



## The American Organization of Nurse Executives

### Consideration of the Doctorate of Nursing Practice

#### Background

In 2002, the National Organization of Nurse Practitioner Faculty [NONPF] began discussions around two emerging issues related to nurse practitioner education: “credit creep” (the increased credit requirements for master’s programs and the increased clinical hour requirements for credentialing) and the migration by other clinical disciplines to clinical doctorate education (PharmD, AuD, DPT). Additionally, there was a growing conversation by nurse educators regarding the various types of doctoral preparation available to RNs (PhD, EdD, ND, DNSc, DPN, DNP, DSN, DNS) and which type was the most appropriate for faculty, research, and advanced practice. In 2004, the American Association of Colleges of Nursing (AACN) reached a decision to proceed toward the goal that specialization in nursing should occur at the doctoral level by 2015.

AACN cites several factors that influenced the migration to a clinical or practice doctorate including “... the rapid expansion of knowledge underlying practice; increased complexity of patient care; national concerns about the quality of care and patient safety; shortages of nursing personnel; demands for a higher level of preparation for nurses who can design and assess care and lead; shortages of prepared nursing faculty, leaders in practice, and nurse researchers; and increasing educational expectations for the preparation of other health professionals”<sup>1</sup>.

The Doctorate of Nursing Practice (DNP) will prepare graduates with either an *advanced practice focus* with the responsibility and accountability for the care of individuals and families, or an *aggregate/systems/organizational focus* in administrative, healthcare policy, informatics, and population-based specialties that include populations, systems, organizations, and state or national policies.<sup>2</sup>

AACN’s DNP transitions specialty nursing education to a doctoral program. The future of master’s level education lies in programs that are designed to prepare generalists such as the clinical nurse leader.

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<sup>1</sup> AACN Position Statement on the Practice Doctorate in Nursing, 2004

<sup>2</sup> The Essentials of Doctoral Education for Advanced Nursing Practice, *October 2004*

The DNP Roadmap Task Force's transition date of 2015 was chosen in order to give programs ample time for transition to the DNP and to address the role of master's education.<sup>3</sup>

AACN Board of Directors approved the *DNP Roadmap Task Force Report*, delineating the key institutional and academic issues related to the process of achieving the 2015 timeline, in July, 2006. In October, 2006 AACN member institutions voted to adopt the *Essentials of Doctoral Education for Advanced Nursing Practice*.

AONE's Professional Practice Policy Committee was charged with the review of the DNP and consideration of the impact on nursing care delivery, patient outcomes and the economic impact on health care organizations led by AONE's membership.

AONE Professional Practice Policy Committee's review focused on the long range plan of AACN that all nursing master's degrees, with the exception of the clinical nurse leader (CNL) will migrate to a DNP curriculum track. Therefore, eliminating any option of seeking advanced nursing specialty degrees, including nursing administration, nursing systems management or nursing leadership, at the master's level. The committee felt that many nurse managers, directors and even those nurses at the executive level will not seek a DNP for reasons of expense, time commitment and the cost/benefit of such a degree. With limited choices, many nurses, whether choosing an advanced practice focus or an aggregate/systems/organizational focus, may seek advanced degrees at the master's level in other domains such as public health, business or the social sciences.

The committee's review further identified the lack of an analysis detailing the need for and the efficacy of a practice doctorate across all aspects of the care continuum. Also, the financial impact of rising salary expectations has not been fully studied. The committee concluded that the concerns and questions related to patient outcomes, salary compensation and the financial impact on organizations have not been fully identified, explored nor answered.

Additionally, the ongoing efforts of the APRN Consensus Group must be considered. The APRN Consensus Workgroup and the APRN Joint Dialogue Group (AONE is represented on both groups) continue to examine and resolve the issues of accreditation, education, certification and licensure related to the advanced practice nurse. Their recommendations have yet to be finalized.

**Citations:**

AACN Position Statement on the Practice Doctorate in Nursing, 2004

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<sup>3</sup> DNP Roadmap Task Force Report October 20, 2006

*AACN - Doctor of Nursing Practice*

DNP Roadmap Task Force Report October 20, 2006

<http://www.aacn.nche.edu/DNP/pdf/DNProadmapreport.pdf>

The Essentials of Doctoral Education for Advanced Nursing Practice, *October 2004*

<http://www.aacn.nche.edu/DNP/pdf/Essentials.pdf>

## **AONE Position Statement**

### **Doctorate of Nursing Practice**

AONE supports the Doctorate of Nursing Practice (DNP) as a terminal degree option for practice-focused nursing. However, AONE, at this time, believes nursing masters' degree programs in both specialty and generalist courses of study should be retained.

AONE supports the work of the American Association of Colleges of Nursing (AACN) that aligns with the AONE Guiding Principles of Future Care Delivery and the educational preparation of the nurse of the future, and advances the nursing profession through higher education. AONE acknowledges the work of AACN's Task Force on the Essentials of Nursing Education for the Doctorate of Nursing Practice and the intent of higher level preparation of nurses working in advanced practice roles.

AONE looks forward to working with all stakeholders in the ongoing efforts that will assure adequate preparation of nurses for future care delivery needs at all levels of practice.

Developed by:

American Organization of Nurse Executives



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For additional information contact:

Mary Theresa Meadows, RN, MS, MBA

Director Professional Practice

One North Franklin Street

Chicago, IL 60606

312-422-2807

[mmeadows@aha.org](mailto:mmeadows@aha.org)

[www.aone.org](http://www.aone.org)