

The DNP and PhD as a WHNP

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Many women's health nurse practitioners (WHNPs) reach a point in their career where they are considering doctoral education and find themselves deliberating between the two main nursing terminal degrees: Doctor of Nursing Practice (DNP) and Doctor of Philosophy (PhD). Both degrees prepare nurses at the highest level to promote improved health outcomes for individuals and populations, but the focus of the educational programs varies. The DNP is a practice degree and prepares graduates to be clinical experts in implementing evidence-based practice and quality improvement (QI) initiatives. The PhD is a research degree designed to prepare graduates to use scientific inquiry, methodology, and analysis to generate new knowledge. It is important to identify one's personal and professional passions and goals to determine the appropriate body of knowledge that will be necessary to lead in improving healthcare and health outcomes. Understanding potential roles, program curriculum, and career opportunities is essential when developing a strategy for the pursuit of doctoral education. Although there are several different doctoral opportunities for nurses, the authors focus on the DNP and PhD in the field of nursing.

Roles

The DNP and PhD degrees are not in themselves roles but educational paths to doctoral education. There are numerous roles or combination of roles for which WHNPs with either of these degrees are well suited. The overarching role of the DNP-prepared WHNP is to provide clinical expertise with a mastery of skills to translate research into evidence-based practice using implementation strategies to enhance the quality of healthcare and health outcomes.¹ DNP-prepared WHNPs are clinical change experts prepared to lead the identification, implementation, and evaluation of QI initiatives. The DNP-prepared WHNP has the opportunity for a variety of roles including but not limited to clinical expert, nurse executive, service or departmental director, QI leader, healthcare policy advocate, and clinical educator.²

The primary role of the PhD-prepared WHNP is to generate new knowledge to transform care and improve health outcomes for women across the lifespan. PhD-prepared WHNPs' roles build on fundamental knowledge needed for critical evaluation of the literature. Expertise in advanced statistical methods and analytic approaches are required to generate data and conclusions that contribute new and generalizable knowledge needed to inform the advancement of nursing practice.³ The identification of an area of scientific inquiry or related approach to care delivery serves as the impetus for the design and implementation of research relevant to women's health. Role expectations for the PhD-prepared WHNP include development of the science, stewardship of the discipline, mentorship, and education of the next generation of nurse scientists.

Program curricula

Originally designed for the advanced practice registered nurse (APRN), DNP programs now include pathways and electives for clinical leaders in executive leadership, health policy, education, and technology. Most post-master's DNP programs are 2 years fulltime or 3 years part-time. The American Association of Colleges of Nursing (AACN) Essentials of Doctoral Education for Advanced Practice define the curriculum components required for accredited DNP programs.⁴ DNP programs are practice-focused with course content that provides an integrative immersion experience meeting the outlined DNP essentials including organizational leadership, QI, systems thinking, evidence-based practice, innovation, information technology, policy, health promotion, inter-professional collaboration, and improving population health.⁴ The DNP program includes a final scholarly proj-



ect that integrates knowledge, skills, and abilities from the students' educational preparation and often focuses on implementing an evidence-based practice change, QI project, program evaluation, or policy change. The project emphasizes organizational assessments, implementation strategies, evaluation of outcomes, and sustainability plans. DNP students are encouraged to disseminate information on the steps utilized and outcomes of projects locally and nationally through written, podium, and poster scholarship opportunities.

PhD education in nursing is grounded in the discipline, leadership, and participation on intra- and interdisciplinary teams. Education in the planning, implementation, and conduct of research is emphasized through coursework and immersion activities that provide opportunities for students to gain mentored research experience.¹ Scientific foundations include philosophical and theoretical underpinnings within nursing as well as within other disciplines that inform nursing science. Research methodologies, design, and training in the responsible conduct of research are core aspects of PhD education required for a career in nursing science. Education in statistics and analytic approaches along with data management, modeling, and use of statistical software provide the opportunity to develop skills necessary for data analysis.⁵ Additional coursework in areas of specialization (eg, advanced methods, social determinants of health, genetics) are often included to advance knowledge of the population and/or problem.

There is high value placed on mentor preparation during PhD education based on research focus, funding support, opportunities for active engagement in ongoing research, and access to data. Essential preparation on which future success is built, including grant writing, publication, scholarly presentation, and active engagement with ongoing research, is provided over the course of PhD education.

Career opportunities

Many career opportunities for DNP-prepared WHNPs are situated in academic settings and healthcare systems. Large universities require or strongly recommend doctoral preparation to teach, even as a clinical instructor. Whereas some universities offer professorship and tenure to DNP-prepared WHNPs, many require a PhD for this status and offer DNP-prepared WHNPs clinical track positions. DNP-prepared faculty are academically qualified and essential to educating future APRNs on the role, leadership, scope of practice, and evidence-based management, treatment, and evaluation strategies. In

addition, they are often the primary and most qualified clinical educator in the DNP program core courses because they are experts in implementation, health policy, health promotion, evidence-based practice, and advanced clinical nursing care. Healthcare systems utilize DNP-prepared WHNPs to oversee the implementation of evidence-based practice, QI, and program evaluation as well as in leadership positions as managers and directors. They are positioned to be leaders in national professional, government, and health organizations as board members, executives, consultants, and clinical change agents. DNP-prepared WHNPs can have a significant impact within these organizations locally, nationally, and internationally, providing clinical expertise on the development and evaluation of clinical guidelines, health promotion initiatives, and health policy as well as through presentations and publication of articles.

PhD education prepares scholars for a career in discovery. In nursing, PhD graduates are prepared to build from their dissertation research as they begin the development of careers as independent scientists. Career opportunities for PhD-prepared WHNPs include scientific inquiry in the public sector, clinical, community, industry, and academic settings. There is a need to advance knowledge to improve women's health not only at the individual level but also at the family, community, and population levels. PhD-prepared WHNPs have specialized education, training, and expertise in women's health, attributes that bring value to the nurse scientist role to meet this need. Included within most of these careers is the responsibility to present and publish scholarly products to communicate new knowledge central to the broad dissemination of evidence and translation to practice.

The future

There are currently DNP programs in all 50 states, including over 357 current programs with as many as 106 in process.¹ In 2019, The American Association of Colleges of Nursing (AACN) reported approximately 36,000 current DNP students and almost 8,000 graduates.¹ In 2004, the AACN recommended that all APRNs, including WHNPs, should be prepared at the highest level possible to practice.⁶ They recommended that all APRNs be prepared at the DNP level rather than the current master's level education. Although initially the aim was for this to occur by 2015, it was reaffirmed by AACN and the new target goal is 2025. Many master's WHNP preparation programs are converting to BSN-DNP-only programs. National certifying bodies and state licensure do not cur-

rently require a doctoral degree for WHNPs. The National Association of Nurse Practitioners in Women's Health (NPWH) supports the transition to DNP as entry to practice but has several recommendations during this transition to ensure quality, impact on cost, access to care, and strategies to ensure an adequate amount of women's healthcare providers.⁷

In 2021, the AACN will release an updated, enhanced version of the Essentials to include domains, core competencies, and sub-competencies for both entry-level professional nursing education and advanced graduate-level nursing education, the latter encompassing the doctoral curriculum education requirements for a DNP degree. There has been a progressive decline in the number of PhD students since the implementation of the DNP, negatively impacting the pipeline of the next generation of nurse scientists prepared to advance scientific knowledge in women's health. Decreased enrollment of students in PhD programs, coupled with the looming retirement of senior PhD-prepared nurse scientists, heightens concerns not only regarding potential for discovery but also the availability of faculty prepared to educate the next generation of nurse scientists. Ideally, evidence generated by the PhD nursing researcher will be implemented by the DNP-prepared nurse, reducing the time for implementation of evidence-based practice approaches to improved health outcomes.^{8,9} Academic institutions and national organization have started evaluating the need for dual PhD/DNP programs, as well as increasing opportunities for collaboration.

Conclusion

WHNPs are by nature lifelong learners. Decisions regarding further academic education require careful consideration. Doctoral education is a commitment and the choice of paths, while both rewarding, are dependent on one's passion, career aspirations, and professional goals. Doctoral-prepared WHNPs, whether DNP or PhD, acquire skills in leadership, communication, collaboration, and teamwork preparing them to participate fully in roles as leaders and members of intra- and interdisciplinary teams. As the health issues faced by women across the lifespan increase in complexity, the need for nursing research and advanced nursing practice collaboration as well as collaboration with research and practice colleagues in other fields or specialties is imperative. PhD-prepared WHNPs strive to generate new knowledge, to answer questions to which we currently do not know the answer, and to test interventions designed to improve healthcare outcomes. DNP-prepared WHNPs strive

to improve healthcare outcomes by translating research into evidence-based practice. Both doctoral preparations for WHNPs are critical to directly impact and improve access to care, quality and safety, patient and population outcomes, and patient satisfaction for women across the lifespan. ■

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