



**National  
Association of  
Neonatal  
Nurses**

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**National Association of  
Neonatal Nurse Practitioners**   
*A division of NANN*

## **Doctor of Nursing Practice (DNP): Entry Into Practice**

### **Position Statement**

NANNP Council

October 2018

#### **Introduction**

The doctor of nursing practice (DNP) degree has been embraced by nurse practitioners (NP) and clinical nurse specialists (CNS) as an appropriate alternative to the PhD as a terminal degree for experts in practice. Although variability in program design has been noted, the popularity of this degree has grown exponentially (Ketefian & Redman, 2015). In 2004, the American Association of Colleges of Nursing (AACN) issued a position statement calling for the DNP to become the required degree for entry level into advanced practice by 2015. (American Association of Colleges of Nursing, 2004). Reminiscent of the American Nurses Association 1965 recommendation for the bachelor's degree to become the entry level degree for registered nurses (American Nursing Association, 1965), and despite years, if not decades, of discussion and controversy, neither goal has been universally adopted. In May 2018, The National Organization of Nurse Practitioner Faculties (National Organization of Nurse Practitioner Faculties, 2018) endorsed the DNP as the entry level degree, with implementation by 2025, reigniting this on-going debate.

#### **NANNP/NANN Position**

As the subject matter experts on neonatal nurse practitioner practice, the National Association of Neonatal Nurse Practitioners (NANNP) and the Board of Directors for the National Association of Neonatal Nurses (NANN) fully endorsed the DNP as a terminal, practice focused degree but did not endorse the degree as a mandatory requirement for entry into advanced practice (NANN,

2009). As of the time of the writing of this statement in 2019, the Boards' position has not changed.

### **Advanced Practice Education**

Multiple studies have shown that master's prepared nurse practitioners have the ability and skill to provide quality care at or exceeding the level of care provided by physicians, contribute to improving outcomes and are cost effective as well (Cronenwett, Dracup, Grey, McCauley, Meieis, 2011; Sebastian, Trautman, and Cary, 2018; Waldrop, 2015). Graduate level professional studies concentrate on obtaining advanced practice skills through hands-on clinical experience along with didactic studies creating a high level of competency in treating patients (Clinton & Sperhac, 2009).

The DNP educational process builds on this level of knowledge to produce an individual well versed in organizational leadership and quality improvement with the ability to promote change across healthcare systems (Morgan & Somera, 2014). With a knowledge base that focuses on interprofessional associations and global health care integration (Clinton & Sperhac, 2009), the DNP may attract the student interested in responsibilities and challenges beyond the bedside.

### **Considerations for the DNP as Entry Level Requirement for Advanced Practice**

Since the advent of the DNP program nearly two decades ago coupled with the AACN 2004 practice-change recommendation, there have been many societal changes. There has been an economic downturn in this country and educational costs have skyrocketed. Healthcare is extraordinarily expensive with cost cutting impacting tuition reimbursement plans for nurses. Now there is a critical shortage of NNPs. (Bellini & Cusson, 2012). Extending the time to become an advanced practice nurse will likely decrease the number of college applications for admission (Cronenwett et al, 2011) further exacerbating the shortage of NNPs. The lack of perceived financial benefit and the current nursing faculty shortage limiting the number of available PhDs and DNPs to teach NNPs at the doctoral level is also deterrent (Sebastian, Trautman, and Cary, 2018).

Perhaps the strongest argument for the position of the NANNP/NANN Board is simply the lack of scientific evidence that such a move to doctoral-level education is beneficial to patients, practitioners, or society. There are no structured studies demonstrating that patient outcomes are superior for nurse practitioners with DNP degrees versus those with Master of Science (MS) degrees (Bellini & Cusson, 2012). Without solid evidence, NANNP/NANN is unwilling to burden its members with the requirement to undergo the extra time, expense, and effort to obtain the additional training required for the DNP in place of the master's level entry into practice. However, to reiterate, NANNP/NANN fully supports the DNP as a terminal degree option for the NP should a student, or MS-prepared NNP choose to do so.

### **NANNP/NANN Recommendations**

Based on the above argument, the NANNP/NANN recommendations remain unchanged (NANN 2013):

1. Nurses should achieve higher levels of education and training so that they can respond to the increasing demands and complexity of neonatal health care.
2. Educational programs for nurses seeking advanced practice degrees should provide a seamless transition into these higher degree programs.
3. Accreditation and educational standards for NNP programs should be maintained in all NNP programs to ensure the preparation of safe, highly qualified clinicians who can be certified and recognized in the regulatory arena and changing healthcare environment (NANN, 2009).
4. The DNP degree should be supported as one option for NNP education and should be recommended as a practice-focused doctorate for advanced nursing expertise representing the highest level of clinical competence.
5. Both masters and DNP programs should be endorsed as providing proper preparation for entry into advanced nursing practice.
6. The requirement of the DNP degree for entry into NNP practice should be a future-oriented goal. The timeline for which should be determined when substantive evidence exists to support that requirement.
7. The transition to clinical doctoral preparation for NNPs should be seamless and should not have a negative impact on NNP practice, practice sites, and the quality and safety of care.
8. The term *practice-focused doctorate* should be used in place of *clinical doctorate*, and the DNP should be the degree associated with this education.
9. DNP graduates should use their professional role title.
10. The advanced practice nursing community should advocate for ongoing health services research that evaluates the impact of advanced nursing education on the workforce and its relationship to cost, quality, patient outcomes and access to health care.

### **Summary statement**

It is exciting to know that nurse practitioners now have a terminal, clinically-expert focused degree available. NANNP encourages all interested NNPs to consider obtaining the DNP to allow them to broaden their impact on healthcare systems as populations-based subject matter experts. However, until studies prove that the additional burden on universities, faculty, and students merits the recommendation for the DNP as the entry into practice or improves outcomes for patients, the NANNP/NANN board opinion remains unchanged.

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### **Summary Statement**

After thoughtful discussion and serious consideration, the National Association of Neonatal Nurse Practitioners (NANNP) and the NANN Board of Directors (BOD) are reaffirming the current NANN position upholding the DNP as a practice focused doctorate for advanced nursing expertise representing the highest level of clinical competence but not as the entry-into-practice requirement. Supported by research studies outlining the quality of NNP education at the graduate level and simply due to the lack of evidence showing improved outcomes directly attributable to a DNP education, NANNP and NANN recommend that, at this time, entry into practice remain at the master's level.

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