Distinguishing the Roles of the PhD and DNP Graduate

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Objective

Distinguish the roles of DNP and PhD prepared nurses in knowledge discovery, translation and dissemination
Growth in Doctoral Nursing Programs: 2006-2011

Practice-Focused Doctorates (DNP)

Research-Focused Doctorates (PhD/DNS)

Enrollments in Both DNP & PhD Programs: 2003-2011

Source: AACN databases, 1997-2011© American Association of Colleges of Nursing; From 2010 to 2011, the number of DNP grads increased from 1,282 to 1,595.
What Both DNPs and PhDs Must Understand to Excel in Their Roles

• The current and future state of health and healthcare

• The “So What” Factors
The State of Healthcare

- There are up to 200,000 unintended patient deaths per year (more than auto accidents & breast cancer)
- Patient injuries happen to approximately 15 million individuals per year
- Patients only receive about 55% of the care that they should when entering the healthcare system
- In this election year, U.S. national spending on healthcare will reach $2.8 trillion, or about 18% of total spending on all goods and services, which adds to our unsustainable national debt
The Cost of Poor Quality Healthcare

• Poor quality healthcare costs the United States over 700 billion dollars a year

• Wasteful healthcare spending costs the healthcare system 1.2 trillion dollars annually

• The U.S. healthcare system could reduce its healthcare spending by 30% if patients receive evidence-based healthcare
Behaviors are the number 1 killer of Americans, due to smoking, overeating, lack of physical activity, alcohol and drug use, non-adherence to medications and suicidal gestures.

Overweight and obesity will soon surpass tobacco as the number one cause of preventable death and disease in the United States.

One out of 3 Americans will have diabetes by 2050.
Depression and Fatigue are Pervasive Problems

Depression is a predictor of poor medical outcomes, noncompliance, health complications, academic failure, further disability and earlier death (NIH) as well as medical errors, decreased patient engagement and burnout.
Current State of Health in the U.S.

• The National Institute of Mental Health reports that 26.2 percent of Americans who are 18 years and older have a diagnosable mental health disorder within a given year.

• One in every 3 to 4 children experience a mental health disorder and less than 25% receive treatment.

• The WHO reports that, within the next 20 years, depression will rise to the second most impairing illness worldwide.
Chronic Disease in the U.S.

- Approximately 1 out of every 2 adults have at least one chronic illness
- Chronic diseases currently account for 70% of all deaths in the U.S.
- 48 million Americans report a disability related to a chronic condition (source: The CDC)
- More than 1 in 4 Americans has multiple chronic diseases
- Prevalence is higher in minorities
- The medical care costs of individuals with chronic diseases are 75% of the $2 trillion that is spent annually on healthcare
Research has supported the relationship among wellness and productivity
The *So What* Factors in an Era of Healthcare Reform

- Conducting research and EBP projects with high impact potential to positively change healthcare systems, reduce costs and improve outcomes for patients and their families.

- Key questions when embarking on a research study or an EBP project:

  *So what* will be the end outcome of the study or EBP project once it is completed?

  *So what* difference will the study or EBP project make in improving healthcare quality, costs or patient outcomes?
COPE (Creating Opportunities for Parent Empowerment): An Evidence-Based Program to Improve Outcomes in Critically Ill/Hospitalized Young Children, LBW Premature Infants & Parents
The COPE NICU Program

Creating Opportunities for Parent Empowerment
COPE/NICU Parent Program: Helping your premature baby to grow and develop

COPE for HOPE

Transforming health, Transforming lives
A 4 Day Shorter Length of Stay (LOS) for COPE Preterms Resulted in Cost Savings of $5000 per infant; 8 Day Shorter LOS for Preterms < 32 Weeks

![Graph showing NICU LOS and NICU + Transfer LOS for COPE and Comparison groups. The graph indicates a significant difference (*) indicating p < .05.](image-url)
“The DNP focuses on providing leadership for evidence-based practice. This requires competence in translating research in practice, evaluating evidence, applying research in decision-making, and implementing viable clinical innovations to change practice. Considerable emphasis is placed on a population perspective, how to obtain assessment data on populations or cohorts, how to use data to make programmatic decisions and program evaluation. If a DNP desires a more formal research role, additional preparation will likely be required—similar to a MD completing a PhD.

PhD and DNS programs are research intensive. In many cases, PhD graduates accept academic or governmental positions where research is a major expectation.
DNP graduates will likely seek practice leadership roles in a variety of settings—management of quality initiatives, executives in healthcare organizations, directors of clinical programs, and faculty positions responsible for clinical program delivery and clinical teaching.
“Individuals who finish DNPs will seek to engage in roles as educators, but the focus of the DNP needs to be advanced practice specialization, not the process of teaching. The basic DNP education does not prepare graduates for a teaching role any more than the PhD. Teaching/learning principles are incorporated into the DNP as it is related to patient education.”
Confusion in the Preparation and Role of DNP Graduates

- Programs that have integrated traditional PhD research courses into the preparation of DNPs
- Publications that refer to the role of DNPs as practitioner-researchers

*DNP-Prepared Nurses as Practitioner-Researchers: Closing the Gap Between Research and Practice*
Deborah Vincent, PhD, RN, FAANP; Catherine Johnson, PhD, APRN-BC, FNP, PNP; Donna Velasquez, PhD, RN, FNPBC, FAANP; and Ted Rigney, PhD, ACNP-BC, FAANP (WebN Ponline)
Confusion in the Preparation and Role of DNP Graduates

- Continued confusion in curricula between translational research and evidence-based practice

- For practice doctorates, requiring a dissertation or other original research is contrary to the intent of the DNP (DNP Essentials, 2006)
Translational Research

• The study of how research findings are translated into clinical practice to improve care and outcomes

• The scientific investigation of how methods, interventions and variables influence adoption of EBPs by individuals and organizations

- Barriers that block implementation

- Facilitators that enhance implementation

- Interventions to accelerate & sustain the use of research findings into practice
The Merging of Science and Art: EBP within a Context of Caring & EBP Culture and Ecosystem Results in the Highest Quality of Patient Care and Outcomes

EBP Culture & Ecosystem

Context of Caring

Research Evidence & Evidence-based Theories

Clinical Expertise and Evidence from assessment of the patient’s history/condition as well as internal evidence & healthcare resources

Patient Preferences and Values

Clinical Decision-making

Quality Patient Outcomes

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Confusion in the Preparation and Role of DNP Graduates

- There are educational focused DNP programs
- “DNP prepared nurse educators are well poised to assume leadership roles in academia as dean, director or administrator. Their contributions can be witnessed at small nursing programs at liberal arts colleges and schools of nursing at large research-intensive universities.”

The Role of DNP and PhD Graduates in Knowledge Discovery

- PhDs should be the best generators of “external evidence” from rigorous research
- DNPs should be the best generators of “internal evidence” from quality improvement, outcomes management and evidence-based practice projects
The Role of DNP and PhD Graduates in Knowledge Translation

• PhDs should know how to work with healthcare systems and clinicians on the translation of their research findings into practice to improve quality of care and patient outcomes to reduce the long research-practice time gap.

• DNPs should be the best translators of research evidence and evidence-based guidelines into real world settings to improve healthcare quality and patient outcomes as well as to reduce costs.

• PhDs and DNPs must work together to improve health and healthcare through knowledge translation.
Findings from our Recent EBP Survey with U.S. Nurses

- More highly educated nurses reported being more clear about the steps in EBP and having more confidence implementing evidence-based care.

- The more years in practice, the less nurses were interested in and felt it was important to gain more knowledge and skills in EBP. Therefore, it is critical that our DNPs know how to work with clinicians in health systems on behavior change as well as know how to positively impact organizational change.

(JONA, in press)
Percent of Respondents from the ANA Survey Who Agreed or Strongly Agreed with the Following Statements

<table>
<thead>
<tr>
<th>Statement</th>
<th>%</th>
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<tbody>
<tr>
<td>EBP is consistently implemented in my healthcare system</td>
<td>53.6</td>
</tr>
<tr>
<td>My colleagues consistently implement EBP with their patients</td>
<td>34.5</td>
</tr>
<tr>
<td>Findings from research studies are consistently implemented in my institution to improve patient outcomes</td>
<td>46.4</td>
</tr>
<tr>
<td>EBP mentors are available in my healthcare system to help me with EBP</td>
<td>32.5</td>
</tr>
<tr>
<td>It is important for me to receive more education and skills building in EBP</td>
<td>76.2</td>
</tr>
</tbody>
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# The One Thing That Prevents You From Implementing EBP

<table>
<thead>
<tr>
<th>Reason</th>
<th>Total Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Time</td>
<td>151</td>
</tr>
<tr>
<td>2. Organizational culture, including policies and procedures, politics, and a philosophy of “that is the way we have always done it here.”</td>
<td>123</td>
</tr>
<tr>
<td>3. Lack of EBP knowledge/education</td>
<td>61</td>
</tr>
<tr>
<td>4. Lack of access to evidence/information</td>
<td>55</td>
</tr>
<tr>
<td>5. Manager/leader resistance</td>
<td>51</td>
</tr>
<tr>
<td>6. Workload/staffing, including patient ratios</td>
<td>48</td>
</tr>
<tr>
<td>7. Nursing (staff) resistance</td>
<td>46</td>
</tr>
<tr>
<td>8. Physician resistance</td>
<td>34</td>
</tr>
<tr>
<td>9. Budget/payors</td>
<td>24</td>
</tr>
<tr>
<td>10. Lack of resources</td>
<td>20</td>
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The Role of DNP and PhD Graduates in Dissemination

• Both DNP and PhD Graduates need to disseminate their work through publications, presentations, policy briefs and the media, but we must remember that evidence has supported that dissemination alone does not typically result in practice changes.
Confusion between the PhD and DNP in Curricula Causes Stress for our Students

Transforming health, Transforming lives
The Evidence from Implementation Science

Major Factors Influencing Adoption of New Innovations and EBPs that DNPs Must Know

- Characteristics of the EBP (e.g., strength of the evidence, ease of administration, cost)
- Characteristics of the individual (e.g., understanding, cognitive beliefs/confidence to implement)
- The environment and culture of the organization
- The process through which the change is implemented (e.g., building consensus, use of opinion leaders and champions/mentors)
- *It must be easy, engaging and fun!*
# Survey of Recent DNP Graduates at Ohio State (n=11/15)

<table>
<thead>
<tr>
<th>Q</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has your role changed since completing your DNP?</td>
<td>7 (63.6%)</td>
<td>4 (36.4%)</td>
</tr>
<tr>
<td>Did your salary change after the DNP?</td>
<td>2 (18.1%)</td>
<td>9 (81.8%)</td>
</tr>
<tr>
<td>Has the DNP changed the way that you fulfill your role?</td>
<td>10 (90.9%)</td>
<td>1 (9.1%)</td>
</tr>
<tr>
<td>Are you pleased with your decision to obtain your DNP?</td>
<td>11 (100%)</td>
<td>0 (0.0%)</td>
</tr>
</tbody>
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**In their 2011 salary survey, ADVANCE for NP’s magazine reported that DNP prepared NPs earned $8,576 more than Master’s prepared NPs.**
Survey Results from Recent DNP Graduates

n = 11/15

- Change in Role with DNP
- Received Salary Increase
- Change in Fulfillment of Role
- Pleased with Choice to Attain DNP

Survey Results from Recent DNP Graduates

n = 11/15
DNP Survey

Responses about Role Change

• Obtained higher level administrative positions = 2

• Moved from clinical positions to academia = 2
  (one in a tenure track position at a non-research intensive University)

• Serving on “higher level” committees; more emphasis in position on quality = 2
Responses to “Has the DNP Changed the Way you Fulfill your Role?”

- “I am more confident in my abilities.”
- “I have greater comfort in my administrative functions.”
- “I broadened my perspective on my role in healthcare.”
Responses to “Has the DNP Changed the Way you Fulfill your Role?”

• “I find myself approaching system issues with a different perspective than 3 years ago.”

• “I have a framework that supports my professional practice.”

• “I see the big picture now.”
Other Comments

• “I think the greatest challenge before us with our newly minted DNPs is defining our contributions and developing our roles. No one really has a clue what to do with us, including us.”

• “Most role changes seem to be toward administration or teaching.”

• “For me, the reward is purely personal satisfaction.”
Other Comments

• “Most organizations don’t have a salary structure to reward higher education on its own right within clinical practice and academia offers a significant pay cut compared to clinical practice.”

• “My hospital system is slow to recognize the DNP degree.”
How Does the DNP Differ from the PhD?
(from NYU SON web site)

The DNP prepares experts with advanced competencies for complex clinical practice and leadership roles that strengthen clinical practice and health care delivery. Practice scholars translate evidence into practice for improved health outcomes. Scholars with the PhD degree are prepared to conduct research to further develop the science of nursing and pursue careers as research scientists in academic, government or private organizations.
Many prospective students ask us, "What will I be able to do with a DNP degree?" See the list below for just a few of the diverse job opportunities our recent DNP graduates have accepted!

- Faculty at a major university school of nursing
- Director of Occupational Health at a major medical center
- APRN at a pain clinic within a major medical center
- Manager of a stroke center within a major medical center; position includes both clinical (outpatient APRN role), administrative and leadership (program development at institutional and regional levels) roles
- Advancing evidenced based nursing and quality indicators for an HMO
- Medical director for a state community mental health center

Future Roles as a DNP
(University of Washington SON Web Site)
7 PhDs and 2 DNPs, who are CNSs: they are now more solution focused than just focused on problem identification.

No specific roles specifically for DNPs, but discussions are ongoing regarding how to expand job descriptions to incorporate them.

For research positions, a PhD is preferred.

There is currently no pay increase for a doctorate; salaries are commensurate with roles.

Several nurses are currently in PhD and DNP Programs.
DNPs & PhDs at the Cleveland Clinic

- 7 PhDs and over 10 DNPs (for many, they never changed jobs)
- To date, the DNP has not been incorporated into job descriptions except for one newly written position: Nurse Scientist (DNP required) and Senior Nurse Scientist (PhD or other research doctorate required). Both of these positions require a history of publications, grant experience, and PI on research. The goal was to create a stepping stone for nurses who obtained a DNP and wanted to be a research coach/mentor in the research department.
- There is currently no pay increase for completion of a doctorate; salaries are commensurate with roles.
Implications for the Future
A Call to Action

• Position descriptions must reflect a higher level of functioning for APNs with clinical doctorates

• Clinical ladders need to incorporate the higher level of role functioning with the DNP

• Legislation must be changed at some point to require a doctorate as minimum level of preparation
Our PhDs need to be more prepared in intervention/comparative effectiveness research (we need more Level 1 evidence [systematic reviews of randomized controlled trials] and RCTs to guide our practices

Implications for the Future
A Call to Action
Levels of Evidence to Guide Clinical Interventions

- Evidence obtained from well-designed controlled trials without randomization and from well-designed case-control and cohort studies.
- Evidence from systematic reviews of descriptive and qualitative studies.
- Evidence from a single descriptive or qualitative study.
- Evidence from the opinion of authorities and/or reports of expert committees.
- Evidence-based clinical practice guidelines based on systematic reviews of RCTs.
- Systematic review or meta-analysis of all relevant randomized controlled trials (RCTs).

Usefulness for Cause & Effect Decision Making
“Inspirational quotes are fine, but you’ll motivate more people with chocolate.”

Modified from Julia Sollenberger, University of Rochester

Levels of Chocolate

- Godiva Truffles
- Donnelly Chocolates
- Ghirardelli Chocolate Bars
- Hershey Kisses
- Fannie Farmer Sampler
- Nestle’s Quik
Implications for the Future

A Call to Action

- Salaries must be commensurate with a doctorate
- Research is needed on outcomes produced by DNPs versus those in traditional APNs—we must generate the evidence on outcomes produced by DNP versus master’s graduates in certain positions
- Research is needed on overall impact of different doctorates on outcomes – are roles being fulfilled as intended
- CEOs and CNOs must be educated regarding the added value of DNPs and PhDs for their systems
Wellness needs to be incorporated into our curricula; if we and our DNPs and PhDs do not engage in and role model wellness, how can we expect our students and patients to be well and stay well.

Implications for the Future
A Call to Action
Nothing Happens Unless First a Dream!

Carl Sandburg
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