Model of Research Utilization to Facilitate Evidence-Based Practice was first introduced in 1976 by Stetler and Marram.\textsuperscript{31} It was further revised in 1994 and 2001.\textsuperscript{31} Critical-thinking and decision-making are emphasized in the model\textsuperscript{32} which can be utilized at both the practitioner or institutional level in an effort to provide a framework for the use of evidence in practice.\textsuperscript{31} The model is best described by examining some key terms in its title. Stetler defines research utilization as, “the process of transforming research knowledge into practice.”\textsuperscript{32p.274} Evidence-based practice (EBP) is viewed as the, “application of external and/or internal evidence in routine practice.”\textsuperscript{32p.273} Stetler states that research utilization provides, “the requisite preparatory steps for research-related actions that, when implemented and sustained, result in EBP.”\textsuperscript{32p.272} Hence, the two concepts are different yet intertwined when utilizing research in practice.\textsuperscript{32}

An important aspect of this model is the types of evidence that may be utilized. As stated previously, the first type is “external evidence” which refers to research results and expert opinion. Second is “internal evidence” which consists of other sources such as, “reliable, verifiable data from quality improvement, operational, or evaluation projects” and “affirmed clinical experience.”\textsuperscript{32p.272} This is an important point, as it is external evidence, the opinions and perspectives of expert nursing authors, that was utilized in this project. Within the confines of the Stetler Model, this appears to be an acceptable level of evidence.

The Stetler model is a five phased framework which operates under the following assumptions:
1. “The formal organization may or may not be involved in an individual’s utilization of research.”  

2. “Utilization may be instrumental, conceptual and/or symbolic.”

3. “Other types of evidence and/or nonresearch-related information are likely to be combined with research findings to facilitate decision making or problem-solving.”

4. “Internal and external factors can influence an individual’s or group’s view and use of evidence.”

5. “Research and evaluation provide us with probabilistic information, not absolutes.”

6. “Lack of knowledge and skills pertaining to research utilization and EBP can inhibit appropriate and effective use.”

Fig 6. The Stetler Model of Research Utilization to Facilitate Evidence-Based Practice
Phase I: Preparation

Phase I of the Stetler model centers on preparation and determination of the purpose of a given evidence-based endeavor. In this phase of the project the following population, intervention, comparison, outcomes (PICO) question was developed: Are doctorally prepared nursing authors who publish DNP literature expressing positive, negative or neutral sentiment toward the DNP based upon their degree credentials? This question served to focus the project as well as identify the literature base to be examined. Before the literature could be fully reviewed, the type of literature to be utilized was considered. This is one of the requirements of Phase I. Sentiment was the focus of this project and therefore literature expressing sentiment toward the DNP was determined to be acceptable evidence and included in the project. There was no indicator that this project required only experimental evidence. The body of evidence included literature that reviewed the issues surrounding the DNP such as opinion-based, editorial, response, review, program development, nursing research, education and theory as well as nursing ethics literature. Due to the fact that no randomized controlled studies (RCTs) regarding the DNP were found, it was made evident that opinion and attitude predominately dictate how practitioners and health care decision makers interpret the DNP movement and DNP literature. If it is the opinions and attitudes of practitioners and decision makers that influence the DNP’s future then it is only suiting that opinion and attitude-based evidence was synthesized for this project.

With the PICO question defined and acceptable evidence identified, the literature review commenced. According to the Stetler Model, “The research literature might be reviewed to solve a difficult clinical, managerial, or educational problem; to provide the basis for a policy, standard, algorithm, or protocol; or to prepare and in-service program or other type of
Answering the purposed PICO question served to address both a clinical and educational problem as stated in the aforementioned Stetler Model guidelines. The DNP debate poses an issue for the advancement of nursing education as well as a barrier to the evolution of a new role for nurses in the clinical setting.

During the literature review, the salient points of debate, the ones in which author’s expressed substantial positive or negative sentiment, were identified. Due to the large body of evidence driving the DNP debate, the issue was determined to be a large priority within the nursing profession which meets the Stetler Model’s suggestion to “focus on high priority issues.” It was reasonable to conclude that an issue such as the DNP, which possesses the ability to impact numerous aspects of the nursing profession was, and is, a high priority for nurses practicing in a variety of roles.

Furthermore, while in the preparation phase internal and external factors that may have influenced the project were identified. One major factor of consideration was this author’s pursuit of the DNP degree. This was considered as a possible influence on objectivity due to the fact that this project focused on the sentiment others expressed toward the DNP. This issue was addressed through the development of an objective tool for sentiment determination as well as group consensus in scoring of sentiment in the literature. Another influencing factor was the timeline for the project which was thoroughly reviewed and integrated into project planning.

**Phase II: Validation**

Due to the opinion-based focus of this project, validation of the literature took place in an alternative fashion as compared to the manner in which one would validate a scientific clinical study. The body of literature regarding the DNP is extensive and was thoroughly examined for articles that were relevant to the DNP debate. Evidence that did not meet inclusion criteria was
eliminated and a level of evidence table was used to grade the literature (See Table 1). The number of articles included in the sentiment-credential correlation was 90, which was determined to be a sufficient number of articles to meet the objectives of the project. Eighty-seven of the 90 pieces of literature were assigned a level of evidence score of VII with the other 3 receiving a score of VI (See Table 1).

Table 1. Levels of Evidence

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Evidence from a systematic review or meta-analysis of all relevant randomized controlled trials (RCTs), or evidence-based clinical practice guidelines based on systematic reviews of RCTs</td>
</tr>
<tr>
<td>II</td>
<td>Evidence obtained from at least one well-designed RCT</td>
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<tr>
<td>III</td>
<td>Evidence obtained from well-designed controlled trials without randomization</td>
</tr>
<tr>
<td>IV</td>
<td>Evidence from well-designed case-control and cohort studies</td>
</tr>
<tr>
<td>V</td>
<td>Evidence from systematic reviews of descriptive and qualitative studies</td>
</tr>
<tr>
<td>VI</td>
<td>Evidence from single descriptive or qualitative study</td>
</tr>
<tr>
<td>VII</td>
<td>Evidence from the opinion of authorities and/or reports of expert committees</td>
</tr>
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</table>

Phase III: Comparative Evaluation/Decision Making

Validation of the evidence was accepted in Phase II and subsequently the project progressed to Phase III in which synthesis of the literature took place.31,32 The salient points of sentiment surrounding the DNP were identified and synthesized into flow chart format. These points of sentiment were adapted into a sentiment analysis tool for DNP literature. This process is discussed in depth on pages 18-33 of this paper.

Also in Phase III, the degree of substantiation of the evidence was considered.31,32 “Substantiating evidence is produced by replication, in which consistent, credible findings are
The DNP literature addresses points which were found to reoccur in numerous writings. These points essentially replicate themselves within the body of DNP literature, adding to the literature’s substantiation as evidence of a sentiment-credential correlation. Therefore, literature used as evidence of a possible sentiment-credential correlation was only included if it focused on the consistent and credible points of debate surrounding the DNP.

Additionally, Phase III consisted of evaluating the, “feasibility of using research findings.” During this step the benefits and downfalls of utilizing the given evidence were assessed and the three R’s of the Stetler Model were reviewed. The first R stands for risks. The evidence used in this project did not focus on altering a concrete or specific clinical technique and therefore the potential risks to a patient population were determined to be limited. If a member of the target population adopted the ideas associated with the sentiment-credential correlation then there was a potential benefit to the nursing profession and ultimately the clinical setting. If that same individual failed to adopt these ideas, the risk was determined to be small in regards to placing a patient population at risk. However, it was determined that failure to at least consider the ideas associated with the sentiment-credential correlation would place the nursing profession as a whole at risk. The risk arises from failing to conceptualize the DNP debate in an innovative fashion which could result in stalling of the DNP transition and further disagreement between nursing populations.

Along with the risks, the benefits of this project were also considered in this step. Despite the fact that the benefits of the DNP are still under debate it was the goal of this project to impact practice through advancing the DNP debate, raising awareness of the DNP and changing the attitudes and thoughts of practitioners and healthcare decision makers. The potential benefit was determined to be the realization that an author’s credentials may impact the sentiment they
express toward the DNP. Subsequently, this realization may lead to new attitudes and thoughts, a possible advancement toward unification regarding the DNP transition and ultimately an impact on nursing practice.

The second R refers to “resources needed” for an evidence-based project. The major resource identified in this project was time and manpower. It was determined that it would take three readers a substantial period of time to separately evaluate 90 pieces of literature. Plans were made accordingly. Additional resources were technical in nature including various computer software programs as well as laptops and printers.

The final R in the Stetler Model addresses the “readiness of those involved.” In this step, a broad perspective was used to interpret that the entire profession of nursing is involved in the DNP transition and the consequences associated with the degree. An indicator of readiness was the presence of a large body of literature addressing the DNP debate. A population does not produce a plethora of literature regarding an issue without a strong interest in the topic. With the DNP debate so well documented it appeared that advanced practice nurses needed this project to advance the DNP debate. Therefore, the readiness of those involved, essentially the entire nursing profession, was deemed more than adequate.

Finally in Phase III, the decision was made to use the findings of the sentiment-credential scoring process and proceed with the project. It was determined that due to the large body of DNP literature it was possible to develop a strong evidence-base evaluating a possible correlation between an authors credentials and their sentiment expressed toward the DNP in the literature. Within the context of the Stetler Model, the “Use” decision was chosen and the recommendation was made to consider the use of a credential-sentiment correlation when interpreting DNP literature.
Phase IV: Translation/Application

During Phase IV the actual results of the project were utilized. The target situation for change was identified, the plan for change was laid out and the plan was subsequently implemented. The situation for change was the way advanced practice nurses and healthcare decision makers interpreted the DNP literature. The plan for change was to share the results of the project through publication and teaching. “Cognitive application” or “Cognitive Use” of the translated evidence will hopefully be observed as advanced practice nurses are exposed to information that changes the way they perceive the DNP debate and the DNP as a degree. This type of application or use may also take place as the project findings aid advanced practice nurses in understanding the role that credentials may play in the sentiment expressed toward the DNP in the literature.

Phase V: Evaluation

Publication of the project will be sought and subsequently the impact of publication will be assessed in this final phase. Dissemination of the results through nursing journals stands to reach a large nursing audience with varying backgrounds. Therefore, the number of times the published paper is cited will be closely monitored. Additionally, reader correspondence and newly published DNP literature will be evaluated for any response to the project. This information will be valuable in assessing the project’s impact on the thoughts and perspectives of nursing authors, healthcare leaders and practicing nurse clinicians.

Results

There were no direct human participants in this project. The intervention focused on the synthesis of the DNP literature and translation of research findings. Therefore, no demographic information collection was necessary. A total of 90 pieces of DNP and practice doctorate
literature were included in the sentiment-credential correlation. It is notable that of the 90 articles 10 entered a second round of sentiment scoring and discussion due to a lack of consensus regarding the author’s sentiment. Two of these pieces of literature entered a third round of scorer consultation and a consensus was subsequently agreed upon by all three readers. The articles that entered a second round of sentiment evaluation are designated in Table 2 with one asterisk and those that entered a third round are designated with two asterisks. During these second and third rounds of discussion the issues addressed in the literature were evaluated and the authors’ sentiment was scrutinized in an effort to reach a consensus. The majority of discrepancy regarding the sentiment scoring was related to a neutral score conflicting with either a positive or negative score. These pieces of literature that entered a second or third round of discussion are designated in the sentiment-credential correlation table.

The results of the sentiment-credential correlation were categorized according to the author’s credentials and the sentiment expressed in the literature (See Table 3). Out of the 90 pieces of literature, a total of 49 were found to express positive sentiment toward the DNP, 28 expressed negative sentiment and 13 conveyed neutral sentiment. These numbers correspond with 54% positive sentiment, 31% negative sentiment and 14% neutral sentiment. It is notable that 59 of the 90 pieces of literature were written by PhD credentialed authors.

No clear correlation was found between the PhD credentialed authors and their sentiment expressed in the literature. Twenty-nine of the 59 articles written by the PhD authors expressed positive sentiment. While 20 articles were negative and 10 were neutral. Therefore, 49% of the literature published by PhD credentialed authors was positive, 34% was negative and 17% was neutral. There were a total of 18 pieces of literature written by authors who did not possess a PhD, DNP or ND degree. This group of author’s possessed either a DNS/DNSc, EdD, of DrPH.
Of the 18 articles written by these authors 8 expressed positive sentiment toward the practice doctorate, 8 conveyed negative sentiment and 2 expressed neutral sentiment. If all pieces of literature written by non-DNP credentialed authors are considered 37 or 47% were positive, 29 or 37% were negative and 12 or 15% were neutral. There was one piece of literature expressing positive sentiment written by an author with both a PhD and DNP which was not considered in the aforementioned breakdown.

In contrast to the split sentiment expressed by the non-DNP credentialed authors, the practice doctorate credentialed authors demonstrated a clear correlation with positive sentiment toward the DNP degree in their literature. There were 12 pieces of literature in the sample written by authors with a DNP and one article written by an author with a ND for a total of 13 articles written by authors with practice doctorates. Of these pieces of literature 11 expressed positive sentiment toward the DNP and only 2 conveyed neutral sentiment. It is notable that 1 of the neutral articles was written by a ND credentialed author. Therefore, 100% of the literature written by authors with a practice doctorate expressed positive or neutral sentiment toward the degree.
<table>
<thead>
<tr>
<th>Table 2. DNP Sentiment-Credential Table</th>
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<tr>
<td><strong>Article</strong></td>
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<td>----------------------------------------</td>
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<tr>
<td>The doctor of nursing practice: looking back, moving forward(^{25})</td>
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<tr>
<td>The DNP and entry into midwife practice: an analysis(^{24})</td>
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<tr>
<td>Educating nurses for the 21(^{st}) century(^{33})</td>
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<tr>
<td>A matter of degree(^{34})</td>
</tr>
<tr>
<td>Primer on the practice doctorate for neonatal nurse practitioners(^{35})</td>
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<tr>
<td>Response by Joan Rosen Bloch to: doctor of nursing practice (DNP): need for more dialogue(^{36})</td>
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<tr>
<td>The doctor of nursing practice: how will it impact urological nursing(^{37})</td>
</tr>
<tr>
<td>Letter to the editor AJCC 14(6) 2005(^{38})</td>
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<td>Title</td>
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<tr>
<td>Constructive debate and dialogue in nursing⁴⁰**</td>
</tr>
<tr>
<td>Doctor of nursing practice: in need of definition⁴⁰**</td>
</tr>
<tr>
<td>Developing a practice doctorate in nursing: university of Washington perspectives and experience⁴⁰**</td>
</tr>
<tr>
<td>The doctor of nursing practice degree: lessons from the history of the professional doctorate in other health disciplines⁴¹</td>
</tr>
<tr>
<td>Doctor of nursing practice: opportunity amidst chaos⁴¹</td>
</tr>
<tr>
<td>Reconceptualizing the core of nurse practitioner education and practice⁴²</td>
</tr>
<tr>
<td>AJCC 14(6)2005⁴³</td>
</tr>
</tbody>
</table>
| The doctor of nursing practice comes to Louisiana\textsuperscript{44} | Newsletter | Positive | 1.) PhD  
2.) DNP | N/A | VII | Positive | Positive | Positive | Positive |
|---------------------------------------------------------------|-------------|----------|-----------------|------|------|-----------|-----------|-----------|-----------|
| DNP degree: do we really need it?\textsuperscript{45} | Letter to Editor | Negative | 1.) PhD  
2.) DNP | N/A | VII | Negative | Negative | Negative | Negative |
| The practice doctorate: innovation or disruption?\textsuperscript{17} | Review | Negative | 1.) EdD  
2.) PhD | N/A | VII | Negative | Negative | Negative | Negative |
| Understanding the DNP\textsuperscript{46} | Review | Positive | 1.) DNP  
2.) DNP | N/A | VII | Positive | Positive | Positive | Positive |
| Toward clarification of the doctor of nursing practice degree\textsuperscript{47} | Review | Positive | 1.) DNP  
2.) PhD | N/A | VII | Positive | Positive | Positive | Positive |
| National agenda for advanced practice nursing: the practice doctorate\textsuperscript{48}\textsuperscript{a} | Review | Positive | 1.) PhD  
2.) PhD | N/A | VII | Positive | Positive | Positive | Positive |
| Wanted: clinical experts to teach the next generation of gerontological nursing professionals\textsuperscript{49} | Editorial | Positive | 1.) PhD  
2.) PhD  
3.) PhD | N/A | VII | Positive | Positive | Positive | Positive |
<p>| Response by Janet S. D'Arcangelo to: doctor of nursing practice (DNP): need for more dialogue\textsuperscript{50} | Letter to Editor | Negative | 1.) PhD | N/A | VII | Negative | Negative | Negative | Negative |</p>
<table>
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<tr>
<th>Title</th>
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<th>Degree(s)</th>
<th>Year</th>
<th>Overall Rating</th>
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<td>SDSU launches doctor of nursing practice degree(^51)</td>
<td>Newsletter</td>
<td>Positive</td>
<td>1.) EdD</td>
<td>N/A</td>
<td>Positive</td>
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<tr>
<td>The doctor of nursing practice(^52)</td>
<td>Newsletter</td>
<td>Positive</td>
<td>1.) EdD</td>
<td>N/A</td>
<td>Positive</td>
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<td>Doctor of nursing practice- MRI or total body scan(^53)</td>
<td>Editorial</td>
<td>Negative</td>
<td>1.) DNSc  2.) MD</td>
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<td>Reflections on the doctor of nursing practice(^10)</td>
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<td>Negative</td>
<td>1.) DNSc  2.) PhD 3.) PhD</td>
<td>4.)PhD</td>
<td>Negative</td>
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<tr>
<td>The doctor of nursing practice: has the train left the station? If so, just where is it going?(^54)</td>
<td>Newsletter</td>
<td>Neutral</td>
<td>1.) DNSc  2.) PhD 3.) PhD</td>
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<tr>
<td>Reflection on the DNP and an alternate practice model: the Drexel DrNP(^55)</td>
<td>Review</td>
<td>Negative</td>
<td>1.) DNSc  2.) PhD 3.) PhD</td>
<td>N/A</td>
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<tr>
<td>Matching standards and needs in doctoral education in nursing(^56)</td>
<td>Review</td>
<td>Neutral</td>
<td>1.) PhD</td>
<td>N/A</td>
<td>Neutral</td>
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<tr>
<td>Doctor of nursing practice- integrative health and healing as a challenge(^57)</td>
<td>Review/ Editorial</td>
<td>Positive</td>
<td>1.) PhD</td>
<td>N/A</td>
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<td>Doctor of philosophy and doctor of nursing practice as complementary degrees</td>
<td>Review</td>
<td>Positive</td>
<td>1.) PhD</td>
<td>N/A</td>
<td>VII</td>
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<tr>
<td>Pro position: Is the doctor of nursing practice (DNP) the appropriate doctoral degree for nurses?</td>
<td>Review</td>
<td>Positive</td>
<td>1.) PhD, MBA</td>
<td>N/A</td>
<td>VII</td>
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<tr>
<td>The case for the clinical doctorate in nursing</td>
<td>Essay</td>
<td>Positive</td>
<td>1.) PhD, MBA</td>
<td>N/A</td>
<td>VII</td>
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<tr>
<td>Research and the doctor of nursing practice: a cause for consternation</td>
<td>Editorial</td>
<td>Negative</td>
<td>1.) PhD</td>
<td>N/A</td>
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<td>Shared faculty governance: a decision-making framework for evaluating the DNP</td>
<td>Review</td>
<td>Negative</td>
<td>1.) PhD 2.) EdD 3.) MS 4.) MS</td>
<td>VII</td>
<td>Negative</td>
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<td>Opinions, ideas, and convictions from NP’s founding mother Dr. Loretta Ford</td>
<td>Interview</td>
<td>Positive</td>
<td>1.) EdD 2.) DNSc</td>
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<td>The need for some sense making: doctor of nursing practice</td>
<td>Review</td>
<td>Negative</td>
<td>1.) PhD 2.) DNS</td>
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56
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<tr>
<td>Formative and summative evaluation of a practice doctorate program 63</td>
<td>Review/Survey</td>
<td>Neutral</td>
<td>1.) PhD</td>
<td>2.) PhD</td>
<td>3.) PhD</td>
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<td>AACN presents the clinical nurse leader and the doctor of nursing practice roles: a benefit or misfortune 64</td>
<td>Newsletter</td>
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<td>Response by Joanna M. Hall to: doctor of nursing practice (DNP): need for more dialogue 65</td>
<td>Letter to Editor</td>
<td>Negative</td>
<td>1.) PhD</td>
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<td>VII</td>
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<td>Who’s the doctor, anyway 66</td>
<td>Editorial</td>
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<td>N/A</td>
<td>VII</td>
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<tr>
<td>Doctoral education: which degree to pursue? 3</td>
<td>Review</td>
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<td>The DNP (doctor of nursing practice)- a faculty perspective 68</td>
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<td>Doctor of nursing practice program evaluation and beyond: capturing the profession’s transition to the DNP</td>
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<td>2.) PhD</td>
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<td>The practice doctorate in nursing: an idea whose time has come</td>
<td>Review</td>
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<td>Readers response to “advanced practice nurses say “no” to a mandatory doctor of nursing practice degree”</td>
<td>Letter to Editor</td>
<td>Positive</td>
<td>1.) PhD, DNP</td>
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<td>Difficult professional choices: deciding between the PhD and the DNP in nursing</td>
<td>Review/Survey</td>
<td>Positive</td>
<td>1.) MS (pursuing DNP) 2.) ND 3.) DNSc</td>
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<td>Review</td>
<td>Positive</td>
<td>1.) PhD 2.) PhD 3.) PhD</td>
<td>N/A</td>
<td>VII</td>
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“Lest we forget”: an issue concerning the doctorate in nursing practice (DNP)\textsuperscript{103}  

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<td>“Lest we forget”: an issue concerning the doctorate in nursing practice (DNP)\textsuperscript{103}</td>
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* Denotes literature that entered second round of sentiment evaluation
** Denotes literature that entered third round of sentiment evaluation

Table 3. Sentiment-Credential Synopsis

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<tbody>
<tr>
<td>POSITIVE</td>
<td>29 (49%)</td>
<td>2 (29%)</td>
<td>4 (50%)</td>
<td>2 (100%)</td>
<td>11 (92%)</td>
<td>0</td>
<td>1 (100%)</td>
<td>49 (54.4%)</td>
</tr>
<tr>
<td>NEGATIVE</td>
<td>20 (34%)</td>
<td>4 (57%)</td>
<td>4 (50%)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>28 (31.1%)</td>
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<tr>
<td>NEUTRAL</td>
<td>10 (17%)</td>
<td>1 (14%)</td>
<td>0</td>
<td>0</td>
<td>1 (8%)</td>
<td>1 (100%)</td>
<td>0</td>
<td>13 (14.4%)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>59</td>
<td>7</td>
<td>8</td>
<td>2</td>
<td>12</td>
<td>1</td>
<td>1</td>
<td>90</td>
</tr>
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</table>
PART FIVE

Evaluation

With the well documented debate and the plethora of literature published regarding the DNP, it is logical that one would wonder whether the author’s credentials impact the sentiment expressed toward the DNP. Due to the fact that the PhD and other doctorates have historically been the established and accepted doctoral nursing degrees it is also reasonable to suspect that non-DNP credentialed authors may express negative sentiment toward a new doctoral degree. However, the results of this translational research project indicate otherwise. Forty-nine percent of the literature published by PhD credentialed authors expressed positive sentiment toward the practice doctorate. When this is considered along with the 17% of neutral literature published by PhD authors, only 34% of the remaining literature expressed negative sentiment toward the DNP. When the entire population of nursing authors is considered, only 31% of the literature expressed negative sentiment toward the practice doctorate.

This data appears to be a positive factor for the success of the DNP. It is encouraging that a large proportion of the literature published by non-DNP credentialed authors actually supports the DNP. This may indicate that the nursing profession is moving toward a unified acceptance of the DNP. However, the contrasting argument can easily be made. The data does demonstrate that nurses remain somewhat split regarding the DNP. This divided opinion may have substantial consequences for nurses in academia as well as the clinical setting. Nursing faculty may not feel welcomed by their non-DNP credentialed counterparts which may force them away from teaching. Furthermore, a division of support for the DNP may impact the clinical setting by limiting the responsibilities of the DNP prepared practitioner and failing to utilize all the skills the DNP credentialed advanced practice nurse has to offer. Therefore, continued efforts must be
made to identify populations of nurses who oppose the DNP so controversial issues can be discussed and hopefully resolved.

One population that does not oppose the DNP is the authors who possess the practice doctorate. The data obtained through this project indicate that those who possess a DNP are expressing positive sentiment toward the degree in their published literature. Of the pieces of literature written by DNP or ND credentialed authors there was no negative sentiment expressed. The lack of negativity toward the degree is another positive factor that may demonstrate those who pursue the DNP are satisfied with their decision to obtain the practice doctorate. However, there were only 12 pieces of literature written by authors credentialed at the DNP level. This number is small when compared to the 59 pieces of literature written by PhD credentialed authors. These contrasting numbers may be related to several factors. First, the DNP is a fairly new degree and the number of DNP prepared practitioners publishing literature may be small when compared to the PhD population. Additionally, the numbers may indicate that the roles taken on by DNP credentialed advanced practice nurses are more clinical in nature leaving less time for publication of literature regarding educational issues such as the DNP. This is contrasted with the PhD prepared nurses’ academic setting which tends to emphasize the publication of literature regarding academic issues such as nursing education. Regardless, more literature written by DNP credentialed authors would be beneficial in establishing a stronger correlation between obtaining a DNP and expressing positive sentiment toward the degree.

Furthermore, the data suggests that nurses who express neutral sentiment toward the DNP may be a vital population in the success of the practice doctorate. Over time these nurses may be swayed in either a positive or negative direction which could influence the degree’s clinical and academic success. If the proportion of literature that was deemed to be neutral is added to the
positive category, the total percent of positive sentiment literature increases from 54% to 68%. In contrast, if the percent of neutral literature is added to the negative DNP literature the total percent of negative literature increases from 31% to 45%. Therefore, it is apparent that this neutral population stands to substantially impact the overall sentiment toward the DNP. With this in mind, the neutral population must be approached through discussion to identify the issues that keep them from fully supporting the degree in an effort to unify the DNP movement.

In conclusion, it is important to note whether the findings answered the proposed PICO question. Are doctorally prepared nursing authors, who publish literature about the DNP expressing positive, negative or neutral sentiment related to their own degree credentials? It appears that, with the exception of the DNP credentialed authors, they are not. The only clear sentiment-credential correlation was found to exist between DNP credentialed authors and the expression of positive sentiment in the literature. No other sentiment-credential correlation was identified. Despite the lack of more than one clear correlation the results are beneficial to the nursing profession.

It is now clear that it is possible to read DNP debate literature from non-DNP credentialed authors without the concern that the sentiment expressed in the literature is correlated to their degree credentials. It is also apparent that if literature written only by DNP credentialed authors is reviewed, the positive sentiment expressed in the literature may be correlated to their DNP credential. Furthermore, nurses who are considering obtaining the DNP as well as nursing policy and decision makers have the results of the sentiment-credential correlation to guide their DNP related research. These potentially influential nursing populations now have an objective indicator of the sentiment expressed in the literature. This is a large step
in moving forward with the DNP debate and working toward both academic and clinical acceptance of the practice doctorate.

**Implications**

**Lessons Regarding Data**

The data used in this project were unique. It differed from most evidence-based projects in that the data were gathered from literature that expressed sentiment toward a degree that has the potential to substantially impact clinical nursing practice. This is in contrast to the collection of quantitative data regarding clinical techniques or interventions. Due to the fact that the data were unique the project was an innovative approach to impacting clinical practice. However, the same qualities that made the data innovative also gave rise to some difficulty during conceptualization of the project. It was extremely challenging to fashion the data in a manner that met the requirements of a guiding framework and the objectivity necessary for reproduction.

Rogers’ Five Stages in the Innovation-Decision Process\(^{30}\) was chosen as the model for development of the intervention. This model allowed for a more creative approach to the development of the intervention as it looks at an intervention as an innovation rather than a stringently structured concept. Due to the fact that the DNP had previously been described within the context of an innovation in healthcare\(^{7,17}\) the model chosen suited this project well.

**Serendipitous Lessons**

In the beginning, this project was quite daunting. Evaluating a large body of literature and synthesizing that literature into a final product that would benefit nursing seemed like a great concept, but it was no more than that- a concept. With the assistance of skilled advisors, the project grew from a rather intangible idea into a focused translational research endeavor. There were points of frustration but the project moved forward. It was stated that this is doctoral level
work and it was not going to be easy. Now, with the project completed, that point is quite evident.

The initial lessons learned during this project fall into the category of apparent or superficial lessons. This title may seem negative but these lessons are valuable not only in academia but also in everyday life. First, do not procrastinate. There is no way this project would be completed if time management was not utilized and timelines were not followed. Second, do not be afraid to ask for help. It was quickly realized that this project was not going to come together without the assistance of an advisor who would share knowledge and answer questions. Additionally, the value of strong writing skills was learned during this project. As a past bedside nurse, writing skills were valuable but not truly necessary. Now, at the doctoral level, the ability to convey a clear message through written word is extremely evident.

An additional lesson learned during this project is that, with the right people around and a bit of perseverance, even the most daunting of tasks can be completed. Along those same lines, completing this project has made it apparent how hard those with doctoral degrees in nursing have worked to obtain their credentials, regardless of whether it be a PhD, DNP, EdD or DNSc. In the midst of the DNP debate, completing a doctoral level project has enforced the fact that nurses must respect one another’s views because each nurse has worked hard to obtain the education necessary to formulate those views.

The data obtained from this translational research study also resulted in an unexpected lesson. It was the suspicion of this author that the educational background of other nursing author’s, specifically those with a PhD, would substantially impact sentiment expressed toward the DNP in the literature. However, the results demonstrated differently and showed that many PhD prepared nurses support the DNP. Therefore, this author has learned that the results of a
translational research study may not always support the original hypothesis. Furthermore, it has become apparent that evaluating one’s own personal biases is necessary before taking on any form of research. These biases hold the potential to impact a study’s methodology as well as outcome. Therefore, recognizing and eliminating bias is essential in conducting a sound translational research project.

Furthermore, a lesson was learned about the nursing profession as a whole during this project. This author has learned and also hopes the nursing profession will remember that history repeats itself. It was 1965 when the American Nurses Association published a position paper suggesting that the minimum requirement for entry into nursing practice be at the baccalaureate degree level. Now, in 2011 the debate regarding this topic presses on and associate degree programs continue to produce nurses despite data that supports better outcomes when patients are cared for by baccalaureate level nurses. This is not to say that associate degree nurses are inadequately trained for patient care. Rather the issue is that the nursing profession must advocate for itself by advancing educational requirements to stay abreast with what is respected in the healthcare community. The fact is there are no other distinguished professional healthcare fields that allow entry into practice at the associate degree level.

Despite the failure to require a baccalaureate level degree for entry into nursing practice, it is the hope of this author that nursing will stick by the 2015 goal for the DNP as the entry degree to advanced practice nursing. If not, the profession is doomed to repeat history and commence yet another 45 year debate regarding educational requirements.
Future Directions

Project Expansion

Due to the fact that the DNP transition is in its early stages and the debate is still ongoing there are multiple avenues through which this intervention could be altered and the project expanded. First, the sentiment-credential correlation could be expanded to include non-nursing authors. This intervention focused on literature written by doctorally prepared nursing authors. Therefore, there is additional literature which has not yet been evaluated. Unevaluated literature includes articles written by master’s prepared nurses as well as physicians and authors from allied health science disciplines. It would be a valuable expansion to the intervention to apply the sentiment evaluation tool to the literature that did not meet the inclusion criteria for this project.

Additionally, it may be of interest to expand the intervention by performing a similar sentiment analysis but focusing on the date of literature publication rather than the credentials of the author. This expansion could provide information regarding the evolution of sentiment in the literature regarding the DNP over time. It would be of interest to see if the sentiment of authors toward the DNP has changed as the number of DNP programs has increased.

Furthermore, a survey could be added to the intervention to assess whether the sentiment-credential correlation was correct. This survey would ask, in a straight-forward manner, the author’s sentiment toward the DNP. It could be mailed or emailed to the authors of the articles that were included in this project. A survey such as this would be valuable in confirming the project’s findings.

An additional expansion stems from the multiple advanced practice nursing roles which have led to varying perspectives regarding the DNP within individual specialties. A focused evaluation of the literature published by nursing authors within these specialties could provide
specialty specific sentiment-credential data. This type of project expansion could be especially useful to specialties such as nurse anesthesia which has not completely supported the DNP requirement for practice. Performing a specialty specific sentiment-credential correlation could help reveal if nursing authors in certain nursing specialties express predominately positive or negative sentiment toward the DNP. The results could then be utilized to identify the nursing populations that oppose the DNP and subsequently efforts could be made to address the issues present within these populations.

**General Suggestions**

It is the hope of this author that the intervention will be used by nurses to guide decision making and interpretation of the DNP literature. For example, nurses who are considering enrollment in a DNP program may use the results of the sentiment-credential correlation when reading DNP literature to provide an objective indicator of the author’s sentiment toward the degree. Additionally, nursing administrators may use the sentiment-credential correlation when researching literature and considering utilization of DNP prepared practitioners in their facility.

When implementing this intervention, whether it is at the individual or institutional level, the nurse must first evaluate any personal biases that they may have toward the DNP. Once these biases have been considered the nurse can then utilize the results of the sentiment-credential correlation. Realizing personal biases toward the DNP will help in implementing the sentiment-credential correlation to interpret DNP literature. If the nurse recognizes his or her own biases it is easier to understand how the author’s writing the literature could easily present the DNP in a positive or negative light based upon their degree credentials.

Once nurses have accepted the fact that sentiment expressed in the literature may be influenced by the authors’ credentials they can implement the results of the sentiment-credential
correlation. There are several questions to consider when implementing the sentiment-credential correlation. First, look at the number of articles written by each credential. It is obvious that far more literature has been produced by PhD prepared authors. This must be considered when reading DNP literature and efforts must be made to read literature written by PhD credentialed authors who express both positive and negative sentiment toward the DNP. Due to the fairly even split between PhD authors who convey positive sentiment and those that express negative or neutral sentiment it may be possible to sample a reasonable amount of the DNP literature without reading both positive and negative pieces of literature. Therefore, a recommendation is to use the results of the sentiment-credential correlation table to guide literature selection when choosing articles for evaluation.

On a similar note, it may not be a fair representation of all perspectives related to the DNP if only literature written by DNP credentialed authors is evaluated. None of DNP credentialed authors in this project’s sample expressed negative sentiment toward the degree. It may be more difficult to read only literature written by DNP authors due to the smaller amount of literature published by this group. However, an additional recommendation is to evaluate literature written by non-DNP credentialed authors in addition to DNP credentialed authors. This can be done by using the sentiment-credential correlation table to identify literature written by an author with the desired credential.

An additional suggestion for implementation of this intervention is for nurses to consider not only the concrete results of the sentiment-credential correlation but to also open their minds to the idea that, in many cases, the literature they read is not objectively written. Therefore, it is important to read DNP debate literature from authors with varying credentials and educational
backgrounds. Reading a wide range of literature will help provide a well-rounded impression of the implications the DNP holds for the nursing profession.

**Suggestions for Translators, Implementers and Researchers**

From a translational research standpoint this project is unique. It took a large body of literature and used an objective method to translate the subjective concept of sentiment. Nursing translators implementing this intervention to evaluate the DNP literature may want to consider using the sentiment evaluation tool developed for this intervention to expand the sentiment-credential correlation to include literature that did not meet the inclusion criteria for this project. Nurse researchers may want to focus on the sentiment expressed by authors in their respective specialties or even the sentiment of authors from other healthcare disciplines. Additionally, this intervention serves as an example to translators that alternative forms of evidence, such as opinion-based literature, can be objectively translated.

Furthermore, researchers may want to utilize the results of this intervention to guide a literature review for future DNP related studies. Implementing this intervention for a literature review has many benefits. First, a large portion of the DNP literature is presented in an organized fashion. This helps reduce the time necessary for literature collection. Second, utilizing the results of the sentiment-credential correlation can help to ensure that the literature review includes a reasonable number of articles from authors with varying credentials who express both positive and negative sentiment toward the DNP. It is important that future research regarding the DNP is based on literature reviews that are balanced and include multiple perspectives. Implementing the DNP sentiment-credential correlation can help achieve this goal.
**Recommendations for Future Studies**

Future studies regarding the DNP will need to focus on obtaining hard data regarding the performance of the DNP prepared nurse in the clinical setting as well as the roles taken on by advanced practice nurses with practice doctorates. Much of the debate regarding the DNP centers on the issue that there is little data to support the proposition that preparing advanced practice nurses at the doctoral level will alleviate problems with the healthcare system or improve patient outcomes. Therefore, performing studies that address this issue will help nursing move forward with the DNP transition in an informed manner.

For example, a simple study could be conducted in which a survey is sent to healthcare institutions asking what roles their DNP prepared practitioners are taking on. This survey would provide data regarding whether DNP prepared nurses are assuming leadership roles and translating research into evidence-based practice. If DNP prepared nurses are assuming these roles it is easier to believe that they will have a positive impact on the healthcare system. If DNP prepared nurses are assuming the same roles as master’s prepared nurses it may lead one to question the value of the additional education provided by the practice doctorate.

Furthermore, the impact the DNP will have on nursing faculty is a large focus in the DNP debate. Therefore, an additional survey study could focus on whether DNP prepared nurses are filling faculty positions in academia. Also, the survey could provide data regarding tenure of DNP faculty which is another point of debate. It is important that future studies focus on DNP issues existing in both the clinical and academic setting as these two worlds are somewhat separate in reality and have differing DNP implications.

A major area for future study focus will be looking at the impact DNP prepared practitioners have on patient outcomes. Numerous studies must be conducted to collect outcomes
data from various clinical settings. These studies may help answer the question as to whether the additional education and clinical experience the DNP provides results in improved patient care. Studies should be conducted in numerous areas of advanced practice nursing such as anesthesia, midwifery, women’s health and primary care. Furthermore, a cost-effective analysis of the DNP prepared practitioner should eventually be attempted in an effort to address concerns over the cost of preparing advanced practice nurses at the doctoral level.
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Appendix

October 4, 2010

Mr. Matthew Lewis

Dear Mr. Lewis

RE: The Doctor of Nursing Practice: A Qualitative Sentiment Analysis and Credential Correlation

The proposed study has been reviewed by the TCU Nursing Institutional Review Board (IRB) and was determined to meet the criteria for an exempt review. The purpose of this project is to answer the following question: Are doctorally prepared nursing authors, expressing positive or negative sentiment toward the DNP based upon their respective degree credentials?

The study is approved for one year from the above date. Another review by the TCU Nursing IRB is required if your study changes in any way and the TCU Nursing IRB must be notified immediately with regard to any adverse events.

If you have any question please do not hesitate in contacting the TCU Nursing IRB.

Sincerely,

Terri S. Jones, CRNA, DNP
TCU Nursing IRB- Chair