The purpose of this study was to describe the expectations and perceptions of the first cohort of University of Washington (UW) School of Nursing (SoN) post-master’s DNP students upon matriculation in January 2007. Interviews, conducted with the 16 students, revealed the overarching theme, PROUD TO BE A PIONEER. Four related themes included Leaders Leading the Way, Back to the Future, Predictable Uncertainty, and From Affirmation to Antagonism. The first cohort was an experienced, highly motivated group of early adopters. As pioneers, these students were willing to accept uncertainty and ambiguity about the DNP program.
What is the experience of students beginning a new doctor of nursing practice (DNP) program? This article describes the expectations and perceptions of the first cohort of UW SoN post-master's DNP students upon matriculation in January 2007. At that time, a longitudinal evaluation study was initiated to analyze the perspectives of these pioneers. As the number of DNP programs increases, systematic assessment of these programs will be critical so that they can be refined and improved. This assessment also affords evaluators the opportunity to obtain key data about the transition to DNP education.

The UW DNP program admitted only post-master's students into the first cohort. Admissions to the second cohort, just 5 months later, included both post-baccalaureate and post-master's students. The DNP program focusing on advanced practice, practice inquiry, and leadership is detailed elsewhere. The post-master's curriculum is flexible and minimizes the number of core courses so that experienced advanced practice nurses (APNs) can create individualized programs of study (http://www.son.washington.edu/co/dnp.asp).

**Literature Review**

A search of the literature about advanced practice doctoral programs yielded only two studies about DNP students despite the fact that the DNP degree is one of the most important educational innovations of the last half century. In the first study, 69 post-master's students at five different schools were surveyed about their motivations to obtain a DNP rather than a PhD. Among the group, 37 students (55%) had considered pursuing a PhD or a doctor of nursing science (DNSc) degree, but only 20 students (29%) envisioned continued involvement in research as part of a practice-oriented career. The majority viewed the DNP as a way to enhance their practice expertise. Thirty-eight students (55%) identified nursing education as part of their future career goals, seeing this career as a way to share their practice expertise. The investigators suggested that the DNP may serve to increase the pool of nurse educators.

A second study involving post-master's DNP students was conducted at the University of Tennessee Health Science College of Nursing, which began a DNP program in 1999 (the program conferred a DNSc degree until 2005, when the degree title was changed to DNP). Formative evaluation was conducted with students in the first three cohorts using focus groups immediately before graduation and 1 year later. Over time, students developed an appreciation for the program's influence on their professional growth in areas such as the ability to conduct and publish clinical research and to assume leadership positions in health policy.

**The UW SoN Study**

This exploratory, descriptive, longitudinal study began with phase 1 (matriculation), which is described here. The sample included the entire first cohort (N = 16) of post-master's DNP students at the UW SoN, two of whom withdrew from the program during the first quarter. Instrumentation consisted of a semi-structured interview guide and a data collection tool used to gather information from student records. The DNP Pre-program Post-master's Student Interview Guide was developed by the co-investigators based on a comprehensive literature review about DNP programs, curricula, and issues, as well as American Association of Colleges of Nursing (AACN) DNP documents. The interview guide was refined throughout the data collection process, reflecting the iterative nature of qualitative research.

After receiving Institutional Review Board approval, the co-investigators gave careful attention to eliminating coercion. Confidential interviews were conducted by the external program evaluator after consent was received. All interviews were audiotaped and transcribed verbatim.

Data were evaluated using interpretive methods, with analysis and interpretation occurring simultaneously. The process involved organizing data into categories, synthesizing key concepts, identifying themes, and creating a unifying structure. Coding strategies facilitated this iterative process. Transcripts were reviewed by the co-investigators independently, who then met to develop descriptive and interpretative codes and to identify categories and themes. Ensuring trustworthiness involved an audit that was conducted by nurses not involved in the study who reviewed all transcripts and validated themes identified by the co-investigators. The nurses also evaluated the data to ensure that the full range of student responses was represented in the study findings. A member check provided the opportunity for enhancing credibility of the data.

**Background of the UW DNP Students**

**Student Profile**—The initial cohort reflected a wide range of backgrounds and experience
(Table). Among them, 57% were ≥50 years old (age range, 31-60 years). Analysis of their professional experience indicated that 11 participants (69%) reported ≥11 years of APN experience. One student was a clinical nurse specialist (CNS); the others were nurse practitioners (NPs) with six different types of national certification. Seven APNs practiced in primary care, eight provided specialty care, and one functioned in a traditional multi-faceted CNS role. Two students were nursing faculty in addition to practicing as NPs.

**Professional Background**—All students began their nursing career as hospital-based registered nurses (RNs). Additional RN roles included research study coordinator, hospital supervisor, clinic director, and clinic owner/operator. The students' rich professional backgrounds as APNs also included working in remote Alaskan villages, lesser-developed countries, rural hospitals, correctional health facilities, and tribal health facilities. Almost all students had worked with underserved populations in some capacity, and half of them specifically focused on the underserved.

**Research Experience**—Two of the eight key goals of the UW DNP program are: (1) Demonstrate enhanced clinical investigative competencies; and (2) Appraise and selectively translate science to guide clinical decision-making and program development. Eleven students came to the DNP program with work-related research experience such as collecting data, designing evaluation studies, and/or coordinating a research project.

**Technology Expertise**—Many students had graduated from a master's program before computers and electronic resources were widely used. Nonetheless, some were using electronic health records, and several reported considerable confidence in their technology skills. Many identified the need for growth in areas such as conducting data-based searches.

**Learning about the DNP**—Some students were aware of the DNP degree for several years before applying to the program. Sources of information included an email message sent to clinical faculty and preceptors, professional journals and meetings, continuing education conferences, professional colleagues, and interaction with UW faculty and students.

Faculty played a key role in recruitment. They initiated contact with APNs in the community to encourage them to consider becoming part of the first cohort in the UW DNP program. They also served as an important resource for prospective students who sought more detailed information about the DNP.

**Study Findings:**

**PROUD TO BE A PIONEER**

This cohort of DNP students was mindful of its status of "first." This realization is captured by the overarching theme, PROUD TO BE A PIONEER. The experience of these pioneers is further elaborated by four themes, each with sub-themes. The four themes are (1) Leaders Leading the Way, (2) Back to the Future, (3) Predictable Uncertainty, and (4) From Affirmation to Antagonism (Figure).

PROUD TO BE A PIONEER is a concept offered spontaneously by two study participants. "I am honored to be a pioneer and have the opportunity to influence students who follow me and alter the profession of nursing. I feel like I am in the
pioneering era. Overall, the students felt proud, excited, honored, and special to be included in the first DNP cohort. "I like to be a trailblazer. Many viewed contributing to the development of the DNP as a benefit and responsibility.

Leaders Leading the Way—Students brought with them a wealth of leadership expertise, including serving as president of a national nursing organization and participating on workplace committees. Others initiated practice improvements such as creating or revising clinic procedures. Most students had worked with underserved populations, demonstrating leadership in the effort to reduce health disparities.

Some students envisioned their cohort's potential for enhanced professional involvement. Further development of leadership skills was linked to improving health outcomes for patients through enhanced research skills. "DNP-prepared practitioners will raise the quality and standards of care and become champions of 'This is how we should practice.'" The DNP was also seen as providing leadership skills necessary to create change at the systems level and for the profession. "I hope that, as leaders in the profession, we will motivate other APNs to become more active in policy and make an impact in the delivery of care and distribution of services."

Back to the Future—The decision to go back to graduate school reflected an investment in the future and is further elucidated in the three subthemes below. The perceived goals and benefits of graduate study were both tangible and intangible.

Revitalizing the Foundation. Some students expressed a desire to revitalize themselves professionally and reinvigorate their career. "This program will refresh my career, keep me current with the latest literature, expand my thinking, and increase my understanding of the field." Learning specific clinical skills, such as lumbar puncture, was an important motivator for a few students. Updating knowledge and enhancing practice expertise were other reasons to pursue the DNP.

Opening doors. Some students expected the DNP to take their career to the next level and open doors to a wide range of opportunities. "Part of its value to me is greater professional visibility and credentialing." Although students were not specifically asked if they had considered entering a PhD program, half of them volunteered that they chose not to pursue the research-oriented PhD. They sought to acquire experience and expertise in a variety of other areas such as global health rather than research.

Some students identified clinical or academic teaching as part of their future plans. Two students were nursing faculty and viewed the DNP as a long-term investment in their educator role. One student further identified the need for new knowledge to create systems change in her practice setting.

Transforming the system. Some students hoped to gain a deeper understanding of the healthcare system, as well as specific policy and leadership skills. Others wanted to increase their ability to use evidence to support system change. "I see nurses as being a group of professionals who have patient advocacy at the forefront." Expertise gained through the DNP was expected to fuel the ability to advocate for patients and create institutional reform."I want a greater opportunity to have authority, to be able to put forth evidence and data and say, 'Yes, there's a problem in the institution and here are recommendations to improve access to care, patient satisfaction, and outcomes.'"

Some students had specific proposals for the delivery of care based on their advanced practice experience, with the goal to improve quality and/or access to care. One student described a system for delivering optimal care to children with special healthcare needs that would include opportunities for teaching APN students and conducting research about patient outcomes. Others envisioned improving access to care in ways such as creating a colposcopy
clinic for low-income women or obtaining funding to establish a clinic in their country of origin.

**Predictable Uncertainty**—This theme encompassed two subthemes addressing the typical uncertainties common to graduate students and those unique to entering a new, evolving DNP program. In particular, the context and environment surrounding the UW program intensified these uncertainties. The time frame for program approval by the university and state resulted in only 6 weeks between announcement of the program and the application deadline. A <2-month interval existed between acceptance and enrollment. Students matriculated at mid-year rather than in the fall; by necessity, their orientation process was condensed. Some details of the curriculum and expectations were still in development.

**Typical uncertainties.** Nurses returning to graduate school face typical uncertainties; the DNP students were no exception. Enrolling in graduate school was a major decision for the students, all of whom had well-established careers and most of whom were employed full time. Most students were concerned about the impact of school demands and balancing work, school, and personal life. They were also concerned about how their work requirements would affect the time they needed to attend classes.

Like many entering graduate students, several were apprehensive about their abilities. "Is this something that is doable? Have I bitten off more than I can chew?" Some students worried about the challenge of doctoral study and were concerned about their competence. "I'm scared; I'm hoping that I am smart enough to do all the classes."

These doubts did not preclude an element of optimism. "I'm excited about what is ahead, but I have trepidation about what this means for the next year and a half. The program is overwhelming at times, but it also presents a lot of opportunities." The economic demands of graduate school were a concern. Although some students received assistance through tuition waivers, reimbursement from their employers, or scholarships, others financed the program with personal resources or student loans. They were willing to incur debt, but they worried about the uncertainty of the ultimate cost of the program. One student stated, "I still have $40,000 in federal loans from my other degrees, so I know I will probably be one of those people paying off my loans with my social security!" The students also faced uncertainty about whether their doctoral education would be rewarded with a salary increase.

**Unique uncertainties.** Constraints posed by the UW graduate school for all doctoral programs intensified the ambiguity around DNP program issues. Students were unclear about how many master's-degree credits would count for the DNP, how many courses would be required, the type and availability of electives, the nature of the practice inquiry capstone, and the DNP practice requirement. The most commonly mentioned curricular issue was the Capstone Clinical Investigative Project: "What is it? What do they want us to do?"

Curricular questions also arose because of the flexible nature of the UW post-master's DNP program, which allows students to individualize a program of study and select courses from other schools and departments. This option stands in stark contrast to the highly structured nature of most undergraduate and graduate nursing programs. For some students, the flexibility led to frustration and uncertainty. For others, the flexibility was an asset, allowing them to build a program that met their unique needs.

Students had different expectations of the DNP practice experience. Those who identified a need for more depth in clinical skills wondered if clinical opportunities would be available. Others with many years of experience were eager to acquire new skills in areas such as leadership, organizational systems, and policy rather than additional clinical skills.

Students described different strategies to cope with the uncertainties surrounding the program. "I'm taking it one quarter at a time. I'm confident that it is going to work out." Students who were UW alumni anticipated a favorable educational experience based on their prior graduate work. One student was confident about "getting my money's worth" from the program and "being treated well," despite concerns about the cost of the program.

**From Affirmation to Antagonism**—This theme included reactions of family, friends, and colleagues to the students' decision to obtain a DNP and ran the gamut from affirmation to indifference to antagonism. As expected, family members were generally supportive. However, the students discovered that the responses of friends and colleagues were variable.

**Affirmation.** The DNP cohort enjoyed enthusiastic support from family and faculty. "My husband has been my rock, which has allowed me to do things that would otherwise be difficult." Several students specifically mentioned their children's
support. "My son said, 'Great, Mom, go for it!'" Faculty members were perceived as supportive, and students believed that the program was designed to accommodate their need for flexibility in scheduling and that it acknowledged their professional experience. Also, some students experienced collegial support, particularly in the form of adjusting schedules.

Indifference. Some students noted that colleagues and/or friends seemed uninterested in their decision to pursue the DNP. "My physician colleagues have been completely indifferent to it." They did not know specifically why this indifference existed, although they linked it to a lack of understanding or the controversy surrounding this new degree.

Antagonism. Some students' colleagues were antagonistic. "My manager who is not a nurse, rolled her eyes and asked, 'Why don't you just be a doctor then? Why don't you just go to medical school?'" Although one institution provided tuition support for employees enrolled in baccalaureate degree programs, the DNP student's request for financial assistance was denied. This decision was appealed and tuition support was later provided. After approaching management to request a more flexible schedule, another student became concerned about job security. "Basically, the manager said, 'You are useful to me as an NP—the way you are. Going to get this extra degree isn't going to do anything for me.'" Some students were clearly affected by negative responses from nurse colleagues. Such comments made them reticent to discuss their pursuit of the DNP. Some friends were also critical. "Why do you want to go to school again? How is this going to change what you already do?"

Discussion

This study contributes insights about post-master's DNP students as they began their program of study. The data weave a tapestry of information about the rich background of the students, motivations to seek a DNP, perspectives on pioneering a new role, uncertainties confronted, and anticipated contributions of DNP graduates.

The first UW cohort was an experienced, highly motivated group of early adopters. All were NPs except for one CNS. No nurse midwives, nurse anesthetists, or other APNs applied to the DNP program. The importance of NPs may be in part due to the early support of NP faculty, the early support of NP organizations for AANP's position statement, and the fact that most APNs are NPs. The cohort consisted of early-, mid-, and, surprisingly, late-career APNs. Late-career APNs were as motivated as their early-career counterparts to enhance their current practice, assume leadership roles, and/or to broaden their expertise in new areas.

Although most members of the cohort had prior involvement in research, they chose the DNP as the degree better suited to furthering their commitment to practice. The enthusiasm of these innovators suggests that an unmet need existed in nursing education. Several interesting questions arise. Do students who choose the DNP have an accurate understanding of PhD education? Once introduced to practice inquiry within the DNP program, will some students then seek a PhD? As nurses become more adept at appraising and translating research into practice, will this prompt the development of joint DNP-PhD programs?

Students defined practice as direct patient care, community-based population-focused health care, systems-level leadership, health policy, and education. This broader definition of practice helped attract a student population with diverse professional interests, backgrounds, and goals. The UW program allows post-master's students to individualize a program of study within this broad context of practice.

As pioneers, these students were willing to accept uncertainty and ambiguity. Many of them had not clearly formulated specific goals but were confident that this added education would invigorate them professionally. They believed that the DNP would enable them "to do what I do better," provide a higher quality of care, and create new role opportunities. The students also welcomed the ability to contribute to the development of the DNP role. The pride they felt in being pioneers seemed to translate into a positive attitude and willingness to accept the uncertainty ahead.

The challenges and experiences of the first cohort of UW DNP students are reminiscent of those faced by the nation's first NPs. In a study of Washington State pioneer NPs, five themes were identified that exemplified the early struggles in "surviving the proving ground." The NPs grappled with the issues of establishing credibility, explaining themselves, choosing their battles, fighting for legitimacy, and building networks. In a similar fashion, at the beginning of the program, these DNP students needed to explain themselves to colleagues and friends, especially those who were indifferent or antagonistic.

Implications

If this first post-master's cohort at UW heralds the future, faculty
should anticipate a diverse applicant pool with a wide variety of goals. Some post-master’s DNP programs focus only on direct patient care, whereas other programs emphasize different components of advanced practice. The AACN DNP Essentials offer a broad view of practice that is inclusive of direct patient care; community-focused, population-based care; leadership; and policy formulation. The diversity of the UW students’ practice interests parallels AACN’s broad definition of practice.

Recruitment efforts are vital to ensure that prospective students are aware of DNP programs. Programs under development may find it useful to begin recruitment efforts well in advance of implementing the program to provide accurate information about the DNP and ensure adequate enrollment. Many students in this UW cohort were aware of the DNP degree and/or development of the UW program before its final approval. This awareness primed them to respond to the only formal recruitment for the first cohort, an email message sent 6 weeks before the application deadline to UW SoN clinical faculty and preceptors. Willingness to apply with short notice to a program that was still evolving speaks to the flexibility, risk taking, and pioneer spirit of the students. Based on the experience of the UW cohort, faculty should be aware of their strong influence on recruitment into DNP programs.

The legitimacy of the faculty role brings credibility to promote and define the benefits of the DNP. The efforts of faculty to recruit into the DNP program should be broad based—half the UW cohort was older than 50 years and in the mid- or late-career stage. The UW DNP students’ goals exemplify professional renewal and role development as a recurring process throughout their career. Faculty can also be assured that DNP students, who are early adopters, when properly advised, are often willing to accept some uncertainty about the program if they believe that faculty are working hard to create an optimal learning environment.

The level of uncertainty evident in these students was due in part to the ongoing curricular development and speed with which the DNP program was implemented. It is important to understand the most common sources of uncertainty of newly matriculated students and create strategies to address them. These strategies include in-depth online materials available prior to their application to the program, pre-matriculation advising, an in-depth orientation, early opportunities to interact with students in prior cohorts, and quarterly debriefing forums.

Limitations

These data were influenced by the short time span between notification of the program launch, application due date, acceptance into the program, and matriculation. As a result, the students had less time than usual to acquire information, ask questions, and contemplate whether to apply. This brief timeline could create anxiety and additional uncertainty. This small study represents one university’s experience with 16 students.

Final Comments

The UW DNP students’ positive attitudes about the program support a growing body of evidence about the demand for additional education and professional development among APNs. Instead of competing with the PhD, the DNP appears to fill a void in nursing education. Given the challenges concomitant with development and implementation of a new academic degree, individuals and organizations that pioneered DNP education are to be acknowledged for their vision and efforts.

The enthusiasm and optimism
of these DNP students are testimony to the potential of the practice doctorate to advance the nursing profession and health care itself. Over the decades, APNs have enhanced the ability of the nursing profession to influence and shape healthcare delivery, especially in ambulatory care. Likewise, DNP education will increase the visibility, participation, and effectiveness of APNs who will be leaders in meeting the challenges of today's healthcare environment. In this time of increasing safety and quality concerns, the nursing profession needs these leaders more than ever.

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