2015

Critical Factors Influencing Doctorally Prepared Nurses' Attitudes and Perceptions About Their Roles

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CRITICAL FACTORS INFLUENCING DOCTORALLY PREPARED NURSES' ATTITUDES AND PERCEPTIONS ABOUT THEIR ROLES

DISSERTATION

Presented in Partial Fulfillment of the

Requirements for the Degree of

Doctor of Philosophy in Nursing

Barry University

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2015

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by

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Abstract

Background: More than a decade has passed since the American Association of Colleges of Nursing (AACN, 2004) presented its position statement regarding the clinical doctorate, the Doctor of Nursing Practice. Dialogue ensued without professional consensus regarding the PhD and DNP. The lack of understanding and confusion surrounding the two doctoral degrees in nursing projects a negative image about the profession, suggesting a lack of cohesiveness and promotes an environment of distrust, thereby creating confusion for the public about the nursing profession.

Purpose: The purpose of this qualitative research using grounded theory approach was to develop a substantive theory about the perceptions and the attitudes of doctoral nurses regarding their roles.

Philosophical Underpinnings: The grounded theory is based within the constructivist paradigm and has philosophical underpinnings of symbolic interactionism and pragmatism.

Methods: The research approach was qualitative using grounded theory to discover a substantive theory to understand the critical factors that affect attitudes and perceptions of doctorally prepared nurses about their roles.

Design: The study utilized an adapted approach of Strauss and Corbin's grounded theory methodology. Sampling conducted was purposive, theoretical, and snowball. Semi-structured interviews with individual participants and an expert group were conducted. Data analysis and collection occurred simultaneously, and data was coded, categorized, and compared through open, axial, and selective coding. Main categories emerged from the data and were conceptualized, linking the categories into a substantive theory.

Results: The main categories of *advancing*, *collaborating*, *transforming*, and *stewarding* emerged from the voices of the participants. Relational statements and intersection of categories and subcategories supported the core category, revealing the basic social process of following the path. *Following the Path* identified and explained the meaning ascribed by DNP and PhD nurses about their doctoral roles.

Conclusions: The theoretical framework developed from this study provides needed information about the roles of the DNP and PhD and the continuing evolution of the profession of nursing. Understanding of the perspectives of the doctoral nurses in the profession has identified movement in practice change and cohesive perceptions of the nursing discipline overall.

ACKNOWLEDGMENTS

The gratitude for those who assisted in this endeavor is overwhelming. Without the assistance of my chair, Dr. Jesse Colin, the ongoing effort to complete this inquiry would have been tumultuous and never-ending. Her guidance in the methodology and insight to the research process is recognized first and foremost. Not often do you meet a professor who imparts guidance that is done with grace, gentleness, and ongoing support, leading to a true reflective knowing by the student. To Dr. Colin, I thank you from the heart for your constant support for my efforts. To my committee, Dr. Claudette Chin and Dr. Mary Colvin, your positive spirits of support were felt and welcomed. The attention to detail and rigor from my committee were so necessary and received in a spirit of openness and thanks.

To my classmates who shared in this doctoral education journey, I thank you all for your support and for your friendship. I must also thank my dear friends and family members; your support was palpable. You cheered me on, understood the missed events, and lent me your positive thoughts and energy to continue on. Tomorrow is a new day, and I will be fully present.

This work, which hopes to contribute to nursing knowledge, would not be possible without the nursing professionals that have historically provided the science of this discipline, the literature, the thoughts, the theory, and the commentary. Ralph Waldo Emerson aptly quoted: “The mind, once stretched by a new idea, never returns to its original dimensions.” To the great thinkers of the world who influence the minds of students, I am thankful. Through the journey of education towards the PhD, my mind has been opened, and I trust I will never see the world with the same eyes.

DEDICATION

I dedicate this work to my husband William Rocafort who is my staunch supporter in my quest for new knowledge. His unfailing support for furthering my education, which regularly competed for his time in the long nights of research, writing, and inquiry are not unnoticed. You are my soul mate, my forever cheerleader that makes my world a better place. I thank you forever for your patience and understanding as I lived my dream of doctoral education. The path for this work was a smooth road, never rutted with obstacles. Instead, you always graciously provided time and your kind, accepting support to me. May this example of supportive and unconditional love and acceptance be a beacon for our families, our children, and our grandchildren.

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CHAPTER ONE

A newly minted nursing profession now has two doctorates, the Doctor of Philosophy (PhD) in nursing and the Doctor of Nursing Practice (DNP). Ongoing discourse has evolved over the past 10 years, producing points of both positive and negative discussion in the nursing community. The nursing profession faces the potential interruption of professional cohesion as voiced concerns of territorialism, personal philosophy, role identity, role conflict, and confusion in conferred nursing doctoral degrees are deliberated (Beckstead, 2010; Edwardson, 2010; Postal & Griffioen, 2013; Watson, Thompson, & Amella, 2011). Overt discussions abound in nursing literature regarding educational preparation, development of nursing practice knowledge, loss of PhD candidates to DNP, and definitions surrounding the terminal degrees currently recognized in nursing (Chism, 2009; Clinton & Sperhac, 2009; Smith, 2011; Watson et al., 2011).

The lack of a clear understanding of the doctoral roles is of greater concern and impacts not only nursing and the interdisciplinary health care team but also the public being served. Literature to date shows the nursing profession from an internal view is confused and potentially conflicted (Loomis, Willard, & Cohen, 2007; Swider et al., 2009). Not understanding the resulting confusion leaves a gap, the potential for a fractured view on the terminal side of higher nursing education. How can the public understand these roles when the nursing profession itself does not? The public needs a clear picture, a full understanding of who exactly is caring for them and what the public can expect of the role. The American Nurses Association (ANA, 2010) social policy statement reminds the nursing profession that a social contract exists between the public

and the profession; thus, nursing must be perceived as serving the interests of the public. The profession must first identify the roles from the perception of the doctoral nurses.

The identification of roles of the PhD and DNP from the viewpoint of the DNP and PhD nurses remains unknown. This topic has not been explored, and research was necessary to add to the body of knowledge since nursing is responsible to provide understanding not only to the profession but also to society. Understanding roles is imperative for collaboration between the two doctorates in nursing, the DNP and PhD, and between nursing and "representatives of the public in all environments where nursing may occur" (ANA, 2010, p. 7). This grounded theory study sought to develop a substantive theory about the attitudes and perceptions of doctoral nurses regarding their roles. This study's aim was to contribute to knowledge of DNP and PhD roles and provide understanding to the process nurses use to ascribe meaning to their roles and inform the nursing profession and society.

Background of the Study

Doctoral Options

Doctoral options for the terminal degree of nursing have evolved into two academically rigorous options, garnering much discourse for the past decade. The American Association of Colleges of Nursing (AACN, 2006) released *Essentials of Doctoral Education for Advanced Nursing Practice*, defining the PhD as a research-focused doctorate with extensive education in research methodology culminating in linked research. The AACN (2004, 2006) position statement regarding the DNP moved the profession into parity from a practice level, positioning the entry-level advanced practice nurse as a doctorally prepared nurse, a level similar to the interprofessional team

of pharmacy, physical therapy, and occupational therapy. The DNP is articulated as practice focused and encompassing competencies and curricular components preparing the DNP with analytical skills to evaluate, translate, and implement evidence-based nursing practice (AACN, 2006; Clinton & Sperhac, 2009). A task force representing stakeholders convened and consisted of attendees at AACN master's and doctoral conferences, the National Organization of Nurse Practitioner Faculty, the deans and directors in the Big Ten Conference (Indiana University, Purdue University, Michigan State University, The Ohio State University, Pennsylvania State University, University of Illinois Chicago, University of Iowa, University of Minnesota, University of Wisconsin Madison, and University of Wisconsin Milwaukee), and those attending a multi-disciplinary invitational planning conference at Columbia University (AACN, 2004). These national nursing leaders extensively researched the necessity of the title change responding to the changing landscape of health care, burdening requirements for the advanced practice nurse at the master's level, and multiple pathways to the nursing practice doctorate and remained cognizant of the need to provide essential curriculum changes to prepare the new advanced practice DNP. The DNP role was defined for nursing, intending to meet complex health care settings, albeit from within the profession.

The PhD prepares nurse researchers to advance the science of nursing, serving as stewards of nursing knowledge production, while the DNP prepares the nurse specialist at the highest level of nursing practice (AACN, 2006; Chism, 2009). Following the change to the clinical doctorate expectations by the AACN, ongoing discussion in the literature shows role ambiguity, discussion directed to how each doctorate contributes to nursing science, and a plethora of editorial responses to the DNP degree. The DNP degree as

defined is still in an evolving period, noted as confusing and unrecognizable within the profession and to the public (Clinton & Sperhac, 2009; Cronenwett et al., 2011). On the other hand, the doctor of philosophy in nursing (PhD) is globally recognized as the terminal research doctorate holding responsibility for nursing knowledge, discovery, and theory development achieved through research expertise (Cronenwett et al., 2011). The American Association of Colleges of Nursing (AACN) released *Essentials of Doctoral Education for Advanced Nursing Practice*, articulating the PhD as a research-focused doctorate with extensive education in research methods and the DNP as practice-focused with analytical skills to evaluate, translate, and implement evidence-based nursing practice (AACN, 2006; Clinton & Sperhac, 2009).

Historically, the PhD in nursing itself is a relatively new degree, first introduced in 1934 at New York University and gained university acceptance during the 1970s and 1980s, evidencing a substantive knowledge base in nursing now existed (Beckstead, 2010; Chism, 2009). The practice doctorate, DNP, is not really a new degree and historically evolved from the Doctor of Nursing Science (DNs) to the recently identified practice doctorate currently defined by the AACN (2006) in the *Essentials of Doctoral Education for Advanced Practice Nursing* (Chism, 2009). The evolution has included several different practice doctorates through the years. The Doctor of Nursing Science (DNSc) was first created in 1960 by Boston College, followed by the Doctor of Science in Nursing (DSN) in the 1970s. These degrees are regarded as research heavy clinical doctorates actually referred by McLeod-Sordjan (2014) as de facto PhD degrees.

Doctor of Nursing Practice

The first Doctor of Nursing (ND) with a true practice component program was established at Case Western Reserve University in 1979. The ND at Case Western Reserve University is now a DNP and was positioned as one of the first universities to offer the DNP. The AACN committee, upon careful review, identified the ND, DSN, and DNSc had too many similarities to the PhD and set forward to redefine the practice doctorate with carefully outlined essentials. Coinciding with this event in 2008, the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, & Education* (APRN Consensus Model) evolved, which served to standardize the curriculum to include foundational courses and clarified the four advanced practice nursing roles (certified registered nurse anesthetist, clinical nurse specialist, certified nurse midwife, and certified nurse practitioner). In addition, six areas of population foci of the advanced practice nurse are family/individual across the lifespan, adult-gerontology, women's health/gender related, neonatal, pediatric, and psychiatric-mental health (ANA, 2008). Although advanced practice nursing essentials are not a new concept, the current DNP competencies are delineated through the *Essentials of Doctoral Education for Advanced Practice Nursing* and were created through a DNP Essentials Task force representing 231 educational institutions. The failure to respond to a potential chasm of beliefs coupled with the uncertainty of role definition could make the further fracturing of professional identity of the nursing profession a reality.

Deliberations

The problem is multifaceted, as what appears to be a significant top-down decision to position the DNP as the practice doctorate has produced a plethora of

discussion that has identified role confusion, territorialism, and ongoing discourse without resolution regarding the PhD and DNP by the nursing professionals themselves (AACN, 2004; Beckstead, 2010). Nursing has historically engaged in over 40 years of discussion regarding the entry to practice with no definitive agreement nationally to the bachelor of science as the entry level to nursing (Institute of Medicine [IOM], 2011). Today, nursing is deliberating the terminal educational options without answers based in research. Scrutiny within the nursing profession reveals ongoing discourse chronicled over the past 10 years, producing positive and negative views of the DNP role. In addition, nursing is responsible for responding to the social contract with the public about DNP and PhD role identity. Overt discussions abound in nursing literature as multiple authors commented regarding preparation, curriculum, role conflict, role confusion, building nursing knowledge, loss of PhD candidates to the DNP, and definition of the terminal practice degree in nursing (Chism, 2009; Clinton & Sperhac, 2009; Edwardson, 2010; Smith, 2010; Watson et al., 2011). In addition, concerns are voiced regarding the DNP not contributing to the development of nursing knowledge, a perception of the loss of PhD candidates to DNP, and individual definitions discussed and debated about the two terminal practice degrees currently recognized in nursing (Clinton & Sperhac, 2009; Smith, 2011; Watson et al., 2011).

Identification of the attitudes and perceptions of doctorally prepared nurses regarding their roles is essential to result in intraprofessional cohesion, clarify roles, contribute to nursing knowledge, promote research discovery and research application, and allow for further identity as defined from within the profession itself. Nursing has a responsibility to the public to provide a clear understanding of roles, demonstrating

collaboration between the two doctorates in nursing, the DNP and PhD, and between nursing and the public (ANA, 2010). Responding to the call for transformation of nursing by the Institute of Medicine (2011) has the profession poised to respond to the expanded role of the clinical doctorate that unfortunately has not been clearly identified from within the profession. The nursing profession has a responsibility to patients and the public to establish clear definitions and role expectations.

Allopathic and Osteopathic Physicians

Providing additional background for the study, similarities to nursing exist between the allopathic (MD) and osteopath (DO) physicians. The discussion of role and identity persist in the ongoing discourse that has extended for over a century between the MD and DO physicians. Both are physicians, hold a terminal degree, and contribute to the healthcare delivery system but remain engaged in role identity tension that continues to be discussed. In the United States, the MD gained recognition in the 1890s and was further clarified through succinct curriculum development inclusive of internships and residencies, accreditation, and wide recognition of their roles within the health care community and the public (Dezee, Artino, Elnicki, Hemmer, & Durning, 2012). The osteopathic physician has a storied history as the fight for recognition and legitimacy as physician-encountered obstacles of professional and patient acceptance, validity of education, access to residency sites, and equal stance to the allopathic physician (Silver, 2012). The discussions to different physician roles originated in the early 1900s and continue today, albeit with some obstacles removed. Acceptance and recognition of the osteopath physician role was in part bolstered when participation in the Army Medical Corp during World War II was refused. The osteopath physician filled positions vacated

by allopathic physicians who were serving during the war and, in turn, gained public acceptance for the role and subsequently increased acceptance in the health care community (Silver, 2012). Although allegedly improved, recent research reveals ongoing discourse specific to the roles and philosophy of the two physician terminal degree options.

Allied Health Professions

The allied health professions inform nursing's present dilemmas that have emerged through implementation of the DNP, lending a historical perspective on the route to the professional doctorate in pharmacy, physical therapy, and occupational therapy. The first profession to move solidly forward was pharmacy. Recognition of the complexity of health care, the necessity of the Doctor of Pharmacy (Pharm D) as entry to practice was identified as crucial to develop increased patient-pharmacist interaction, future autonomous professional roles, and identification that the increasing curricular requirements could not be met within the existing 5-year baccalaureate degree (Knapp, 2011; Pierce & Peyton, 1998). A four-decade-long debate ensued from 1977 to 1992 until the American Association of Colleges of Pharmacy (AACP) voted the Pharm D as the sole entry to practice in 2000. This decision coincided with the Accreditation Council for Pharmacy Education (ACPE) declarative intent to only accredit doctoral pharmacy education in 2000 (Pierce & Peyton, 1998).

Knapp (2011) provided a case study from the University of Maryland School of Pharmacy. Obstacles cited during the 40-year journey were amplified at the University of Maryland after the faculty and administration proceeded to institute the Doctor of Pharmacy (Pharm D) as entry to practice in 1989 (Knapp, 2011). The Maryland case

stimulated active interest in the proposed change from a 5-year baccalaureate to the present-day doctorate where chain pharmacies, the faculty and administration, Board of Regents, the Maryland legislature, and society engaged in heated discussion about the role. The 4-year process at the University of Maryland ultimately resulted in the implementation of the Pharm D as the entry to practice a full 10 years before the mandated year 2000. The widely discussed process showed the intent to move to the doctorate in pharmacy could not be made in isolation and extended well beyond the interests of the university and accrediting institutions (Knapp, 2011). On the other hand, Knapp (2011) cited the visible and lengthy dialogue moved through the university setting, state legislature, national thought leaders, chain pharmacies, hospital settings, and the public resulted in a thorough understanding of the Doctor of Pharmacy degree.

Physical therapy began formal education and practice not unlike similar allied health positions in the early 20th century, gaining wide acceptance after World War II when the need to care for injured military and the victims of the polio epidemic existed (Threlkeld & Paschal, 2007). Physical therapy is rooted in the medical model and transitioned from an apprenticeship, to the baccalaureate, and ultimately the requirement for the Doctor of Physical Therapy (DPT) in 2016. The first clinical doctorate in physical therapy, the DPT, emerged at Creighton University in 1992, and today, those entering the profession choose a DPT program accredited by Commission on Accreditation in Physical Therapy Education (CAPTE), with over 213 accredited programs providing DPT education (American Physical Therapy Association [APTA], 2011, 2014). The move to the DPT evolved quickly, “keeping pace with increasingly complex societal demands, emphasis on health and wellness … and the necessity for direct patient access

to physical therapist care" (Threlkeld & Pascal, 2007, p. 161). The discussion of the move to the professional, clinical doctorate is not as storied and cites curricular response to patient needs, direct access to physical therapists, and societal response as key with the majority of colleges and universities preparing students in the DPT role (APTA, 2011). Perhaps the strength of the single, professional society (APTA) and direct access to consumers has moved the acceptance of the PT doctorate forward.

Occupational therapy has similarities to the current nursing doctorate with ongoing discussion apparent in the literature. The projected implementation of the Occupational Therapy Doctorate (OTD) as entry to practice is 2025. Case-Smith, Page, Darragh, Rybski, and Cleary (2014) produced evidence for adoption of the OTD, citing the need for advanced clinical experiences, scholarship, and response to societal health care complexity as the impetus to require the OTD. Currently, the master's and OTD provide two options for occupational therapy education cited as producing public confusion (Case-Smith et al., 2014). A lack of direction specific to educational standards from the American Occupational Therapy Association (AOTA) resulted in two revisions to the educational standards, perhaps stunting the movement forward to the OTD (Griffiths & Padilla, 2006). After a 40-year transition from baccalaureate to the doctorate, the OTD as entry to practice goal of 2025 is in place, but there are currently only seven colleges or universities accredited to date (AOTA, 2014).

Nursing can identify similarities in allied health movements to the DNP. Physicians, pharmacists, and physical and occupational therapy clinical doctorates are positioned as entry to practice educational programs. The move from the baccalaureate level to a master's level in pharmacy and physical and occupational therapy was

responsive to societal needs, burdening curricular requirements, and complexity of health care (Knapp, 2011; Pierce & Peyton, 1999). The doctorate in physical therapy is the only doctorate that moved rapidly to acceptance and implementation, citing strong support of accrediting bodies. Ongoing rhetoric resulted in pharmacy and doctors of osteopath and occupational therapy facing resistance due to student cost, acceptance to role, lack of clear expectations from national leaders, and a "me too" perspective for role acceptance (Case-Smith et al., 2014; Knapp, 2011; Pierce & Peyton, 1999). The historical glimpse into these professions reveals that the discourse is a constant, but the need for leadership as well as professional and public support for the role influenced the ready acceptance of the doctoral roles.

Theories to explain critical factors influencing the attitudes and perceptions of doctorally prepared nurses about their role and the impact on intradisciplinary collaboration in nursing are not available in the literature. The lack of theory to guide and build intraprofessional collaboration amongst the PhD and DNP limits further role definition, professional identity, contribution to discovery and use of nursing research, and self-definition within the nursing profession of the advanced practice role and terminal degrees. In addition, intradisciplinary collaboration is essential within a practice discipline, specifically nursing. Attitudes and perceptions of the DNP and PhD nurses about their roles have not been explored, and research was necessary to uncover a theory that, in turn, yielded variables to extend future research. Furthermore, new research adds to the body of nursing knowledge, providing a clearer picture of professional nursing roles. The DNP and PhD practice environments and nursing's social responsibility are difficult to address when doctoral nurses' roles were not been clarified.

The lack of a clear understanding of the DNP role impacting not only the nursing profession and the interdisciplinary health care team but also the public being served is of greater concern. The ANA Code of Ethics 2.2 (2001) charges nurses to work intraprofessionally, effectively meeting the needs of patients and the public (Fowler, 2001). Understanding roles is essential within the profession from the viewpoint of the two terminal degrees, the DNP and PhD, and between nursing and representatives of the public. Poised within a changing health care landscape and a moving paradigm, new science can provide research findings, themes, and ultimately variables to further explore the role and the impact of nursing role on the public served. Therefore, exploration to understand the roles of the two doctorates in nursing is timely and needed to promote nursing science discovery, science implementation, role identity, and cohesion of leadership in the profession of nursing.

Problem Statement

The lack of understanding and the confusion that surround the two doctoral degrees in nursing projects a negative image about the profession, suggests a lack of cohesiveness, and promotes an environment of distrust, thereby creating confusion for the public about a profession that it is supposed to trust. Role confusion on the part of nursing creates a lack of confidence about the profession. Nursing has a responsibility to the public to clearly delineate the two doctoral roles, thereby clarifying each role and its responsibilities.

Purpose of the Study

The purpose of this qualitative research using grounded theory approach was to develop a substantive theory about the attitudes and perceptions of doctoral nurses

regarding their roles. The aim of this study was to contribute to knowledge of the DNP and PhD roles and provide understanding to the process nurses use to ascribe meaning to their roles and inform the nursing profession and society.

Research Questions

Three overarching questions will guide the grounded theory research.

1. What are the critical factors that influence the attitudes and perceptions of doctorally prepared nurses regarding the PhD and DNP roles?
2. Do these critical factors affect role differentiation?
3. Does the lack of understanding about the two nursing doctorates, the DNP and PhD, create a lack of confidence and trust in the nursing profession and society?

Philosophical Underpinnings

The proposed research was within the setting of the social context of nursing. Seeking to understand the meanings ascribed to the roles of the doctorally prepared nurse, the paradigm of qualitative research was used to examine this phenomenon. Qualitative research "sets the researcher in the world being observed, in the natural setting … to make sense of phenomena in terms of meanings people bring to them" (Denzin & Lincoln, 2005, p. 3). Qualitative research allows for an interpretive, holistic, and naturalistic approach within the human sciences. Qualitative research uses an "interpretive/theoretical framework that informs the study of research problems addressing the meaning individuals or groups ascribe to a social or human problem" (Creswell, 2013, p. 44). Qualitative inquiry positions the researcher into the world being studied, allowing a naturalistic and interpretive approach where the participants describe their worlds, providing meaning to the phenomenon of study (Denzin & Lincoln, 2005).

The interpretative framework of qualitative research seeks to understand the meaning humans ascribe to their experiences within a unique social context (Crotty, 1998). Research regarding roles of the two doctorates of nursing was studied within the social context of nursing, specifically within the world of doctorally prepared nurses where the participants brought meaning to the roles of the DNP and PhD nurse.

The quantitative, empiric approach to research positions the researcher as an objective observer and uses reduction and deduction with data analysis, which tests theory with highly controlled environment (Creswell, 2013; Crotty, 1998). The traditional quantitative, positivist methods of inquiry were challenged to consider alternative approaches for knowledge discovery as the social sciences developed. Philosophical underpinnings for qualitative research trace back to Immanuel Kant, a philosopher from the age of Enlightenment, who challenged the traditional empiricist philosophy arguing the mind is capable of reason and the mind makes all experience possible (Rogers, 2005). Interpretivism dates to Max Weber who identified the human sciences needed *Verstehen* (understanding), which was in direct contrast to the subjective sciences (Crotty, 1998). Dilthey is credited with distinguishing human science from natural science as different realities requiring different investigation (Cody, 2013; Munhall, 2012). The human sciences rejected the positivist, quantitative approach as exclusive methodology while acknowledging the need to understand the subjective view and meanings inherent in human behaviors.

Broadly based assumptions guide qualitative research. Qualitative research is grounded in social constructivism. In social constructivism, individuals seek to understand the world they work and live in, as meaning is developed subjectively from

objects (Creswell, 2013). The objective of qualitative research is for the research findings to be reflective from the participants' view within the social setting. It is believed that it is important to see the situation from the view of the participant, to see through the eyes of another. Social constructivism believes meaning is not discovered but is constructed by the participants engaging and interacting with the world they are interpreting (Crotty, 1998). Meaning is constructed in the social setting through language, communication, and the community of the nurses. Social interactions are an inherent piece of social constructivism; thus, qualitative research is a valid choice and was conducted to understand the attitudes and perceptions of doctorally prepared nurses about their roles.

In the constructivist paradigm, several assumptions are significant: ontological, epistemological, axiological, rhetorical, and methodological. Ontological beliefs include the recognition that multiple realities exist: the researcher, the participants' views, and the readers of the research itself (Creswell, 2013). Truth is complex and dynamic and focused on discovery of meaning. Humans ascribe meaning from a subjective view. It is important to discover and understand the views of the study participants and the researcher. The research conducted acknowledged that multiple views would be uncovered and anticipated subjectivity of the participant responses and the subjective view of the researcher. In the qualitative, constructivist research approach, the investigator recognizes and embraces multiple realities, and findings are subsequently reported through a subjective lens. Crotty (1998) explained that epistemology merges somewhat as understanding to what is knowledge and what is its scope and is viewed from a constructivist approach. Epistemological beliefs in qualitative research reveal

knowledge and truth emerge from within the social context and are constructed. Truth and meaning evolve from interaction of the researcher, participants, and with the world, and "there is no meaning without the mind" (Crotty, 1998, p. 8). Conducting the study within the social setting of the DNP and PhD nurse must be done to allow the truth to emerge from within the setting of the nursing professional. Results included quotes from participants and also revealed the researcher's values and biases.

The axiological assumption of qualitative research requires the researcher to bring values and personal beliefs into the discussion. The researcher becomes the instrument, becoming immersed in the data gleaned from participants. An understanding of personal beliefs needs to be recognized and revealed in qualitative research. The research is recognized as value laden from both the participants and researcher; thus, open discussion will include the views of the researcher (Creswell, 2013). In the research, experiential context was shared; the use of memos, journaling, and reflexivity were used throughout the study to reveal the values and personal beliefs of the researcher. These processes were used to ensure the substantive theory emerges from the data and not primarily from the beliefs and values of the researcher.

Rhetorical assumptions are the telling of the story and the voice of the findings, which come from the research. Meaning emerges from within the social context of the story. The research includes a narrative reflecting the personal story, descriptions, and voice of the participants and inherently included the view of the researcher. Rich, thick descriptions emerged from within the data collected as the story and voice of the participants were documented. The voices of the participants in this study reflected a subjective view of doctoral roles.

Methodological assumptions in the proposed research were inductive as findings emerge from the experiences of the researcher within the social context of the doctorally prepared nurse. Questions to DNP and PhD participants began as broad and general to elicit participants' views as meaning is constructed about role. As was expected, questions changed in response to the data collected as categories were identified in order to saturate findings and solicit for potentially unheard views. In addition, questions used with the focus group were designed to confirm findings.

Grounded Theory

Grounded theory as a qualitative research approach provides a rich, thick description of the research phenomenon along with "logical, rigor and systematic analysis" (Walker & Myrick, 2006, p. 548). In grounded theory, data is collected, and then a theory is derived from the data. Grounded theory is a "versatile approach useful for generating explanatory substantive theory of human behavior in social context" (Wuest, 2012, p. 252). Traditional grounded theory (known as Glaserian) is based on the early work of Glaser and Strauss (1967), encompassing characteristics reflective of Glaser's positivist influence in quantitative research from Columbia professor Lazarfield and Strauss' qualitative perspective from the University of Chicago influenced during his doctoral studies at the university (Strauss & Corbin, 1998). Using grounded theory allows for the emergence of a substantive theory, with the identifying theory characteristics emerging from the data that has grab, fits the data, and works in a real world setting (Glaser & Strauss, 1967). Grounded theory has several approaches that have evolved since it was first developed by Barney Glaser and Anselm Strauss in 1967 (Creswell, 2013). Developed by Glaser and Strauss to understand the experience of the

dying patient, the method bears the mark of the Chicago school of sociology with statistical measures and a loose theory generating style (Baker, Wuest, & Noerager Stern, 1992; Walker & Myrick, 2006).

Grounded theory has evolved into several methodologies reflecting alternative methods of analysis. Differences in Glaserian and Straussian methods of grounded theory are primarily noted within the methodology used during analysis of data. Strauss and Corbin (1990, 1998), remaining positivistic in their philosophical underpinnings, use structured analytic methods and techniques aimed to move the grounded theory to a method of verification (Charmaz, 2014). Glaser expressed concern that Strauss and Corbin "force data" versus allowing the theory to emerge during the constant comparison process. Strauss and Corbin remain a frequent choice for novice researchers due to the structured analysis process. Charmaz introduced a constructivist perspective building upon the inductive, comparative, emergent qualities of Glaserian grounded theory but also allows the "flexibility of method … and takes the researcher's position and privilege as an inherent part of research" (Charmaz, 2014, p. 13). Grounded theory is useful in the proposed research to facilitate building nursing science and new scientific knowledge development.

The structured analysis processes of Glaser, and originally Strauss, propose a systematic pattern where theory develops throughout the constant comparative approach. The analysis process in grounded theory is noted as the birth of the constant comparative approach (Walker & Myrick, 2006). A constant comparative approach is inherent in grounded theory where data collection and analysis are considered a "zigzag approach" where the researcher begins the process of analysis within the first interview sifting

through the empiric data. Incubation occurs, wherein this is the process where the researcher comes to "live in the data," allowing the researcher to try to understand the context and draw legitimate conclusions from the data analyzed (Polit & Beck, 2012, p. 576). Glaser remains constant in his approach to grounded theory, maintaining the positivist influence using grounded theory "as a method of discovery, treated categories as emergent from the data, and relied on direct, often narrow empiricism, and analyzed a basic social process" (Charmaz, 2006, p. 8).

Strauss and Corbin (1990) diverge from Glaserian grounded theory with attention to action, the development of the conditional matrix, "allowing the researcher to reconstruct meaning during the research process" (Mills, Chapman, Bonner, & Francis, 2007, p. 74). Subsequently, Glaser and Strauss and Corbin used coding, constant comparison, questions, theoretical sampling, and memos while adhering to the same basic research process. Walker and Myrick (2011) noted that "the difference lies in how the processes are carried out" (p. 550). This first version, Glaser's process of grounded theory advocates a limited literature review to maintain a stance of unknowing. Differing in the coding associated with Glaser's model, Strauss and Corbin use a process where the data is fractured, grouped into codes that become the theory explaining the data. Strauss and Corbin (1990) have three phases called open, axial, and selective coding. Strauss and Corbin (1990) identify the first phase as open coding where data and concepts are identified, with properties and dimensions identified within the data. The second phase is axial coding is where "fractured data is viewed in new ways making connections between a category and subcategory" (p. 97). The third phase, the selective coding process defined by Strauss and Corbin, is where the core category is developed. Theoretical

development of codes emerge through analysis into categories often reflecting gerunds, processes that are grounded, and "fit" in the data, moving the analysis to a theoretical level (Wuest, 2012). The processes are structured and systematic, allowing for the constant review, fracturing of data, and putting it back together, with personal memoing describing the researcher's thoughts throughout the process.

Another approach to grounded theory by Charmaz (2006) is the constructivist grounded theory method, which reflects a postmodern stance versus positivist. The major difference with Charmaz is the approach where constructivism and interpretive perspective allows for a less structured, more flexible approach and the piecing together meanings about a category (Charmaz, 2006). Charmaz's approach embeds "the researcher into the experience, relationships, hidden networks with an emphasis on views, values, feelings, assumptions and beliefs of the individual than on methods" (Creswell, 2013, p. 87). Charmaz (2006) moved grounded theory to a constructivist approach, positioning participants and researcher as co-constructors of meaning where "the critical interpretivist builds on the pragmatist underpinnings of grounded theory and advances interpretive analysis that acknowledge these constructions" (p. 10).

Mills et al. (2007) discussed the postmodern situational analysis within grounded theory as advocated by Adele Clark. Adding to the common tenets of grounded theory—theoretical sensitivity, theoretical sampling, constant comparative, coding, and memos—she adds the dimension of situational maps (Mills et al., 2007). The grounded theory approach by Clark (2003) posits grounded theory as postmodern where situatedness can capture the complexity of a social situation.

Multiple avenues are available to discover nursing knowledge through a qualitative approach, specifically using a grounded theory perspective. Two philosophical underpinnings associated with grounded theory are identified as symbolic interactionism and pragmatism (Berg & Lune, 2012; Crotty, 1998; Wuest, 2012). These two philosophical underpinnings provide the foundation upon which new knowledge is discovered in grounded theory. Grounded theory discovers interrelated concepts within a social setting, offering explanation to a phenomenon.

Symbolic Interactionism

The underpinning of symbolic interactionism is a social theory rooted in the thoughts of George Herbert Mead who hailed from the University of Chicago and was influenced by post positivism, which in turn influenced the early methods demonstrating a structured process in his methodology (Crotty, 1998). Blumer, a student of Mead, is credited with concretizing the concepts as the "founder of symbolic interactionism" (Berg & Lune, 2012, p. 9). Building on the Chicago School orientation, Blumer (1980) asserted that meaning is intrinsically attached to phenomenon and may be "understood as a psychical accretion imposed on objects, events, and the like by people" (Wuest, 2012, p. 9). A general agreement construct is that human interaction is necessary in a specific context where humans develop symbols to define their environment. Humans have the ability to communicate, to ascribe meanings to events, and to develop meaning from experience and interaction (Baker et al., 1992).

Symbolic interactionism is the basis for the assumption in grounded theory that the participants in the study share a social problem or process. The assumption of symbolic interactionism is that phenomena are relational, and to understand phenomena,

interactions and the context must be considered (Wuest, 2012). Human beings ascribe meaning when they intrinsically attach to an object, phenomenon, or event. After this attachment, meaning is then recognized and subsequently understood (Berg & Lune, 2012; Charmaz, 2006). It is important to understand how people define their situations within a specific context. Three assumptions described by Blumer specific to symbolic interactionism are described, and these are the tenets used when approaching from a pragmatic approach (Crotty, 1998; Wuest, 2012):

1. Meaning is attached to an object, event, or phenomenon, based on meanings held by the person.
2. Meaning is derived from and arises from human social interactions.
3. Meanings are modified from the interpretive process of the person.

Nursing attitudes and perceptions of their roles are developed within the social structures where doctoral nursing is practiced. This social context allows doctoral nurses to construct their own meaning to their roles in the social environment in which they function. This social setting is rich with other human beings, institutional and university settings, physical objects, social interactions, relational activities, personal values, and professional ideals. Doctoral nurses interact intraprofessionally through various levels of nursing, through an interprofessional health care team, and collegially with other faculty; interpret findings of thought leaders; access publications; and personally interact with the society they serve. These experiences, the intraprofessional interactions while in the doctoral role in turn, provides an impetus where meaning is derived and ascribed to phenomenon by the DNP and PhD nurse from a multitude of social experiences and interactions. Thus, research methodology with underpinnings of symbolic interactionism

can provide insight to meaning that is created and ascribed by DNP and PhD nurses to their roles.

Pragmatism

The second underpinning, pragmatism, provides the foundational idea that research outcomes are the specific focus of inquiry. Crotty (1998) communicated that pragmatists are not committed to one system of philosophy and are identified by Pierce as a method of reflection and idea clarification. In addition, the pragmatist philosophy continued to evolve through the work of Dewey and James, which was viewed as a less critical view by Pierce (Crotty, 1998). Pragmatist belief includes the analysis of meanings; ideas and concepts are to be viewed within the context and environment they occur. There is not a focus on methodology but instead a focus on the researched problem with the outcome being pivotal in this process (Creswell, 2013). Pragmatists believe in freedoms to the researchers in their methods, procedures, and techniques, allowing the researchers to approach their work from a standpoint of what best meet their individual needs. Pragmatists do not abandon the context of the situation and believe there is meaning to be discovered specifically based on the inside realm of specific social setting (Creswell, 2013). Practicality and usefulness of research findings are central to pragmatism. Furthermore, the pragmatist believes the researcher is a social human being who must interact within the environment or culture to interpret the meanings. Then, inductively based theory emerges that is generated from the findings grounded in the social and psychosocial processes.

The context of the nursing culture itself positions the DNP and PhD nurse within the experiential setting. Researching the attitudes and perceptions of the DNP and PhD

nurse within the social setting are best viewed within the environment in which they naturally occur. Seeking to understand how knowledge of roles is developed can best be identified as doctoral nurses enact their roles through the encounters within the intraprofessional team, the interdisciplinary health care team and setting, with patients, society, academic settings, professional meetings, and involvement with other key stakeholders. These settings provide situations that stimulate a human response, an immediate self-analysis where the individuals then ascribe meaning to their roles. Subsequently, their role is developed from these encounters in the social setting of the doctoral nurse.

Furthermore, a pragmatist tradition posits the meanings humans ascribe as unique and active participants are firmly linked to the outcomes and are clearly situated within the contextual setting (Crotty, 1998). Pragmatists gain understanding of meaning ascribed through common sense investigation of surroundings as humans seek to understand problems by describing elements and the relationship between them, resulting in practical applications (Crotty, 1998; Rogers, 2005). Thus, the experiences, relevant and distinct to the DNP and PhD nurse, occur through events and processes experienced within the context of their practice where reality and meaning are interpreted, created, and ascribed. Therefore, research underpinned by the philosophical approach of pragmatism is appropriate to this study and may support the discovery of new knowledge that is practical and useful to the nursing profession and society.

The qualitative methodology of grounded theory serves to frame with question of what is going on within the social context of nursing, specifically the roles of doctoral nurses. Conducting research with grounded theory allowed the researcher the

opportunity to become the instrument, living in the data from the doctoral nurse participants to identify the critical factors influencing their attitudes and perceptions of their role. The research is best conducted in conjunction with grounded theory, as information regarding the roles of doctoral nurses is very limited in the literature. Qualitative research can provide the variables and concepts related to the role of the doctoral nurses that is missing in the literature. Using grounded theory, the data is gathered from a purposive sample of nurses who understand and live in the social context of a doctoral nurse. The Strauss and Corbin method was selected because the processes provide structure for a novice researcher. This study utilized an adapted approach to grounded theory based on the grounded theory of Strauss and Corbin (1990).

Significance of the Study

There is a crossroad ahead in the near future where the profession must decide if cohesion or division is the chosen path. More than 10 years have passed since the AACN (2004) position statement regarding the clinical doctorate, the DNP, was presented. What has resulted is ongoing dialogue without professional consensus regarding the terminal degrees, specifically the DNP and PhD roles. When a profession cannot agree on roles, the result is conflict and confusion, which is then projected to the public. Choices exist today to either mire in the comfortable dialogue of division or to actively move forward, allowing the profession to tell society just what nursing is. What must be avoided is the fracturing of the profession, allowing a decade-long debate to continue, replicating the entry to practice debate, which still today remains unresolved. Therefore, understanding the meaning assigned to roles by the DNP and PhD nurses can provide the essential

elements germane to the doctoral nursing roles that can potentially mitigate negative discourse and promote a unified description to the profession and the public being served.

Significance to Nursing

Gaining nursing knowledge through nursing research about the basic social process through which DNP and PhD nurses ascribe meaning to their roles is not understood. Professional identity is important not only to the nursing profession, but this identity must also be included in education of new nurses. Professional identity may be clarified through defined doctoral roles, subsequently influencing health policy, and the public being served. A lack of knowledge of how doctoral nurses perceive their roles can impact professional nursing cohesion. This cohesion within the nursing profession may prevent further discord, allowing for a clear public perception of the role of the DNP and PhD nurse. Thus far, limited research has been conducted regarding the roles of the two doctorates in nursing primarily from an outside view, not from the nurses within these two roles. Noted throughout available literature are threaded discussions of professional and public confusion, territorialism, uncertainty, and a lack of cohesion. Research regarding this phenomenon is scarce.

The nursing profession continues to evolve and is responsive to new research. The benefit of further identification of a grounded theory study can help to explain attitudes and perceptions of the two different doctorally prepared nurses to assist in gaining understanding to role contribution and role definition. When attitudes and perceptions to role are researched, consensus building of the profession regarding the terminal degree will cause cohesion in nursing practice. Failure to identify attitudes and perceptions causes further confusion to the public, stakeholders, and within the nursing

profession itself (Culver-Clark & Allison-Jones, 2011). Clarification of roles for the two doctoral degrees can provide national leadership timely research to build future mandates and recommendations regarding the two advanced nursing roles. Clarity is essential for nursing to identify the doctoral roles as an ethical responsibility to society and the public served by the profession.

Implications for Nursing Education

Educationally, this issue provides an opportunity to gain an understanding of the roles of DNP and PhD nurses. It is of utmost importance to nursing to contribute new knowledge that can be shared throughout the profession as students are often influenced by faculty (Lee, Holm, Florez, Glauser, & Haswell., 2013). Educational platforms can serve to provide crucial information regarding the outcomes of research providing clarification and understanding of newly identified substantive theory. The AACN (2006) *Essentials of Doctoral Education for Advanced Nursing Practice* provides specific outcome goals regarding the DNP. Nursing education is foundational from the baccalaureate to the terminal degrees. Educating nurses entering the profession and offering continued education within a lifelong learning setting provides accurate and timely research regarding nursing roles and responsibilities to society that, in turn, will assist in professional identity. The educational standards presented in academia, refereed journals, educational programs, and continuing education should provide the platform for sharing and providing understanding of current nursing practice, theory, and role building cohesiveness to further identify these professional roles.

Implications for Nursing Practice

The significance of this research to nursing practice was to identify a substantive theory regarding attitudes and perceptions of doctoral nurses regarding their roles. Nursing practice and the profession continue to evolve and rely on the discovery of new knowledge (Polit & Beck, 2012). Role identification is antecedent to collaboration and must be clarified to promote a cohesive environment for the PhD and DNP. The negative discourse, role confusion, and territorialism, all which have been identified through research (Clinton & Sperhac, 2009), must be avoided at all costs to continue to build professional identity. Historically, the educational platform for nursing experienced over 40 years of discourse on the entry to practice without a collective agreement emerging, subsequently blaming bureaucracies, social stigma, and social perceptions to the nursing role (Way & MacNeil, 2007). The research provides the initial findings to prevent disagreement from the terminal aspect of nursing from replicating entry to practice, creating a circular verbal combat about doctoral degrees in the nursing profession. Identification of synergy between the two doctoral nursing degrees may impact practice with discovery, reporting, translation, and application of new nursing research.

Implications for Research

Research is necessary to build nursing knowledge and contribute to the foundations of the profession (Polit & Beck, 2012). New knowledge developed through a substantive grounded theory study can provide key information regarding attitudes and perceptions of doctoral nurses from the viewpoint of the participants. Research concerning roles of the doctorally prepared nurse is virtually nonexistent and reveals a gap in knowledge. Research regarding a theory to identify critical factors influencing the

attitudes and perceptions of doctorally prepared nurses about their role is timely and necessary. Fracturing the cohesion of the nursing profession must not occur. The responsibility of nursing to society is to provide research identifying clear role definition of the doctorally prepared nurses. Caring for the public in a complex and changing health care environment requires important research that includes role definition (ANA, 2010). The development of a substantive theory is needed, and the new substantive theory can provide role information to nursing leadership, doctorally prepared nurses, educators, and a multitude of other nursing professionals. Clarification of the roles of the DNP and PhD would become general knowledge. This knowledge can be shared educationally and provide specific information regarding role in public policy. Society would be informed of the doctoral roles, clarifying misunderstood roles and responsibilities of the nursing profession. The doctoral roles could be researched further from variables identified to promote and develop intradisciplinary collaborative practices and in turn affect public perception. A paucity of research exists regarding doctoral nursing roles, and the proposed research can provide variables to further research efforts regarding the DNP and PhD.

Implications for Health and Public Policy

Identification of the critical factors influencing attitudes and perceptions of doctorally prepared nurses about their roles serves to promote growth in health and public policy. Clear identification of doctoral nursing roles is timely in this transformational health care setting. Responding to the Institute of Medicine (IOM, 2011) call to action, nursing is poised to identify areas where nursing can become integrally involved in emerging health care policies and impact national and ultimately global health. The

definition of doctoral nursing roles may include the identification of who is credentialed to deliver primary care for the public, integrate new nursing research into practice, identify research needed from a practice standpoint, and engage in collaborative efforts of doctoral nurses to prioritize societal needs. Agreement to the roles in nursing across multiple points is important to discover a cohesive stance protecting the professional identity of nursing.

Scope and Limitations of the Study

The scope of the study involves PhD and DNP registered nurses who have achieved 3 years of post-graduation experience. A purposive sample of participants was selected, and a subsequent snowball sample of PhD and DNP participants allowed for the recruitment of additional participants to participate in one-on-one interviews. The participants were chosen for the project because they could provide information and meaning, describe their roles, and contribute insight on the phenomena of the doctoral role. Situated within the context of the doctoral roles, the participants are actively living the role providing the data that could inform this study. A theoretical sample of DNP and PhD registered nurses with more than 3 years of experience served as experts to the DNP and PhD role. In addition, participants for the focus group have published or served on expert panels at professional organizations such as AACN or National League of Nurses (NLN). The experts were queried to confirm emerging themes and subsequent substantive theory from the data collected.

Limitations of the study include the inexperience of this novice investigator and the findings of this study. Limitations could also arise from the processes of the grounded theory methodology. Grounded theory is a complex and time-consuming

process relying heavily on the abilities of the researcher. Furthermore, limitations may also emerge using a grounded theory methodology where the skills of a novice researcher may limit findings and the capacity to think theoretically (Wuest, 2012). Personal beliefs and experience can influence and bias the research findings. Personal experiences as a faculty member educating DNP students, influences from curriculum review, accreditation standards, and familiarity through professional experiences can contribute to bias. Perceptions of the novice researcher can contribute to theoretical findings and enable the emergence of connections within emerging concepts (Corbin & Straus, 2008).

Chapter Summary

This chapter discussed the background of the evolution of the DNP and PhD nurse, provided a perspective from allopathic and osteopathic physician roles, and discussed the historical view of allied health professions move to the clinical doctorate. In addition, the constructivist, qualitative research perspective with philosophical underpinnings was presented. Grounded theory approaches and underpinnings of symbolic interactionism and pragmatism were discussed with rationale for use in the proposed research. Grounded theory was presented as an appropriate choice to gain understanding of the attitudes and perceptions of roles among PhD and DNP nurses. No theory is available specific to the attitudes and perceptions of the PhD and DNP. A grounded theory study using an adapted approach from Strauss and Corbin (1990, 1998) was used to identify what is going regarding roles among the PhD and DNP. The findings of the study can provide information that is significant to nursing, nursing education, implications for nursing practice, research, and public policy. The scope and limitations of the study were identified. Subsequently, there is a gap found in the

literature regarding attitudes and perceptions of nursing roles overall. Chapter Two will follow with the literature review.

CHAPTER TWO

REVIEW OF THE LITERATURE

The purpose of this qualitative study using grounded theory was to develop a substantive theory about the perceptions and the attitudes of doctoral nurses regarding their roles. The aim of this study was to contribute to knowledge of DNP and PhD roles and provide understanding to the process nurses use to ascribe meaning to their roles and inform the nursing profession and society. Chapter Two discusses the historical context of doctoral nursing, reviews pertinent literature, presents the researcher's experiential background, and identifies the gaps in literature.

Alternative views exist as to whether a literature review is warranted with grounded theory differs within grounded theory approaches. The purist view of Glaser embodies the belief that the researcher cannot identify or consider outside literature while undertaking a grounded theory study and that the literature is reviewed after the data is collected (Wuest, 2012). On the other hand, a review of the literature is required to provide a context, establish an understanding of empiric knowledge of the subject matter, although not so extensively to rule the proposed study moot or unnecessary yet firmly establish a need for the study (Creswell, 2013; Wuest, 2012).

A review of the literature was conducted seeking research published between 2004 and 2014, using multiple search engines including CINAHL, SocioIndex, PsychINFO, Medline, and ERIC. The formal recognition of the DNP occurred in 2004, and this expanded span of years is included to capture literature published during this period (AACN, 2006). The literature search was limited to the English language, although publications from outside of the United States were included due to the paucity

of research available. The literature review included nursing and allied health publications and research addressing the major subject areas. A synthesis of the literature reviewed identified major topics of what is a known and not known regarding role of the doctorally prepared nurse. The literature review addressed the following content areas: historical context, DNP and PhD roles, and perceptions to role necessity, and relevant knowledge acquired from the medical doctor and doctor of osteopath and presents the researcher's experiential background. The keywords nursing, role confusion, doctorally prepared nurses, nursing code of ethics, higher education, nursing doctorates, role perception, interdisciplinary, intraprofessional collaboration, medical doctor, and osteopathic physician were entered into the search engines of the Barry University intranet library. A manual search of citations was also conducted to identify primary sources. Subsequently, the search for qualitative and quantitative research conducted showed very limited results from the nursing arena, lending further credence to the need for a study on roles of the DNP and PhD.

Historical Context

Historically, nursing has conducted a 40-year discourse on the entry to practice among three options of baccalaureate, associate degree, and diploma education (IOM, 2011). A lack of professional collaboration on the educational point of entry for nursing has succeeded in fragmentation of the profession and created confusion to the public during a time where health care is complex and calls for change (IOM, 2011; Smith, 2010). What must be averted is confusion regarding terminal degrees that has not abated within the perspective of entry to the practice of professional nursing.

Nursing education experienced exponential shifts, moving from an apprenticeship model in the 1800s to early 1930 as student nurses provided the workforce for hospitals, and training was influenced by hospital administrators, the medical community, and society (Way & MacNeil, 2007). Nursing education moved from apprenticeship to diploma-based preparation within the hospital setting. In 1965, the ANA presented the first position statement, which identified registered nursing scope, nursing education, and nursing practice (Smith, 2010). Support for the transformation to the BSN began in 1965 and was supported by a plethora of national organizations including the American Nurses Association, National League for Nursing, American Association of Colleges of Nurses, and the Institute of Medicine, which have presented multiple position statements (Smith, 2010).

Partially achieving the goal of moving education from the hospital to the university setting was realized, but the baccalaureate stance continued to be debated, citing educational cost, societal needs, nursing shortages, and barriers to entry to nursing. Forces outside of the profession advocated against the nursing profession from a health care business perspective and suggested the associate degree offers solutions to diversity and workforce shortages (AACN, 2013; Smith, 2010). Smith (2010) recognized the lack of internal cohesion in the profession and the well-placed influential policy entrepreneur as significant barriers against the adoption of the baccalaureate as the sole entry to practice for the nursing profession. The entry to practice has entertained a 40-year, often heated, discussion, both within and outside of nursing, which has resulted in a quagmire that has halted efforts to improve the educational base of nursing to parity with other professions.

The terminal side of nursing is also experiencing rapid change. The DNP advanced practice nurse role is currently evolving and has been directed by the expanded role expectations of the IOM, AACN position statements, *Essentials of Doctoral Education for Advanced Practice Nursing*, and a plethora of discussions in the literature seeking role identity (Chism, 2009). The AACN *Position Statement on the Practice Doctorate in Nursing*, redefining the DNP and the previous practice doctorates, Nursing Doctorate (ND) and Doctor of Nursing Science (DNS) were no longer included as practice doctorates (AACN, 2004). The evolution has included several different practice doctorates through the years. The Doctor of Nursing Science (DNSc) was first created in 1960 by Boston College. The mid 1970s brought the Doctor of Science in Nursing (DSN) and Doctor of Nursing Science (DNS), both research-heavy clinical doctorates actually referred to as de facto PhD degrees (McLeod-Sordjan, 2014). The first Doctor of Nursing (ND) with a true practice component program was established at Case Western Reserve University in 1979. This degree sought parity with the practice discipline of medicine but did not offer specialty preparation as an advanced practice nurse and required a separate Master's degree initially (AACN, 2004). The first DNP degree began at the University of Kentucky in 2001 with a sub-specialization in clinical executive management (AACN, 2004; McLeod-Sordjan, 2014).

Multiple factors influenced the adoption of the DNP as the clinical doctorate in nursing and the subsequent growth of DNP programs. By 2004, the AACN position paper was published with expectations for additional competencies and knowledge with adoption of the DNP as the practice doctorate in 2006 (AACN, 2004, 2006). Influential reports from the IOM, the advent of the 2010 Patient Protection and Affordable Care Act

(PPACA), and the Robert Wood Johnson Foundation and the 2011 IOM report, *The Future of Nursing, Leading Change, Advancing Health* all have influenced the growth of the DNP programs throughout the United States (Chism, 2009; McLeod-Sordjan, 2014). Subsequently, as of 2014, over half of the universities in the United States offer a DNP program (Auerbach et al., 2014). Auerbach et al. (2014) reported the adoption of the DNP has increased exponentially from three universities offering the DNP in 2004 to 98 in 2013, with active BSN-to-DNP programs and 229 with MSN-to-DNP programs. The American Association of Colleges of Nursing (AACN) released the RAND report in 2014, which estimates the growth of two types of DNP programs, the BSN to DNP or the post-master's DNP, continue to steadily increase. Findings show multiple universities offer the DNP both as the entry BSN to DNP or the post-master's DNP. The majority of programs today are the completion DNP for the master's prepared advanced practice nurse. Agger, Oermann, and Lynn (2014) identified the historical responses of acceptance, merits of the DNP and PhD roles, and overt rejection, consequently reporting the DNP is here to stay.

Ongoing discussion has ensued when misunderstanding and interpretation of the DNP role subsequently creates confusion in nursing, the interprofessional team, and in the population served. Circular dialogue has characterized the entry to practice with minimal attention focused on the goal of an educated, well-prepared nurse for entry to practice poised to respond to societal needs in an extremely complex health care system. Therefore, efforts should be made to prevent lengthy discussions without a resulting agreement on the terminal, doctorate level of nursing to prevent the decade-long debate that nursing has experienced with the BSN entry to practice. This study contributed to

knowledge of DNP and PhD roles and providing understanding to the process nurses use to ascribe meaning to their roles and inform the nursing profession and society.

DNP and PhD Role

The recent introduction of the Doctor of Nursing Practice (DNP) as the terminal practice doctorate in nursing contrasted to the established PhD terminal research degree has resulted in role confusion in clearly understanding the two terminal degrees and each associated role in nursing. The presence of two doctorate degrees in nursing positioned with multiple pathways to achieve doctoral education has produced some literature where the resulting confusion to roles and role identity is explored. Discussion of nursing role identity threads the literature, encompassing the professional role defined in the clinical setting, nurse executive, advanced practice role, and academia.

Research conducted by Nicols, O'Connor, and Dunn (2014) explored the use and future use of the DNP within health care organizations. In this exploratory, descriptive study, the authors used the Donabedian conceptual model to query Michigan chief nursing officers (CNO) to (a) quantify the numbers of DNPs employed within their organizations and (b) detail the DNP nurses' scope of responsibility. A survey validated by an expert panel was developed to reflect CNO satisfaction with DNP organizational impact, patient-centered outcomes relevant to the DNP position, and critical health indicators from the Michigan Department of Health. Items on the CNO survey used descriptive analysis to report frequency and percentages. Findings showed 41.2% (n = 7) currently employed DNPs specifically in the APRN and CNO roles only. The response rate was low regarding patient centered outcomes (n = 3) although 100% agreed the organizations' patients would benefit with increased access to care through advanced

practice DNPs. In addition, the impact of the DNP on health disparities identified coronary heart disease (66.7%) and diabetes mellitus (66.7%) most influenced by care of the DNP. Finally, when queried as to whether they would hire a DNP, a majority of participants were resoundingly positive, although responses were tailored to the APRN function, not the executive role. A consistent lack of understanding of the DNP role is identified from the perspective of the CNO, particularly with understanding how the DNP may enhance or fill the executive role within organizations. The research by Nichols et al. (2014) reflects findings from outside of the DNP role providing descriptive findings regarding employment practice, intent to hire, and query to outcomes associated with the DNP within the organization. While the research shows some acceptance of the DNP role and benefits to patients, the role is not completely explored. The research does not include the perspective of the DNP within the setting, instead only offering an outsider's view of the role.

A recent exploratory, descriptive, quantitative study by Swanson and Stanton (2013) discussed the applicability of the DNP degree as the degree of choice for the nurse executive and how the expanded roles may or may not be appropriate in the acute care setting. The research analyzed perceptions of nurse executives, specifically Chief Nursing Officers (CNO), regarding the validity of the DNP degree as the terminal degree option for current and future nursing leaders. A convenience sample of 68 nurse executives completed the survey. Data analysis used descriptive statistical analysis of responses and secondary inferential analysis of Master of Science in Nursing (MSN) prepared executives to identify trends within this subset data. Swanson and Stanton (2013) identified nurse executives' perceptions of the how DNP degree could assist the

nurse executive. Findings indicated that the CNOs perceived that the DNP degree provided advanced nursing knowledge that can be utilized to (a) impact patient care (73%), (b) implement nursing research (82%), and (c) impact implementation of health policy (77.9%). In addition, the participants perceived the DNP positively as an appropriate, relevant degree option for the nurse executive encompassing the practice areas of retention, research, patient care, and executive practice. The DNP was not perceived as the only terminal degree option. The research findings of Swanson and Stanton (2013) provide information from the viewpoint of the end user, the nurse executive. No insight is provided from the perspective of the DNP regarding their role functioning within the acute care setting as a nurse executive. There is a lack of information from the DNP prepared CNO to their role.

A phenomenological, qualitative study by McDermid, Daly, and Jackson (2013) in the academic field explored the experience of role transition of seasonal faculty to permanent faculty role in Australia. The aim of the research was to explore the transition experience of seasonal teachers within a university environment transitioning to a permanent, full-time academic role (McDermid et al., 2013). Using the storytelling approach, semi-structured, conversational interviews with 14 participants were conducted. Thematic analysis was used to draw meaning from the stories in this research. Findings showed participants had limited understanding of the requirements of the permanent academic role. Themes emerging from the study were uncertainty, dealing with role expectation, and mitigating lack of confidence. McDermid et al. (2013) reported a lack of clarity to job role is linked to unexpected demands of the new role, lack of training and professional development, and unrealistic expectations. The research

shows the new faculty transitioning and navigating to the academic role without clarity and understanding as to exactly what the role entails. The research contributes new findings that academic PhD roles are assumed to be understood. In fact, roles are complex, requiring formal mentoring regarding job expectations and education of curriculum and educational processes. The perspective of the new academic is explored only from the view of the new participant, not the PhD in his or her role. There is a gap in the literature to gain understanding of the PhD role from the perspective of the PhD nurse who is functioning in this role.

Research was conducted by Lee et al. (2013) examining the knowledge and perceptions of the DNP as the standard entry to practice from the perspective of students in an accelerated master's program. The authors employed a quantitative, descriptive research using the transition framework to describe knowledge and perceptions of students in a master's program regarding the DNP role. Lee et al. (2013) used the Statistical Package for the Social Sciences to analyze the data for frequency and descriptive statistics. Participants' (N = 45) ages ranged from 21 to 57 years. Results showed 97.8% were aware of the 2015 transition date for entry to advanced practice nursing as the DNP. Results reported by Lee et al. (2013) showed participants perceived the DNP is appropriate as the terminal degree (48.9%), DNP will help advance nursing research (60%), and the DNP degree provides parity with health care-related disciplines (60%). The respondents indicated that public perception of the nursing profession would most likely be improved (65%), although 71.1% felt the title "doctor for the DNP to be confusing to patients" (Lee et al., 2013, p. 143). The research conducted was viewed from the perspective of advanced practice nursing students who are not currently in the

role of the DNP or PhD nurse. Participants responded that their source of information came primarily from the faculty at their university. There is a gap of understanding of the perception of the DNP or PhD from within the context of the terminal roles. Public perception about the DNP was reported, and comments from the subjects support the lack of response by nursing to societal expectations of the DNP role.

A qualitative, exploratory study, *The Doctor of Nursing Practice Graduate in Practice*, conducted by Culver-Clark and Allison-Jones (2011), asked participants to identify key aspects of their DNP role. A computer-based qualitative research design queried 25 new graduate DNP participants from across the United States. Participants responded to questions regarding DNP graduate practice experience and queried aspects of the role, practice changes, facilitators, barriers, goals as a DNP, and gathered spontaneous additional comments. Data were analyzed independently by the two authors using NVivo where codes and common themes were identified. Comparison of findings resulted in themes agreed upon by both authors. Most respondents reported the DNP role included clinical leadership, application of evidence-based practice, and being an advanced practice clinician, clinical educator, and change agent (Culver-Clark & Allison-Jones, 2011). Facilitators to development include a strong peer support system and "opportunity to work with other doctorally prepared nurses" (Culver-Clark & Allison-Jones, 2011, p. 74).

Lack of acceptance for the DNP by other advanced practice nurses and PhD nurses were cited as barriers. Participants felt the DNP was a solution that ultimately improves nursing practice. In addition, participants reported changing expectations amongst colleagues, and employers contribute to role ambiguity and resistance from the

public and other providers to the DNP role. The research findings were limited in breadth and depth imposed by a computer response system and a small number of respondents. The inability to clarify themes through member check limits the transferability of the study. A lack of understanding of the DNP role, which was identified as one participant as "still being developed," remains (Culver-Clark & Allison-Jones, 2011, p. 77). The infancy of the degree may have contributed to a lack of understanding within DNP practice. The findings supported the ideation of existing barriers to include a lack of acceptance by other nursing professionals. Barriers for role acceptance of PhDs and the health care community and public were identified and should also be explored.

These five studies represent the paucity of research available regarding either the DNP or PhD role. Only one study was identified that specifically addressed the PhD role. The research, with the exception of *The Doctor of Nursing Practice Graduate in Practice* by Culver-Clark and Allison-Jones (2011), clearly explored role from outside the boundary of the role, not from within the context of the role. A focus on role characteristics and role definition external to the view of the DNP and PhD in the roles are described from the CNO, master's student, and transitioning faculty perspective. The research reviewed is primarily through the lens of participants not actively in either the DNP or PhD role. A qualitative inquiry conducted with grounded theory may provide role characteristics and role definition from the contextual setting of the DNP and PhD nurse.

Perceptions of Role Necessity

A recent descriptive study by Agger et al. (2014) was conducted to identify how DNP-prepared nurses seeking academic appointments are hired and used in schools of nursing. Semi-structured interviews were carried out with 15 deans and directors across the United States to identify (a) differences and similarities in roles of the DNP and PhD faculty, (b) educational advancement and mentoring of DNP faculty, (c) recruitment of doctorally prepared nurse faculty, and (d) shortages of DNP and PhD nursing faculty. The purpose of the research was to explore how the availability of DNP faculty has influenced hiring practices, changes needed to accommodate them, and how this influences nursing programs (Agger et al., 2014). Using nonprobability convenience sampling, deans and directors interviewed represented associate degrees, baccalaureate degrees and higher, public and private, and varying geographical locations. Descriptive analysis was employed. The authors analyzed results using content analysis with the intent of establishing baseline information for an ongoing study. Results showed deans of an associate degree nursing (ADN) programs found similarities in faculty roles for the DNP and PhD. However, the deans of baccalaureate and higher schools noted the DNP and PhD are hired for different roles and responsibilities, including the DNP, are teaching in prelicensure and DNP programs while the PhD faculty teaches across programs. In addition, the study found the PhD nurse assumed more research responsibilities and is expected to engage in service in professional organizations. Responses regarding educational preparation included the DNP faculty is adequately prepared if the focus is clinical or teaching is situated in a community college role. The authors concluded that the primary DNP role as faculty encompasses teaching and clinical expertise and not

research and participation in professional organizations as is required of the PhD faculty. In addition, the tenure process has not been addressed for the DNP faculty. Overall, the consideration for DNP faculty was positive, but the authors note that ongoing evaluation of organizational structures, collaboration between DNP and PhD in academia, and delineation of roles and responsibilities are warranted. The article contributes to the outside view of deans and directors view of the role of faculty, specifically the DNP in this study. Although the results provide insight to current practices, the role is not viewed from the context of the DNP or PhD nurse in the academic setting.

Loomis et al. (2007) conducted a quantitative exploratory Internet-based study to understand what motivates nurses to pursue doctoral education and factors that influence this decision. A convenience sample of 69 DNP students from five universities participated in the survey that queried factors that influenced the decision to seek a doctorate, the choice between the PhD and DNP, school location, and career intentions. Descriptive analysis was completed for frequency and percentage with the survey questions. The advantages of completing either doctorate were increased knowledge (88.4%) and career advancement (78.3%). Fifty-five percent of respondents had considered a PhD but were not interested in a research-intensive degree (77%), as their personal primary interest was in clinical excellence. Career goals for the DNP students included primary care clinical practice (39%) and an interest in nursing education (55%). The sample queried only DNP students and matched groups of PhDs were not included in this research (Loomis et al., 2007).

The study provides insight on choice of doctorate degree but fails to identify the role perceptions of the DNP and PhD. There is no data within this research regarding

attitudes and perceptions. A comment included from one student spoke about the PhD ivory tower, and in her opinion, the PhD needs to keep abreast of clinical practice and then relate current practice to students. An additional comment referenced the PhD as being a more respected role. The research was not qualitative to seek an understanding of the meanings of the comments provided but gives pause to consider the views and statements within the nursing community about the two roles. The meaning of the two roles through formal research needs to be discovered.

DeMarco, Pulcini, Haggerty, and Tang (2009) conducted a quantitative, descriptive study where a needs assessment was used to identify Massachusetts nurses' thoughts on DNP role preparation and their interest in DNP doctoral education. A convenience sample was queried through an electronic survey with 367 participants. Survey questions were pointedly created and then tested for content validity to assess: (a) perceived knowledge of how the doctoral role advanced the profession, (b) perception of the degrees, (c) interest in attending a program, and (d) what factors influence attending a doctoral program (DeMarco et al., 2009). Descriptive and correlational analysis amongst participants 40-59 years (N = 274) were statistically significant, perceiving that the DNP provides a more comprehensive preparation for the APRN role (p = .000), employers will give hiring preference (p = .000), and the DNP will credential nurses to achieve parity with other disciplines (p = .000). In addition, preference for the DNP over the PhD was significant in the 40-59 age group (p = .000) but not among nurses younger than 39 years. Additional comments from participants gave voice to concerns about the DNP. Themes reported included concerns of educational clarity, fiscal concerns (cost of education), support for the role, and workforce issues. Demarco et al. (2009) also reported

participants viewed the PhD is “an elite degree mainly for those with research careers” (p. 79). The study is reporting results early in the new DNP degree implementation and samples registered nurses from one northeastern state primarily to understand intent to return for doctoral education.

The views of role are depicted from the registered nurse, not the DNP or PhD themselves, which limits the understanding of meaning from the doctoral nurse’s own voice. The research reports a glimpse of registered nurses’ perceptions of doctoral roles but utilized a nonprobability sampling technique in one geographic area. Older nurses who may have experienced changes in the nursing profession responded differently than the new generation of nurses. The comments, which are reported as themes from participants, could provide areas for research regarding support for the roles.

A qualitative exploratory phenomenological study was conducted by Swider et al. (2009) presented the thoughts of practice leaders in community and public health nursing about the DNP role within their setting. The nursing leaders interviewed all held master’s degrees in a variety of areas. Thematic analysis was carried out by the two lead authors; findings were validated by the remaining authors and participants. The respondents did not view the community and public health role as an advanced practice nursing role despite holding an MSN, instead equating advanced practice to the nurse practitioner. Upon review of the *Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006), the participants identified a lack of content specific to community and public health and indicated interdisciplinary collaborative practice should have had more emphasis (Swider et al., 2009). Importantly, the community and public

health nurses saw few advantages of the DNP degree, the DNP is not a priority, and did not believe there was a specific role for the DNP in the community setting.

Swider et al. (2009) synthesized the findings, recommending the "needs of the profession for status, recognition, or credentialing to expanded scope … and we should ground our professional practice, educational preparation, and research to prepare nurses to meet the health needs of the public" (p. 410). The research sought information to role necessity through the viewpoint of nurses not actively in the role. Although the voice of the community nurse is heard, again definition of role was conducted from the viewpoint of administrators, registered nurses, and public health professionals. The needs of the community and a focus on population health are identified as impacted by the role from the participants. The DNP perceptions to the role in the community and public setting are unknown.

These four studies give insight into DNP and PhD role perception and are primarily viewed through exploratory, descriptive research from the viewpoint of deans, directors, graduate students, and community health leaders. Roles are explored through the interpretation of external and future stakeholders, not the DNP and PhD nurses in the role. The findings sought to understand doctoral roles in academia, influencing factors for intent to obtain a DNP or PhD, graduate student perception of the DNP role, and the community leader's view and acceptance of the DNP role. Confusion of these two roles is discussed from the profession and included thoughts indicating possible confusion of the public. While providing some information, a gap in the literature is noted from within the context of the DNP and PhD as to their role and meanings ascribed. Only one study found specific research specific to the PhD, although mention of the role is

minimally addressed within some of the descriptive studies. A study with a research trajectory to understand the critical influences of perceptions and attitudes of DNP and PhD nurses may provide information the doctoral nurses ascribe to their roles in academia, in community settings, and crucial information to inform society of the doctoral nursing roles.

Allopathic and Osteopathic Medicine

Qualitative research utilizing grounded theory was conducted by Norander, Mazer and Bates (2011) with 215 participants to identify how osteopathic students negotiate role identity. Active discussion on campus prior to this research was the consideration of changing the DO designation to Doctor of Osteopathic Medicine. The research questions were to determine how osteopathic medical students discursively negotiate their identities (RQ1) and how the relationship between discourse and materiality influences the process of identity negotiation (RQ2). Analysis was conducted using the Strauss and Corbin methods of coding resulting in themes and integrative categories. Using a communication and relational perspective, the study identified the nature of identity negotiation and subsequently highlighted practices used by student osteopathic physicians (Norander et al., 2011). First, negotiating identity within the student community was established. Both positive and negative perceptions of the DO degree contributed to osteopathic role ambiguity with students, citing tensions of us versus them and an inability to gain entry to the allopathic program as well as serving to solidify where and how to practice medicine was influenced by degree type. Second, negotiating identity within the medical field where the relationship of the allopathic and osteopathic philosophies was noted as separate and distinct. A blurring of the lines, admission of the

DO being inferior, and ongoing limitations and ambiguities of the DO physician role were revealed. Negotiating with patients and the public was identified where students perceived patient acceptance could be improved and patients themselves influenced how the osteopathic students viewed themselves. When students enacted the DO distinction while working in the role, students identified and embraced the differences of the DO, yet noted international acceptance of the degree remains an obstacle for global practice.

Importantly, the research identified insight into "how the micro-practices of talk about identity intermingle with macro-discourses about professional status and legitimacy" (Norander et al., 2011, p. 68). The researchers identified the four areas where DO students viewed their professional role and showed rationality was important to how they perceived their roles. From a nursing perspective, lessons learned from interdisciplinary arenas can provide guidance for identity. The study provides insight into osteopathic medicine, but no nursing literature regarding DNP and PhD nurses' perception of professional identity and role are available. The century-long discourse regarding roles in the medical profession must be avoided by the DNP and PhD nurses.

Reeves and Burke (2009) conducted a descriptive, quantitative survey to explore the perceptions of allopathic physicians living in the Deep South about their perceptions of osteopathic medicine. The sample size of allopathic physicians (*N* = 107*)* completed a 20-item Likert-type survey with four themed areas: training and qualifications, practice activities, overall opinion, and philosophy. Reeves and Burke reported that the majority of participants responded *agreed* or *strongly agreed* that medical school education and residency were equivalent. Using one-way analysis of variance, those allopathic physicians with limited contact with the osteopathic physician reported a negative view

of residency programs, not being equivalent to the MD, and DOs' medicine practice is primarily based on manipulation. The allopathic perception of the quality of residency training options were reported to be more beneficial if accredited by the Accreditation Council for Graduate Medical Education versus the American Osteopathic Association, with a large neutral response (37.4%) and 28% disagreeing or strongly disagreeing (15.9%). Most allopathic physicians (96.2%) agreed that "osteopathic medicine is different and distinct from chiropractic care" (Reeves & Burke, 2009, p. 319). The authors noted an ongoing lack of acceptance of the DO qualifications, which persist today. The lack of acceptance requires ongoing work of education, exposure to the role, and related concerns for the ongoing negative perceptions of the profession as a whole. Although this study did not evaluate the DNP and PhD, drawing an analogy of discourse amongst terminal degrees, education, and interaction were noted to be paramount to understanding both roles.

The two studies reviewed outside of the nursing literature were reviewed to gain insight to role definition from the MD and DO who have sustained ongoing discussion from roles, education, public perception, and intradisciplinary collaboration. The marginalization of the DO role continues after a century. This study does provide insight that a lack of contact with the DO role affected the perceptions of the MD. Nursing can learn from experiences of a similar terminal degree scenario within health care, drawing conclusions and opportunities for research. A qualitative research with grounded theory may reveal the social processes DNP and PhD nurses use to assign role identity and their perceptions to role.

Experiential Context

My experience in the profession has spanned over 30 years, beginning as a diploma nurse trained with a medical model. Proud to be a nurse, I did experience the ebb and flow that produced changes from RN entry to practice to the emerging DNP. The overt discussion of entry to practice mounted in the 1980s, during which verbose discussions regarding the need for the 2-year degree gained hold as a panacea to the cyclical nursing shortage. Sometimes dismayed, I felt that we as a profession could not produce a cohesive agreement on entry to practice. I choose to side on the utmost of professionalism where higher education is better. Personally, I began my journey moving through a continuum of lifelong learning, achieving a BSN completion and a master's degree and an advanced registered nursing degree focused on adult health. I believe that the BSN should be the entry to practice, and the PhD should be recognized as the terminal degree for nursing. Again, my recent experience showed the consensus for the advanced practice nurse was fragmented throughout the nation, and the profession demonstrates a fractured front with no agreement to entry, title, and certification questions. In my inherent quest for education, I proceeded to consider my own options. Discussion abounded whether a DNP or PhD was the right direction to pursue, and both could be considered based on my advanced practice degree as an adult nurse practitioner.

My personal role evolved to the faculty setting and influenced my decision to choose this topic on doctoral roles and the PhD and DNP professionals. Seeking a research doctorate, my own educational endeavors exposed me to the literature regarding the AACN statements on the new practice doctorate, but my personal goals led me to the PhD in nursing. Open discussion occurs frequently in the educational setting of the

university where I am employed. The topic of roles for the DNP and PhD are expressed from coworkers, students, and participants encountered at local, state, and national meetings. My interest in the topic was solidified after attending a doctoral conference conducted by the AACN where overt discussions occurred and confusion regarding doctoral roles was discussed in open and private forums. Being a faculty member amongst both the PhD and DNP nurses, experiences I encounter in my employment setting have produced discussion regarding role and responsibility. I chose this topic to seek to understand why nursing again faces a negative discourse regarding roles at the endpoint, the highest level of nursing education.

Qualitative researchers engage in the process of suspending personal bias and assumptions called epochè. Researchers must recognize the need to set aside preconceived ideas on the phenomenon of study to allow the substantive theory to emerge (Creswell, 2013). Acknowledging my own beliefs and judgments is the first step to "set aside previous habits of thought … and learn what stands before our eyes" (Crotty, 1998, p. 80). Bracketing is continuous throughout the research process, allowing for mindful, deep reflection where initial self-understanding and assumptions will be continually reevaluated with emerging findings (Fischer, 2009). Bracketing used as a continual process is useful to the qualitative researcher where several techniques allow an ongoing cycle of feedback to determine if data outcomes are reached without judgment. In grounded theory, every attempt should be made to allow the theory to emerge solidly from the data.

Reflexivity allows for the critical analysis of self-reported assumptions, and emerging data are compared. To continue to assess my personal bias and influences, the

technique of reflective journaling will be conducted, where I record beliefs and biases throughout interviews, data collection, and data analysis (Dowling, 2006). In my study, epochè requires for me to suspend my beliefs that the solution is easily mandated by literature. Through the collaboration of nursing leaders, outcomes should be constructive, and there will be no disruption of the profession's image to others. I believe nursing should elevate the profession's image without the multiple leadership entities, providing conflicting views of role definition.

I have engaged in this literature review to provide broad insight to multiple aspects of the DNP and PhD roles. The reading of the literature must be enough to provide a broad grasp of the literature available without dismissing the need for further research itself (Wuest, 2012). Theoretical sensitivity is inherent in the ability of the researcher where "the root source of all significant theorizing is the sensitive insights of the observer himself" (Glaser & Strauss, 1967, p. 251). I will maintain journals from the inception of the study to the end of the study to continually evaluate personal bias and theory development, ensuring that the data, not personal views, are driving the theory.

Chapter Summary

This chapter discussed the historical context of nursing and included the BSN entry to practice in addition to the DNP and PhD roles within nursing. The limited literature review conducted focused on the topics associated with historical context, nursing role, professional role perceptions, DNP role, PhD role, and doctoral nursing. Experiential context and beliefs of the researcher were presented along with plans to suspend personal beliefs by bracketing through the use of reflexivity and journaling throughout the research process.

CHAPTER THREE

METHODS

The purpose of this qualitative, grounded theory study was to develop a substantive theory about the attitudes and perceptions of doctoral nurses regarding their roles. This study aimed to contribute to knowledge of DNP and PhD roles and provide understanding to the process nurses use to ascribe meaning to their roles and inform the nursing profession and society. There is a lack of a theory to understand the roles in the DNP and PhD. Chapter Three discusses the research design of grounded theory, sample and setting, access and recruitment strategies, and inclusion and exclusion criteria. In addition, ethical considerations for human protection are presented. Data collection procedures, data analysis, and research rigor are discussed.

Research Design

The research approach chosen is a qualitative approach using grounded theory. Grounded theory was first discovered by sociologists Barney Glaser and Anselm Strauss (1967) to understand the experience of the dying patient. Grounded theory is a "versatile approach useful for generating explanatory substantive theory of human behavior in social context" (Wuest, 2012, p. 252). Use of grounded theory can effectively direct nursing practice by explaining human behavior within a specific social setting. A lack of a theory to understand the roles of the DNP and PhD can best be determined through research methodology in the qualitative, constructivist perspective, specifically grounded theory. The literature review was sparse and contained minimal research and no clear variables about the doctoral role, thus providing evidence to evaluate this phenomenon through qualitative inquiry. Therefore, when little is known about a topic, the use of

qualitative grounded theory is appropriate and can provide new information and variables to extend future research, answer the nature of the problem, and obtain a personalized view of the phenomenon (Strauss & Corbin, 1998). The goal of the grounded theory approach was to identify a theory where an understanding of basic social process is created and is emergent from the data itself. The findings served to provide a rich, thick description of human meaning attached within the context of nursing culture. The goal was to discover a substantive theory to understand critical factors that affect attitudes and perceptions of doctorally prepared nurses about their role.

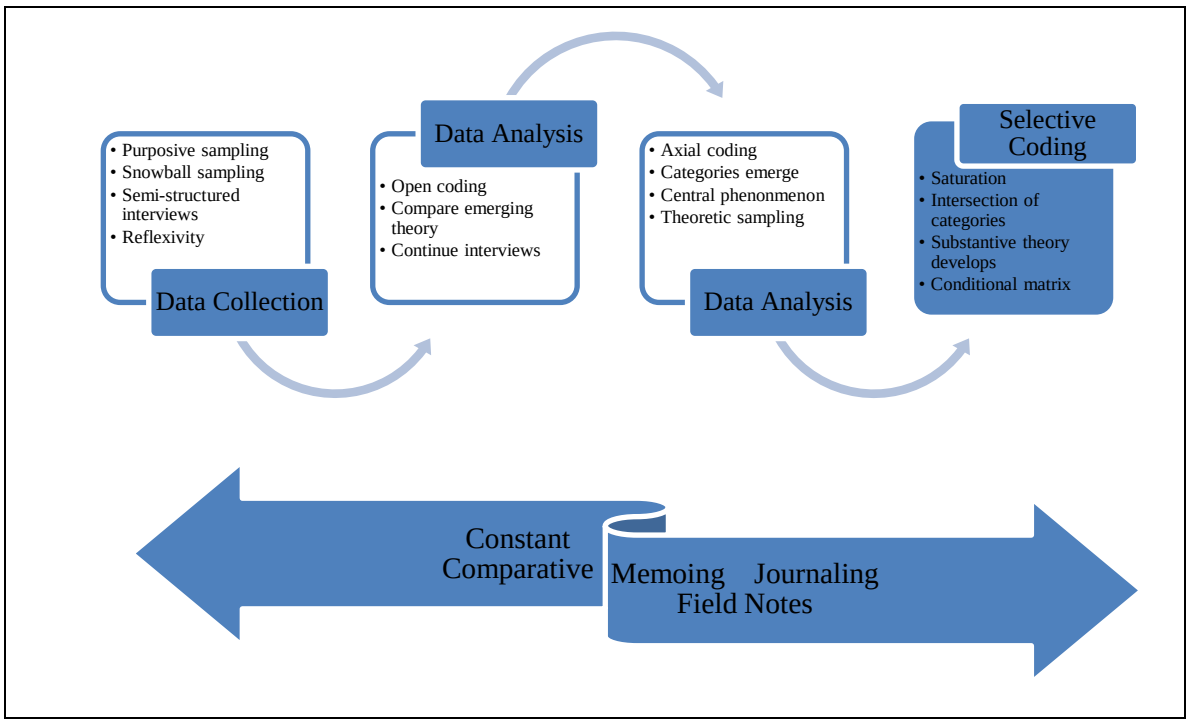

Figure 1. Grounded theory method (Rocafort, 2015, adapted from Strauss & Corbin, 1990).

This study utilized an adapted approach to grounded theory based on the grounded theory methodology of Strauss and Corbin (1990). A model is depicted in Figure 1 of the methodology used to research the phenomenon. The adapted grounded theory model shows the interactive process where constant comparison, memoing, journaling, and the use of field notes are used throughout the study. The processes inform the analysis process as data results are constantly compared, moving back and forth from data, interviews, and coding, as the researcher living in the data, records thoughts, impressions, and reflexivity during analysis. Data collection began with purposive sampling where semi-structured interviews were conducted with participants thought to have knowledge of doctoral roles. Snowball sampling was used where participants identified others who informed the study. Data analysis and data collection occurred simultaneously with the first interview using the constant comparative process. Open coding was the first phase where concepts were identified with associated properties and dimension. The use of procedures such as word-by-word analysis, flip-flop techniques, and comparison allowed codes to emerge and be subsequently categorized. Next, axial coding broke the data apart and put the data together in alternative ways, considering how the emerging categories and subcategories related to one another. This analysis process and emerging categories then direct theoretical sampling where participants with knowledge unique to the findings were sought for data saturation and to uncover new data. Selective coding is the final step of data analysis, which was done when saturation of data is recognized. During selective coding, the intersection of categories, conceptualization, and the linking of the categories into a theory explaining the basic social process were developed from the data.

The adapted, structured, and systematic pattern of grounded theory of Strauss and Corbin (1990, 1998) was used to develop a theory regarding doctoral nurses' attitudes and perceptions about their roles. Using the grounded theory approach allowed the meanings and explanations of what is going on to emerge from the data. With limited literature and nursing knowledge regarding roles of doctorally prepared nurses, this approach provided a substantive theory to gain important nursing knowledge regarding the meaning of doctoral roles among the doctoral nurses.

Sample and Setting

Purposive sampling and theoretical sampling were used in this grounded theory study. Initially, purposive sampling was used by selectively choosing participants with significant, relevant background and knowledge of the subject of the role of the DNP and PhD. Snowball sampling provided additional participants, identified from the initial participants who willingly suggested others with similar characteristics to participate. Next, theoretical sampling began and was driven by the emerging concepts seeking participants with unique characteristics who provided information for comparison and confirmation and to enrich data among the emerging concepts (Strauss & Corbin, 1998). The theoretical sampling allowed for rich, thick data to emerge into theory embedded in data. The theoretical sampling was systematic and cumulative and was carried out carefully during the constant comparative process. In addition, a sample of experts was recruited at the final stages of the research. The use a focus group may be considered as theoretical saturation is achieved to confirm findings. The use of a focus group included participants who were known to have significant knowledge of the topic and contributed to concept clarification and validation.

In this study, the purposive sample was nurses who possess a PhD in nursing or a DNP. They were all at least 3 years post-graduation, and the participants were able to speak, read, and write in English. Participants all lived within the confines of the United States and including California, Florida, Illinois, North Carolina, Michigan, and South Carolina. All participants had the ability to communicate through a computerized setting and were interviewed via Skype, telephone, and face-to-face interviews that lasted from 30 minutes to 1 hour. Participants who hold a DNP all held a background as an advanced practice nurse or nurse executive. Participants who were faculty are employed in a faculty setting teaching at an accredited baccalaureate nursing program. Alternatively, participants were employed in a health care system setting. Decisions as to who to include in the research study were made by the researcher based on these criteria. All participants met the inclusion criteria.

Sample size in grounded theory is directly related to discovery, and the approach to interviews is the achievement of information to produce theoretical saturation and the emerging substantive theory (Wuest, 2012). Although not an exact measurement, with a broad domain such as attitudes and perception of role amongst the PhD and DNP, a larger sample may be required. The volume was expected to be a maximum of 20 purposive sample participants and seven in the focus group. Sample size to achieve saturation in grounded theory research using the systematic procedures of Strauss and Corbin is usually achieved with 20-30 interviews (Creswell, 2013).

A purposive sample was used to select participants based on the research purpose. Initially, open sampling was conducted, selecting participants who are doctorally prepared and were at least 3 years post-doctoral graduation. The participants all had at

least 3 years of experience in the role. The doctoral degrees were expected to include those with a PhD in nursing or a post-master's DNP. In addition, participants who are DNPs had a background in advanced practice nursing or a nursing executive role. Participants initially responding to the research inquiry were interviewed. Further candidates were chosen through snowball sampling where participants recommended participants with like characteristics for the research study. As the study progressed through open, selective, and axial coding, the indicators directed sampling efforts, where sample selection evolved over time and participants were selected based on emerging concepts (Strauss & Corbin, 1998). As selective coding emerged, discriminant sampling was performed to elicit specific information, and persons, sites, and documents were used to gather data contributing to theoretical saturation. Theoretical saturation was reached when each category was saturated, no new data emerged, each category was well developed, and relationships between the categories were established and validated (Strauss & Corbin, 1998). Saturation was reached at 11 individual participants. Two additional individual interviews were conducted to verify no new concepts emerged and served as confirmatory findings and enriched the data finding of the core category and subcategories. Subsequently, during the next phase of sampling, a focus group consisting of three participants was conducted as theoretical saturation was achieved to confirm findings. The focus group included participants with 3 or more years of experience in their roles and was known to have significant knowledge of the topic and contribute to concept clarification and validation. In addition, two additional experts were interviewed individually, as time constraints made a single focus group difficult. In addition, the focus group members all had published or participated on expert panels about doctoral

roles at national meetings such as AACN or NLN. Several participants teach at an accredited baccalaureate nursing program, or participants are employed in a health system or organization. Saturation of theoretical categories was achieved with 13 individual participants and five participants in the expert and focus group.

Access and Recruitment of the Sample

Institutional Review Board (IRB) approval was initially received from Barry University. This was also anticipated to include the approval of the IRB of academic or health system settings. Once IRB approval was received for the study, access to participants was sought. The researcher initially recruited a purposive sample of participants for the grounded theory study through universities and colleges in the United States that have accredited baccalaureate nursing programs. Deans and directors were identified through the websites of colleges and universities. The dean or director of the universities was then contacted to obtain approval for access to potential participants for the study (Appendix C). In addition, health care facilities were explored using websites for additional participants with doctoral degrees in roles that could include chief nursing officer or directors. No further individual institutional review boards required a review. One university asked for a copy of documentation of Barry IRB approval. A flyer was developed and included the purpose of the study, participant characteristics, inclusion criteria, instructions for contacting the researcher, and estimated time required; offered a token of appreciation for participation; and offered the invitation for voluntary participation (Appendix D). The flyers were then mailed to the addresses identified on websites to individual deans and directors, could be hand delivered to local universities, mailed as directed by deans and directors, or sent via Internet attachment. Gaining access

to approved faculty emails was done through the dean or director. An Internet invitation was sent to faculty email addresses (Appendix D) that included the flyer and information regarding voluntary participation in the study and contact information for the researcher. Another avenue of access included professional websites including nurse practitioner networks, Doctor of Nursing Practice website, and other professional affiliation website where members could be notified of research participation opportunities. When participants contacted the researcher for participation, tokens of appreciation, a $25 gift card for participants' time, was provided at that time, whether or not the participant continued with the research. The demographic information was completed by each of the participants at the onset of the research.

Further recruitment was obtained after the initial sample through the snowball technique, with participants recommending others who met study characteristics. If a limited response was received, the recruitment could then be again extended to universities and through professional organization websites. Again, initial contact would be through approval of the associated dean or program director of the individual university or director of the professional organization. These participants could be accessed via telephone and Internet. Inclusion criteria were the same as the criteria of the initial purposive sample. The purposive sample included a total of 15 individual participants.

The theoretical sampling sought information from participants with substantive knowledge of the emerging codes from the data, and participants were deductively chosen based on data needs to support the codes. This was extended to participants who have more than 3 years of experience and who provided specific information based on

participant experience and knowledge related to the emerging theory. These participants were recruited via telephone or Internet. In addition, a literature search was conducted to identify participants who have published about the doctoral roles. Access to participants for theoretical sampling was conducted by identifying participants at the university level, from leadership positions, and authorship of published manuscripts. The process was accomplished using email, telephone inquiry, and literature review. The theoretical sample for the theoretical sample was five participants with three participating in the focus group.

The settings for the interviews included safe locations with privacy and no interruption, and the setting provided an opportunity for clear communication, allowing participants to freely answer and express individual responses to broad questions (Wuest, 2012). Selection of the settings included private offices and quiet public locations. In addition, because participants were selected from a multi-state location, the use of effective Internet technology inclusive of Skype® was used.

Inclusion Criteria

Inclusion criteria for the purposive sample was as follows:

1. Registered nurses who are at least 3 years post-graduation holding a PhD or postmaster's DNP
2. Participants who hold a DNP must have a background as an advanced practice nursing or nursing executive.
3. Participants must read, write, and speak English.
4. The participants will reside within the continental United States.

5. Participants must be fluent in the use of video conferencing methods such as Skype® with access to a computer and phone.
6. Participants may teach in an accredited baccalaureate registered nurse program.
7. Participants may be employed in a health care system or organization

Inclusion criteria for the theoretical sample was as follows:

1. Registered nurses who have held a PhD or post master's DNP for more than 3 years
2. Participants who have published on the role of the PhD or DNP or participated as an expert on panels/presentations about doctoral nursing roles through various nursing organizations such as National League for Nurses or American Association of Colleges of Nursing.
3. Participants must read, write, and speak English.
4. The participants will reside within the continental United States.
5. Participants must be fluent in the use of video conferencing methods such as Skype® with access to a computer and phone.
6. Participants may teach in an accredited baccalaureate registered nurse program.
7. Participants may be employed in a health care system or organization.

Exclusion Criteria

Exclusion criteria for the purposive sample was as follows:

1. Registered nurses who have less than 3 years of experience post-doctoral graduation.
2. Registered nurses who do not hold a doctoral degree in nursing.

3. Registered nurses who have a post master's DNP and do not have a background in advanced practice or nursing executive.
4. Participants cannot read, write, and speak English.
5. Participants live outside of the continental United States.
6. Participants are unable to communicate via video conference methods or have no access to a computer or phone.

Exclusion criteria for the theoretical sample included the following:

1. Registered nurses who have less than 3 years of experience post-doctoral graduation.
2. PhD and DNP who have not published or participated in expert panels about doctoral nursing roles.
3. Registered nurses who do not hold a doctoral degree in nursing.
4. Participants cannot read, write, and speak English.
5. Participants live outside of the continental United States.
6. Participants are unable to communicate via video conference methods or have no access to a computer or phone.

Ethical Considerations Human Protection

Respect for human subjects remained present throughout all phases of this qualitative study. The researcher has an ethical responsibility to protect the human rights of the participants who voluntarily agree to participate in this study. The Belmont report provides the principles of beneficence, respect for human dignity, and justice to guide this qualitative research study (Polit & Beck, 2012). The principle of beneficence informs the researcher to first do no harm. Researchers are obligated to minimize harm,

known as nonmaleficence, and participants should not be subjected to discomfort, fears, or harm by participating in the qualitative study. Respect for human dignity recognizes that participants are autonomous and capable of voluntary participation in research. There should be no coercion to participate, and the participants received a full description of the research study prior to participating. Justice provides participants the right to fair treatment and privacy. First, the proposed research was presented at the Institutional Review Board (IRB) of Barry University. No research was conducted without the approval of the IRB (Appendix A). In addition, the approval from additional IRB boards of colleges and universities and health systems was sought from other universities if required.

Upon IRB approval, participants were informed through consent about the study design and participated voluntarily. Informed consent was obtained (Appendix B). The informed consent outlined the protections to the participant and included voluntary participation, risks to participant, protection of privacy, and future use of data obtained. Privacy was assured to protect the participants and data in the proposed study. Participants were given the opportunity to self-identify. If participants did not provide a pseudonym, one was assigned to them. Information obtained from participants during the research process will be held securely by the researcher. Transcriptions, scanned documents including informed consent documents, and demographic data sheets will be maintained on the password-protected personal computer of the researcher. No person was forced to participate, and participants were informed of the right to withdraw from the study at any time without any penalty.

Procedures used during the research process protected study participants. Confidentiality was maintained by allowing participants to create a pseudonym or one was chosen for them identifying them in the interview and subsequent transcription. The provision of a clear informed consent had adequate information including participant status, aim of the study, type of data, nature of the participants, risks and benefits, compensation, voluntary status, right to withdraw at any time, and contact information of the researcher. The consent will be kept separate from the interview data to ensure confidentiality and maintained in a locked file in the researcher's home office. Confidentiality is assured through the use of self-identifying pseudonym, restriction of access to information on the principal investigator's password-protected personal computer, and research findings being reported using participant pseudonyms. Recorded data was kept until the study is transcribed and printed. Transcription data will be kept indefinitely on the secure personal computer of the researcher in a locked drawer in the researcher's home office.

Data Collection Procedures

The use of grounded theory requires the investigator to be immersed in the data as the intent to discover a substantive theory results inductively from data analysis. Important consideration was made to build rapport, encouraging honest responses and gaining trust while collecting high-quality data during the fieldwork process (Polit & Beck, 2012). Grounded theory provides flexibility in the data collection process, allowing the principal investigator to reshape the data collection based on emergent findings (Charmaz, 2006). Constant comparison of the data requires concurrent data collection and analysis, which occur from the first interview and continue throughout the

study. The constant comparative method then subsequently directs ongoing inquiry based on the emerging data and theory. This study sought to identify critical factors influencing participant attitudes and perception of their roles as doctorally prepared nurses. Grounded theory allows participants to identify their own experiences, attitudes, and perceptions regarding their role, in their social context.

First, the IRB approval was obtained from Barry University. No IRB approval was required by participant universities, colleges, and health systems. Then, data collection began. Participants were recruited from universities by first contacting deans or directors. Contact information for deans and directors was obtained through professional meetings, Internet inquiry, and professional organizations, which included AACN and the National League of Nurses. Participants were recruited from health care institutions that identified nurses with doctoral degrees in the CNO or other advanced practice nursing roles. Flyers were sent to the deans, directors and CNOs for posting or distribution via email or in person. Individuals who chose to participate contacted the researcher from the contact information provided in the recruitment flyer. Participants who volunteered for the study were identified. The researcher and the participants mutually identified if the meeting would be face to face, through telephone, or via Skype®. The meetings commenced at an agreeable time for the participant and researcher. Face-to-face meetings were held in safe locations.

The meetings opened with a welcome and thank you for participants. The token of appreciation was given. Next, the study's protocol, consents, recordings, and informed consents were discussed with the participants. If the participant agreed to proceed, then, before the interview, the informed consent was signed. Identified participants completed

the informed consent upon receiving full disclosure of the study. In the case of a telephone or Skype® interview, the consent was sent to the participant by fax or emailed. Once the researcher received the signed consent, the interview began. Electronic signature for the informed consent was obtained from participants with an electronic signature such as a document saved in the Adobe PDF format and sent electronically to the researcher. Alternatively, participants scanned the signed form to the researcher and returned the consent electronically. All signed consents (electronic or signed and emailed) will be stored by the researcher into her secure personal computer. At that time, the participants self-identified with a pseudonym or had a pseudonym assigned by the researcher. The demographic questionnaire was completed first and labeled with the selected identifier and subsequently scanned into the secure personal computer of the researcher. Semi-structured individual interviews were conducted using a digital recording device. During face-to-face interviews, the audio recorder and the backup recorder were visibly located. For those interviews conducted using Skype® and telephone, the participants were informed that the audio recording and the backup recording would be placed in an easily recordable place near the computer. Digital recordings were transcribed by a transcriptionist who signed a third-party confidentiality agreement (Appendix E). All recorded audio interviews were transcribed word for word and then transferred and maintained on the personal computer of the principal investigator. All data, demographics, recordings, and transcriptions were labeled with the self-identified pseudonym. The informed consent was not be labeled with the pseudonym and was kept separate from the other data in a locked file in the researcher's home office.

Semi-structured interviews were conducted using open-ended questions (Appendix F) for both individual and focus groups. Follow-up and probing questions were used to allow the participants to describe meaning and essence in an effort to produce a rich description of the emerging theory. Interviews with the individual participants each lasted approximately 60 minutes. Interviews that were conducted via Internet video methodology or telephone followed the same procedure. After the transcription of each interview, each participant received a copy of the transcription either by personal interview or email attachment via personal email. The participants were allowed to provide feedback through a telephone conversation, through Skype® or through email response, allowing the participant to provide feedback (member check) and confirm accuracy of the interview findings. The second interview lasted approximately 30 minutes.

The focus group interview was conducted with five PhD and post master's DNP participants who are 3 or more years post-graduation. Gaining access to focus group participants required searching AACN, NLN, and the literature to identify experts with a PhD or DNP for more than 3 years. The focus group participants either had published on the role of the PhD or DNP or participated as an expert on panels/presentations about doctoral nursing roles through various nursing organizations such as National League for Nurses or American Association of Colleges of Nursing. The invitation was extended to multiple potential participants to identify at least 10 qualified, expert participants and to gain a sample of up to 7 participants for the focus group. Electronic signature or a signed, scanned informed consent was completed by each focus group participant. Group participants were provided via email a manuscript to review of the emerging categories

and developing theory to review prior to the group interview. A meeting was set at a time agreeable for the group and researcher. A semi-structured focus group interview was then conducted using open-ended questions specific for the focus group. These open-ended questions allowed the group participants to describe meaning and essence and produce a rich description confirming the emerging theory. Additional questions used were developed with the intent to confirm the emerging theory from the individual interviews. Follow-up and probing questions were used and allowed the participants to describe meaning and essence in an effort to confirm emerging theory and categories. The interview with the focus group participants lasted approximately 90 minutes. The interviews were conducted via Skype® and followed the same procedures as the individual interviews. This group was informed that due to the nature of the group process, confidentiality cannot be guaranteed; however, the researcher assured confidentiality to the extent provided by law. Procedures are outlined in Appendix H.

The researcher used NVivo® software to organize, manage the data, and identify open codes. NVivo® was an efficient way to visualize data, categorize open codes, and link dimensions of categories and provided easy review of rich, thick data to support the emerging theory. In addition, NVivo® was used to visually link and subsequently collapse categories as axial coding began. The development of relationships and attributes between open codes and concepts were aided through the program. In addition, this researcher also chose to review all paper transcripts analyzing for open and axial coding to confirm and further develop the dominant categories and the core category.

Interview Questions

Grounded theory data collection uses the semi-structured interview that begins with an overall question with subsequent probes to elicit meaning from the participant. The leading question should serve as a catalyst that allows the respondent to spontaneously answer and disclose information, experience, and interpretation (Wuest, 2012). Questions in this study began with a broad leading question and proceeded with prepared probing questions to elicit information. The first question to open the semi-structured interview was "Can you tell me your thoughts on the roles of the two doctorates, the DNP and PhD, in nursing?" A list of interview questions and probes are included in Appendix F.

Demographic Data

A demographic questionnaire developed by the researcher included basic identifying information from participants. The data from this questionnaire was used to describe the study population. Participants for this study represented a variety of ages, educational background, settings, and tenure in nursing. The reporting of this information was done in aggregate form and through the use of pseudonyms. The questionnaire will be held securely with the data gathered in a locked file in the researcher's home office. The demographic questionnaire is included in Appendix G.

Data Analysis

The process described by Strauss and Corbin was used in this research study. The data analysis process is embedded in grounded theory, providing a structured procedure through which data can be gleaned. Inherent in all grounded theory is the researcher's participation in the constant comparative process, coding data to uncover

theory (Walker & Myrick, 2006). Although different approaches to the process have evolved from the early work of Glaser and Strauss, all involve coding, constant comparison, questions, theoretical sampling, and memoing (Creswell, 2013). Glaser's process involves fracturing the data to produce two coding procedures of substantive and theoretic coding. Substantive coding includes the subphases of open and selective coding, which develop the new theory. Strauss and Corbin (1990) have three phases called open, axial, and selective coding.

Data were transcribed verbatim by a third-party transcriptionist who signed a confidentiality agreement. Upon receipt of the transcripts, the researcher listened to the audio recordings while at the same time reviewing the transcripts. The interviews were then uploaded to NVivo® where the creation of open categories began. The constant comparative process of grounded theory integrates a cycle of data collection, data analysis, and sampling, thus returning the researcher to the participants (Polit & Beck, 2012). Constant comparison continued throughout the interviews and analysis, and the researcher will return to the participants to ask further questions to shape the axial coding phase (Creswell, 2013). As codes, categories, and the core category emerged, specific questions were developed and in preparation for theoretical sampling. Theoretical sampling is done seeking information from those with specific, relevant experience for comparison with emerging data (Wuest, 2012). Theoretical sampling provided the researcher with confirmation of saturation, development of concepts, and the emergence of the substantive theory. Sampling continued until no new data emerged.

Data analysis was structured using the Strauss and Corbin process. Open coding produces categories emerging from careful data analysis and eventually selecting one

category as the theory focus (Creswell, 2013; Polit & Beck, 2012). Careful, ongoing review of transcribed data line by line allowed the categories to emerge. Ongoing constant comparison and analysis of the data resulted in additional categories referred to as axial coding. The researcher continued analysis, producing findings where categories intersect, and this stage of analysis is called selective coding where a theory emerges (Wuest, 2012). The resultant theory was diagramed based on the findings of the researcher. The constant comparison and data analysis required moving to theoretical sampling, seeking specific information from participants viewed to have experiential qualifications. Constantly comparing the results allowed the researcher to reconsider and refine interview questions to provide further evidence in support of the emerging theory.

Memoing was used by the researcher to reflect on each interview and through the coding process. Memoing is "a pivotal intermediate step between data collection and writing drafts … it prompts you to analyze your data early" (Charmaz, 2006, p. 72). Memoing assisted in the developing theory and allowed the researcher to formulate the internal process of the theory development. Field notes provided insight after each interview. Documentation of the setting, observations, feelings, challenges, behaviors, and the researcher's personal reflections provided additional context to the data collection. Field notes were used with each interview.

Open Coding

Open coding is the initial step in the process where "the analytical process through which concepts are identified and properties are discovered" (Strauss & Corbin, 1990, p. 101). In the first phase, data are initially broken down into major categories of information. A category represents a unit of information inclusive of events, happenings,

and instances (Strauss & Corbin, 1990). Using the constant comparative process, categories continued to be developed as the researcher theoretically interviews in an attempt to saturate the category. As the analysis continued during data collection, the data was broken down, line by line, to reveal concepts and resulting categories. Categories are fully developed in terms of property and dimension (Walker & Myrick, 2006). After each interview was transcribed and reviewed, each was analyzed word by word and line by line to uncover significant segments and ascribed meaning. The constant comparative process continued from the first interview and each subsequent interview where codes were identified in the NVivo software. During constant comparative analysis, the first interview was reviewed, and the second interview results were reviewed while comparing to the initial. Subsequent transcription review continued with the back and forth reviews of data. In addition, the transcripts were also analyzed manually to verify emergent codes and group similar findings.

The codes were categorized as through the linking of similar concepts. The concepts were used to create categories related to the conditions, actions, and consequences and subsequently developed to show dimensions and properties of categories and subcategories (Strauss & Corbin, 1998). The findings remained tentative. Table 1 depicts an example of the open coding from the current study.

Table 1

Open Coding

Participant	Narrative	Open Coding
RB		
4/17/2015	I think there is a lot of role that mesh together,	mesh together

	and then there are specific things that are different …the goal should be for both moving nursing forward….certainly our PhD colleagues have wonderful education...depth of knowledge in research and methodology, and theory….the DNP colleagues have depth in data, informatics, local context…both generate knowledge…in different ways.	moving forward vivo) rigor PhD translation perceiving role
Field notes	Skype interview, thunderstorm interrupted but connection reestablished. Very excited, happy to discuss. Appears interested, easy conversation.	
Memos	Thoughtful, expectant for future, she repeated moving forward several times; continue to evaluate this as practice and profession. Concerned for future of nursing without resolution.	

Axial Coding

The second phase in analysis was to take the resultant large amount of fractured data and put it back together. This process is advocated by Strauss and Corbin (1990) as necessary for the researcher to make connections between the categories and permit a focus on three aspects. The researcher worked to understand categories in relation to each other, specifically focusing on the causal conditions and situations where each category it occurs, the context, actions of the people in response to the situation, and the consequences of the action or inaction (Creswell, 2013; Walker & Myrick, 2006). The use of axial coding allowed the researcher to fully develop categories and sort, synthesize, and organize large amounts of data after open coding (Charmaz, 2006). The fragmented data was analyzed to identify the relationship to the categories by breaking the data apart; looking at the data in different ways to identify the context; and seeking to understand the who, what, when, where, why of the situated context. Subsequently,

relationships of the categories and subcategories emerged until saturation of categories helped to refine the emerging core category and subcategories. The linking and interrelation of the categories provided a rich, thick description of participant experiences and perceptions of the doctoral nursing role. The use of memoing was ongoing throughout this second phase. Table 2 provides an example of axial coding used in this research.

Table 2

Axial Coding

Participant	Narrative	Axial Coding
Sage		
4/29/15	Me and my colleagues who have gone on for the PhD are very collegial and supportive of each other's work...we would work side by side	Collaborating/ working together
	I have lifelong learning desires…want to learn more…needed to feel challenged. With all the doctoral role changes in health care…. important to keep abreast...beyond reading journals.	Advancing/ influencing
	We have to make ourselves more of a Profession Than an organization…we are still evolving as A profession…I feel like I'm responsible for being a part of the advancing of the profession.	Stewarding/ perceiving doctoral role
Field notes	Face to face, semi quiet environment. No distractions, attentive. Likes to share	
Memo	Perception of disparity although spoke of collegiality, influence of role connected to mentor influence. "Progressive movement is happening" Main categories collaborating, advancing, and stewarding emerged.	

Selective Coding

Selective coding is the final phase in coding where the emergent core category is considered based on the relationship and dimensions within the categories. The analysis moved to a more abstract level as categories are related back to the core categories with attention to properties, dimension, and relationship (Strauss & Corbin, 1990). Theoretical saturation was reached after interviewing 11 participants. Two additional doctoral nurses were interviewed to identify any new concepts and to verify saturation. Then, selective coding began through the analysis of the concepts, categories, and subcategories. During the selective coding process, the categories were analyzed for links and a conceptualization of the basic social process was done. Integral in the final phase is the use of memoing where the ideas of the researcher contribute throughout all three phases towards the developing theory (Creswell, 2013). Development of the theory required the researcher to step back and review memos and the researcher's interaction with the data. Furthermore, the continued use of the memos, reflective journaling, occurred throughout the data analysis of this study. Memos were documented during the first data collection interview and continued throughout both the data collection and the analysis processes to reflect the researcher's thoughts and impressions. Field notes were used with each interview to describe the details of the interview and the setting and to identify verbal cues and body language of the participants. The use of journaling allowed for this researcher to reflect and set aside personal views and expectations, bracketing personal influences to allow the categories and core category to emerge from the voices of the participants. The goal was the development of a substantive theory of the critical factors that influence the attitudes and perceptions of DNP and PhD nurses about their

roles. The core category was determined and a theoretical framework developed. Ultimately, the researcher completed a narrative describing the storyline that connects the categories to the core category and subsequent theory of the critical factors that influence the attitudes and perceptions of DNP and PhD nurses about their roles.

Research Rigor

Research conducted in the naturalistic paradigm can demonstrate trustworthiness. Trustworthiness is evidenced through the easily identified components of credibility, dependability, confirmability, and transferability within the research itself (Guba & Lincoln, 1981). Goodness of the qualitative research calls for critical attention to situatedness, trustworthiness, and authenticity during the research process (Tobin & Begley, 2004). This evidence, with attention to the four components of trustworthiness, in turn, produces the rigor, the integrity and competence within the research conducted. The following subsections will describe trustworthiness demonstrated within this research.

Credibility

Credibility was demonstrated in this research using several strategies. Credibility answers the question of the how congruent the findings are with reality whether the findings are truly a reflection of the respondents' views and a fit with how the findings are presented (Tobin & Begley, 2004). Adopting the established research methods and operational procedures of Corbin and Strauss ensures correct procedures were followed. Credibility of findings was confirmed with member checking as each participant was allowed to review his or her transcription for accuracy, intent, and personal viewpoint. Member checking allowed the participant to consider if the transcription indeed

correlates with intended statements and verifies emerging theories and references (Shenton, 2004).

- Member checks were conducted both from an immediate standpoint during the interview process and following transcription where feedback from the participant identifies whether words match the intent of the conversation.
- At the onset of the interviews, participants were given the opportunity to decline participation and were encouraged to be frank in their responses.
- Using iterative questioning can ascertain if contraindications are occurring in the responses. The same overarching questions were utilized in each interview.
- Triangulation was done in the study; a focus group of experiential participants were interviewed after saturation was to confirm emergent substantive theory.
- The final, rich, thick description of findings includes a comprehensive description of the surroundings and the context in which this occurs.

Dependability

Dependability is the ability to trust the data over time, demonstrating whether the study, if repeated, within the same context and with the same participants and setting will produce similar results (Polit & Beck, 2012). The link between credibility and dependability is interdependent, as the assurance of credibility will likely result in dependability.

- The researcher demonstrated a clear audit trail and thorough explanations of procedures to provide an account of what exactly occurred during the research period.

- The audit trail, which included journaling, field notes, and memoing, served to improve dependability and was used in the study.
- Reflexivity was used by the researcher, who kept a continuous, self-critical account in a journal including documentation of the data, methods, decisions, and end product.

Confirmability

Confirmability can be demonstrated that the researcher is not interjecting bias into the study and the results will indeed be reflective of the participants' views. Several strategies to improve confirmability were included in the research.

- The researcher included self-disclosure of beliefs and biases within the research document and within ongoing journaling.
- The reflexive journal of the researcher can be audited to authenticate confirmability.
- The determination that conclusions, recommendations, and interpretation are reflective of the inquiry and not that of the researcher can be confirmed through the journal audit.
- Memoing used throughout the study processes can be audited to review how and where data was linked, ideas emerged, and how memos assisted in the identification of concepts, categories, and theory emerging from the data.
- The inclusion of multiple sources through triangulation provided a richer, deeper, more comprehensive picture and was used to improve both credibility and confirmability.

Transferability

Naturalistic inquiry does not produce a product generalizable to the population as evidenced in a quantitative study (Shenton, 2004). Instead, transferability is accomplished in the clear description of findings, allowing the readers to draw their own conclusion of applicability to their own situation.

- The use of purposive sampling from different regions of the United States improves transferability and is described in detail as each participant and characteristics is described.
- The use of detailed, demographic records was maintained on all participants and included the identification of the theoretical participants (focus group).
- The researcher described a rich, thick description of the inquiry, including a thorough overview of the data within the context of the doctorally prepared nurse, reporting detailed data to allow the reader to judge transferability.

Chapter Summary

This chapter discussed the research design, which reflects the purpose of the study and provides a set of activities that will be used to conduct the study. The purposive sample was selected from PhD and DNP participants with 3 years or more experience post-graduation. Data collection procedures met the study aim. Grounded theory techniques following the Corbin and Strauss structured process were used, and the structured techniques assisted the novice researcher. Ethical considerations were evaluated and implemented to protect participant confidentiality. Data analysis was conducted using a constant comparative analysis, allowing for categories and subsequent core categories to emerge and ultimately a substantive theory to develop. Memoing was

used throughout data analysis to ensure the resulting theory was grounded within the data. Trustworthiness was ensured through member checks, reflexivity, and maintaining an audit trail. Research rigor to ensure trustworthiness of this research included the constructs of credibility, dependability, confirmability, and transferability. Chapter Four will follow with the results of this study.

CHAPTER FOUR

FINDINGS OF THE INQUIRY

The purpose of this qualitative research using grounded theory approach was to develop a substantive theory about the attitudes and perceptions of doctoral nurses regarding their roles. The lack of theory to understand the roles in the DNP and PhD nurse has created a lack of understanding and confusion that surrounds the two doctoral degrees in nursing. This confusion contributes to the projection of a negative image about the profession, suggesting a lack of cohesiveness, and promotes an environment of distrust, thereby creating confusion for the public about a profession that it is supposed to trust. Role confusion on the part of nursing creates a lack of confidence about the profession. This study aimed to contribute to knowledge of DNP and PhD roles and provide understanding of the process nurses use to ascribe meaning to their roles and subsequently inform the nursing profession and society. Using the processes of open, axial, and selective coding, data were constantly compared and analyzed. The concepts and categories that emerged were reviewed to determine relationships among them and to identify a core category that explained the attitudes and perceptions of doctorally prepared nurses about their role. The data collection involved two phases, the individual (n = 13) participant interviews and the focus group (n = 5) interviews. The aggregate description of data from the individual interview participants and the focus group will be presented next. This chapter will present a description of research participants, the results gleaned from the data, and the verbatim interviews of the participants.

Overview

Utilizing the grounded theory approach as described by Corbin and Strauss (2008), individual and group interviews provided data that ultimately resulted in a basic social process. Emerging is a core category that is supported by four categories, with each possessing subcategories rich with examples that provided supporting dimensions and attributes. During the first phase of the data collection process, 13 individual interviews were conducted. The participants in the individual interviews were protected through the use of pseudonyms. Each participant was provided the opportunity to review the interview through member checking. This phase included participants who are DNPs and PhDs with at least 3 years of experience in the doctoral role. The second phase of the process included a group interview. It included two DNPs, two PhDs, and one participant who had both DNP and EdD degrees. Four of the participants held an advanced practice nurse practitioner role and maintained a part-time practice. These participants were identified as experts on the doctoral roles with evidence of publication or panel presentation on the doctoral role and thus served as the theoretical sample. The focus group characteristics were not blinded, and all participants chose to be identifiable. Demographic description will be presented in the sample characteristics sections and will include the individual characteristics followed by the group characteristics.

Barry University IRB approval was obtained before any data collection occurred. No other institutions required IRB approval, although IRB approval documents were provided to several university deans and directors before they would share research flyers with volunteers. In an effort to obtain the initial purposive sample, multiple deans and

directors of accredited colleges and universities and professional nursing organizations were contacted regarding the study (Appendix C). Access was granted by deans, program directors at nine academic locations, and the director of the Doctor of Nursing Practice website (Appendix C). The first participants responded from the email posting of the research flyers. Sampling was purposive with participants who were located throughout the United States; they lived in California, Florida, Illinois, Michigan, North Carolina, and South Carolina. Snowball sampling was utilized for additional participants. The individual participants who met inclusion criteria and could not meet face to face were interviewed using Skype® at a mutually agreed upon time. Several of the individual interviews were conducted via telephone due to participant preference. Two interviews were held face to face with the researcher commuting to a location in South Florida. The interviews were conducted using a semi-structured interview approach. Iterative questions were broad based and included probes to elicit participants' thoughts and views, meanings, perceptions, and attitudes about doctorally prepared nurses and their roles. In ongoing individual interviews, questions were adapted to enrich the emerging concepts, categories, and subcategories. All individual interviews were audio taped and subsequently transcribed by a third-party transcriptionist. Each interview transcript was reviewed by the researcher to ensure accuracy of the transcription. Member check of each individual interview was conducted.

Data were reviewed and analyzed continuously through the constant comparative process to identify similarities and differences and was then subsequently categorized (Strauss & Corbin, 1998). The data from the first individual transcripts was initially conceptualized during open coding with multiple concepts emerging including "in vivo

codes" where the words of the participants identified a "catchy term" drawing significant attention from a line-by-line approach of analysis (Strauss & Corbin, 1998). The concepts were developed as the properties and dimensions that subsequently described them were identified. Then, the categories were put back together as relationships linked the main categories and subcategories through both properties and dimensions that described their meanings (Strauss & Corbin, 1990). Relationships were identified through the diagramming of the conditions and consequences of categories and subcategories. The categories are phenomena defined by the participants as significant and explain "what is going on" (Strauss & Corbin, 1990, p. 125). Abstract thinking and analysis were used as categories were refined and integrated, producing the core category representative of the data. The categories that emerged from the data were advancing, collaborating, transforming, and stewarding. The core categories were then conceptually linked to describe a basic social process. The basic social process that emerged from the data was *Following the Path*.

Upon saturation of the categories, the data collection moved to Phase II, the theoretical sample. The theoretical sample included five doctorally prepared nurses who were known to have substantial knowledge of the DNP and PhD doctoral nursing roles. This knowledge was substantiated as all participants in the theoretical sample had published about this topic in peer-reviewed, scholarly journals, or they have participated on panels and discussions about the doctoral roles at national and international meetings. These participants reported more than 3 years of experience, resided in the United States, and were able to participate in a group meeting via Skype or telephone. All participants met the inclusion criteria. A theoretical sample is formed to select a population where the

researcher believes the people can assist in discovering the variations and densify categories both in dimension and property (Strauss & Corbin, 1990). The participants in the group interview served to verify the emerging categories and subcategories from Phase I of the data collection process.

The constant comparison process was used from the initial interview through the analysis process. A developing theoretic sensitivity allowed the researcher to move from concepts, to categories and subcategories. As relationships, dimensions, consequences, and properties emerged, the conditional matrix was sketched. Returning to the data served as an additional sampling method to scrutinize and uncover any further information that clarified conditions of the emerging categories. Saturation occurred when no new relevant data emerged, properties and dimensions were well developed, and relationships were apparent between the categories (Strauss & Corbin, 1990). One abstract, explanatory category emerged as the core category serving to link the categories providing an explanation of the basic social process of the critical factors influencing doctorally prepared nurses' attitudes and perceptions to their roles.

Theoretical sensitivity was maintained throughout the research process through the use of bracketing where preconceived ideas and biases were written regularly into a journal. Recognition of contextual knowledge and personal experience also were identified. Use of field notes and memoing conducted with each interview documented thoughts about context, dimensions, properties, and links in categories. The entry of data into NVivo® allowed for a visual collection of data to enrich categories and subcategories. A word cloud was created and visualized to gain an appreciation for the frequency of common descriptors and properties verbalized throughout the transcripts.

Reflexivity in the journaling process allowed the researcher to set aside beliefs and journal reaction to interviews, analysis, and explanation of the emerging theory.

Ongoing analysis of data, field notes, memos, and journals resulted in links between categories. Strauss and Corbin (1998) described the creation of a core category with the "greatest explanatory relevance and potential for linking categories … and has analytical power" (p. 104). The basic social process of *Following the Path* emerged from the refinement and integration of categories serving as a logical and consistent core category explaining the main theme of the research findings. The following is a description of the individual participants who provided the data from which the theory evolved.

Sample Description

Two groups of participants were interviewed for this research. The first group consisted of individuals who were purposively sampled and included 13 doctorally prepared nurses who were at least 3 years post-graduation. The initial participants responded from flyers and notices from deans and directors who shared the research opportunity. Additional participants were obtained through snowball sampling. The theoretical sample group was sought through literature review for publications on the doctoral roles and a website review of the NLN, AACN, and Doctor of Nursing Practice website to identify experts. The focus group included 5 participants with 3 or more years of experience and met the inclusion criteria. All study participants completed a demographic questionnaire and informed consent. Table 3 contains the demographic characteristics of the individuals who participated in the individual interviews.

Table 3

Demographic Characteristics of Phase I Participants (N = 13)

Gender	Male	1	7.6%
	Female	12	92.3%
Age	25-34	0	0%
	35-44	2	15%
	45-54	6	46%
	55-64	4	31%
	65 or >	1	8%
Education Level	DNP	6	46%
	PhD	7	54%
Current Nursing Role(s)	Administrator	4	31%
	Faculty	8	62%
	APRN	7	54%
	System Leadership	2	15%
	Other (2 own business and 1 collaborative global outreach	3	23%
PhD- MSN background	Administration	0	0%
	Education	4	57%
	Advanced Practice	3	43%
DNP-MSN background	Administration	1	17%
	Advanced Practice	5	83%
Years in advanced practice (MSN or >)	0-10	1	8%
	10-20	10	77%
	20-30	2	15%
Total years of nursing experience	10-20	1	8%
	20-30	5	38%
	>30	7	54%

Demographic Characteristics

This section discusses the demographic characteristics of the individual participants' group and is presented in aggregate format. Demographic information was obtained from all participants. The first group included 13 doctorally prepared nurses

having 3 years or more years of post-doctorate tenure in their positions. The second group, the focus group, included 5 doctorate educated nursing experts. The first group was interviewed individually. The individual participants' demographic characteristics are presented next in aggregate.

The individuals in the first group were comprised of 13 doctorally prepared nurses. There were seven PhD participants (54%) and six DNP participants (46%) in the individual interview group. All of the participants with a DNP achieved the DNP degree through a post-master's program, and they hold an advanced nursing degree as an advanced practice nurse (n = 5, 83%) or administration (n = 1, 17%). Four (31%) of the PhD participants held an MSN in nursing education. All (100%) of the individual participants have a bachelor of science in nursing. These participants all reside in the continental United States representing California, Florida, Illinois, Michigan, North Carolina, and South Carolina. The age range of 45-54 was most highly represented with 46% (n = 6) of participants, 15% (n = 2) in the 35-44 age group, 31% (n = 4) in the 55-64 year age group, and 8% (n = 1) being 65 or older. All participants spoke English and were able to communicate via Skype, telephone, or face-to-face interview. The participants were 92% female and 8% male. Three (43%) of the PhD individual participants are actively practicing advanced registered nurse practitioners. Five (83%) of the DNP participants are also actively practicing advanced registered nurse practitioners. All of the participants reported they were 3 to 10 years post-graduation. In addition, the individual participants reported many years of advanced practice nursing experience (educator, advanced practice nurse, and administration) with one (8%) with 0-10 years of experience, 10 (77%) reporting 10-20 years in advanced practice, and two

(15%) with 20-30 years of advanced practice experience. Overall, nursing experience for the individual participants was one (8%) with 0-10 years, five (38%) with 20-30 years, and seven (54%) with greater than 30 years of nursing experience. The individual characteristics of participants will be reported next using the chosen pseudonym. Phase II participants will be discussed later in Chapter Four.

Individual Characteristics

This section reports the actual data from the participants, providing a view of the unique characteristics of each participant. In addition, to preserve participants' anonymity, they used a chosen pseudonym or one was chosen for them. Data used to describe the individual characteristics include the demographic information and information gleaned from the interviews.

Professor One. Professor One is a 35-45-year-old male, PhD-prepared nurse who also practices part-time as an advanced registered nurse. His primary role is a professor at a private university where he is teaching in both the DNP and PhD program. He has 20-30 years of nursing experience. He is also active in research. Describing himself, he stated:

> My teaching load … is all about research, I teach all the research courses for the DNP nursing … they go to 603 which is equivalent of the dissertation for PhD… I have a PhD, the dean recognizes that I am the right person to teach research to the DNP as students … .and when I got my PhD, I became trained to become a scientist; and now as a nurse practitioner, although I perform the nurse practitioner role, I have a lot more responsibilities in clinical research

Jessica. Jessica is a 45-55-year-old female, DNP-prepared nurse. She received her DNP 3-10 years ago. Her primary role is an administrative role in a private, not-for-profit health care facility where she oversees professional nursing practice. She has 20-30 years of nursing experience. She is an adjunct professor teaching DNP students in an online format. Jessica stated:

> I chose the DNP because of the practice implications, and in my role as a Director of Professional Practice and Research, I am …. able to affect change at the bedside … looking at quality practice environment, really trying to tie in what's happening in your practice environment every day to quality, quality outcomes. So that's one part of my role … I have oversight over our shared governance council.

Anna. Anna is in the 45-55-year age group. She is a DNP-prepared nurse and received the degree 3-10 years ago. Anna reports 10-20 years of advanced practice experience and practices as a behavioral advanced practice nurse. She has been in the nursing profession for over 30 years. Her current role is a systems leader within a large hospital system where she is responsible for grant management, quality outcomes, health care policy, and developing best practices for patient care throughout the health care facilities. Anna reported "I'm basically an administrator … I have responsibility right now in terms of some direct clinical areas such as ambulatory physical therapy, ambulatory imaging, sleep centers, urgent cares, and behavioral health programs"

R.B. R.B. is a female in the 45-55-year group and holds a post-master's DNP, which she received more than 3 years ago. She is a practicing ARNP along with her full-time job as faculty in a DNP program. R.B. has been in the advanced nursing role for 10-

20 years and brings 30 years of nursing experience to her role. She described two aspects of her DNP role:

> I have two components to my role; one is in the university setting. I am the DNP Program Coordinator, and I teach in the DNP program … I also teach a business course that focuses on the importance of the terminal and projects that are going to affect uhm, systems of health and patients experience … and my other role … I work … supporting primary care providers and patients with chronic disease.

Maria. Maria is a female in the 45-55-year age group. She is a PhD-prepared nurse with over 30 years of nursing experience. Maria graduated with her doctorate over 3 years ago. She is full-time faculty and has been in the advanced nurse educator role for over 10 years. Maria shared how she progressed in nursing:

> I started back as an associate degree nurse and then went on for my bachelor's and then went on for my master's and then I went on for my PhD. So I'm one of like these lifelong learning people … because I was in nursing education and I knew there had to be a better way to do things … So it's like, well, if you're going to do all the reading I might as well get the academic credit for it so I went ahead and got my master's in nursing education … I started teaching in 1990 in the associate degree level went back and got my Masters got that in 2000 then started teaching at the baccalaureate level.

Lucy. Lucy is a 35-44-year-old DNP nurse. She is an advanced registered nurse practitioner for 13 years. Lucy has 19 years of nursing experience overall. She earned her DNP over 5 years ago. She is active in the ARNP role and reports precepting nurse

practitioner students. As she discussed her role, Lucy communicated the following about the DNP degree and her advanced practice nursing:

> Well, I didn't need this and it wasn't going to change my job, and it wasn't going to change my pay, so it was all for myself! So I got to, you know, enjoy it … get way more out of it than just trying to pass a test … then my research was starting an independent house call practice. So everything that I did was for the purposes of you know me starting a practice … for the most part I do house calls, and there are six nurse practitioners … that work for me and we pretty much do primary care in these settings.

Wilson. Wilson is a 45-54-year-old PhD prepared nurse. She has 10-20 years of advanced practice nursing and 20-30 years overall in the nursing profession. She has been faculty since obtaining her MSN in nursing education. Wilson shared her role in the university stating: "I teach nursing students and am also interested in research." In her progression through her own nursing education she relayed:

> Essentially, I started teaching probably months after I got my masters ... worked on the floor to fulfill you know … I guess sort of the obligatory time period. It was never really something I really wanted to do I pretty much went into nursing specifically, went to nursing to go into research.

Sage. Sage is in the 65 years or older group and is DNP prepared. She achieved her post-master's DNP over 4 years ago and has an ARNP but is not practicing at this time. Sage has 10-20 years of advanced practice nursing experience and over 30 years of experience as a registered nurse. She teaches DNP students online. Discussing her current role, Sage shared about her role today:

> I always wanted a DNP; I was never interested in the PhD because I assumed that that was my terminal degree because I have a clinical focus so I never even considered a PhD … my role is an educator, so it's not focused on clinical practice right now because I've gone full-time into academia … I would not have worked with master's prepared students or had the credit credibility to work with the students as a role model.

Nurse Nancy. Nurse Nancy is in the 55-64 year group with a PhD she earned over 8 years ago. She has an MSN in administration and is currently a full-time faculty member teaching accelerated BSN students and is the program director at a state university. Nurse Nancy has over 30 years of nursing experience in varying advanced administrative roles. Describing her role in a university, Nurse Nancy related:

> I am not a traditional educator. I came to academe six years ago … When I came full-time to academe number one I realized that there was a big piece in my education that I had missed … and that was I had hardly anything on pedagogy or any of that kind of stuff. So I, as soon as I started full time, I immersed myself into the CNE exam and the content for that and got my certification.

Florence. Florence is in the 55-64 year age group and holds a DNP that she earned over 3 years ago. She has 20-30 years of nursing experience as an advanced practice nurse and has led many systems as a Chief Nursing Officer. Overall, Florence has greater than 30 years of nursing experience. She is employed in a systems leadership role as a national consultant. Describing her DNP role today, she stated:

> Well actually I'm doing some of the same things I was doing, when I was a chief nursing officer. I am not currently a chief officer; however, I am a vice president

> for nursing services in a consulting company … so I'm still providing nursing executive leadership … and I have always maintained some kind of clinical practice whether it just was something I would do on the side ... I work for a nursing excellence company … we do magnet preparation … current magnet organizations have used us to help facilitate that. And I've been a magnet chief nurse in my past.

Nancy Nurse PhD. Nancy Nurse PhD is in the 45-54-year age group. She has 10-20 years of advanced practice nursing with an MSN in nursing education. Nancy Nurse PhD has been in a full-time faculty position for 7 years. She has 20-30 years of nursing experience overall working in various states. Nancy Nurse PhD described her current role in a research-intensive university as follows:

> I'm in a tenure-track position so 50% of my time is allotted to teaching and the other 50% is scholarship … I would say that it works out more or less than 50% but it's sort of done in bulk so there's two semesters that I teach a five-credit class and then there is one semester that I don't have a teaching assignment … I have been able to publish ... I have two manuscripts that have been published since I have arrived and I have a third one that's in progress right now, and, I'm also preparing to submit for a small grant.

Zoe. Zoe is in the 55-64-year age group. She has a PhD in Nursing and is also an actively practicing advanced registered nurse practitioner with a geriatric population. Zoe graduated over 3 years ago with her PhD and is teaching full time at a university in the master's and DNP program. She explained:

> I was a nurse practitioner; I still have a practice … I really have three areas of practice …I do teach, that's a big part of our job. … I'm required to teach nine credits one semester and six credits the other semester … probably most of my work is done involving the publications and presentations.

Brooke. Brooke is in the 55-64-year age group. She holds both a Doctor of Nursing Science and a PhD in Nursing. Her background education also includes 10-20 years as an advanced practice nurse caring for adult patients in her self-owned primary care practice, has also conducted research and published, and serves as adjunct faculty in a local state university. Brooke has more than 30 years of overall nursing experience. "I started with an ADN … I have 37 years of experience … I am an educator and an advanced practice nurse … I'm a faculty member and an administrator; I own my own business"

In summary, the individual participants were interviewed to gather rich, thick data to identify a substantive theory about attitudes and perceptions of doctorally prepared nurses' about their roles. Each individual interview was transcribed by a third-party transcriptionist who provided a signed a confidentiality agreement. Upon transcript receipt, each transcript was reviewed while simultaneously listening to the audio recording for accuracy. The transcripts were returned to the participant for review (member check) and to clarify any concepts that were not clear. Participants were assured identifiers such as university names and personal names would not be included in subsequent reports and manuscripts. Although some returned minor grammatical corrections, the verbatim transcription was used. Using the procedures outlined by Strauss and Corbin (1998), open, axial, and selective coding were conducted. During

axial coding, four main categories emerged from within the data. The four main categories are *advancing, collaborating, transforming,* and *stewarding*. Each category was rich in subcategories that included unique dimensions and properties that explained and related uniquely to the four main categories. The following section describes the emerging categories and includes the meaning ascribed through supportive accounts through the voices of the participants

Emergent Categories

Four main categories were constructed from analysis of the data in Phase I of data collection. Data saturation was achieved after completing 11 interviews, and two additional interviews were conducted to ascertain new information did not emerge to be added to the tentative categories. Using the constant comparative process, the researcher reviewed and analyzed the data, journals, and memos, moving back and forth in the data to identify concepts. The open coding process identified a plethora of labels, presented as gerunds along with "in vivo" codes from the data. The axial coding allowed for refinement of the categories through analysis of similarities, dimensions, and properties that were then grouped together. Then, each category was relationally linked to the core category. It was determined that each category was well developed with subcategories reflecting and describing meaning and context. The emergent categories—*advancing, collaborating, transforming,* and *stewarding*—will be reviewed and described.

Advancing

Advancing practice is frequently associated with advanced practice nurses and is explained by Christensen (2010) as a focus on the global context of developing practice, advancement for the whole of nursing differentiated from advanced practice, suggesting

an endpoint versus advancing practice, which is identified as continual development. In addition, Christensen (2010) identifies this continual development leads to improved analysis of complex situations. Advancing was represented within the data and was described and given meaning by the participants. The subcategories from the concept were perceiving [doctoral roles], moving practice forward, and influencing. The participants shared their perceptions and attitudes of advancing through descriptions of how through their doctoral roles they are themselves advancing. In addition, participants described the influence of the doctoral role and how these enacted roles moved practice forward and factors that were perceived to influence them in their own advancing practice. Emerging from the data, participants shared their perceptions of how they as doctoral nurses advanced professionally and contributed to the growth of the profession specific to their own doctoral nursing roles. Eleven of the participants spoke specifically about how they believe their doctoral roles advance and influence nursing practice. Several examples follow.

Sage stated:

> I can provide primary care, I can diagnose, I can teach, I can improve the quality of life for people; I can follow policy and procedures. I can do everything that a PhD can do. I can do research if I choose to, it's just not my focus … it's not limited to me; there's no limitations to a DNP.

R.B. provides an example of her student's impact on advancing practice stating:

> So what do I bring to it? I think uhm, really an understanding of systems and teamwork and quality improvements … I have a student … she's an a NP by background, she is in the military … She developed an electronic notebook where

> all of the information is … there's so much in this notebook … and then she implemented … I went back and evaluated it and how it was doing … it meets the typical project of a DNP because you're looking at data … you're looking at the evidence both from even a global perspective all the way to the local perspective, you know you're changing something in the system, you're using data.. You're looking and evaluating.

Nancy Nurse PhD reported her perceptions to how her doctoral role contributes to advancing practice stating:

> I really hope … and this is why I've tried to make the links with the clinical area, I really hope that PhDs don't decide … well there is a clinical group there so now we don't need to have as much interaction. I think it will be key for PhDs to continue having clinical contacts … so that it helps to generate ideas that are going to make whatever they decide to do valuable to the, eventually to the patient.

Maria informs about her role and advancing the profession, saying:

> I like patient care as well … I like the research aspect of it and teaching students, investigating the work, the science like a clinical client in ICU. I very much enjoy just trying to understand what is going on you know. I tell them each patient is a treasure hunt; it's like a mystery too, with clues and data and you're trying to put things together so you can understand the cause and effect more and more …. I think it is stimulating to think of what we could do differently or what research questions are with these patients.

Several participants spoke of a sense of responsibility, a need, an inner drive to grow not only themselves, but to contribute to the growth and the advancing of the profession by influencing others. Brooke added about her own role: “I encourage my students to join their professional organizations,” while Maria added: “Once you get your PhD, you have to start exploring things to see where you fit ... it’s part of role progression,” and Anna reported “I think it just expanded because my NP was in child and adolescent psych … the DNP helped me be in a position to be able to expand my role.” Anna added further about changing practice: “Here’s your two terminal degrees and one can be much more inductive and one can be deductive … both of us have an accountability to help change practice.”

Speaking to the advancement of nursing practice revealed an “in vivo” code of moving practice forward within the profession. Speaking about the DNP, Zoe stated: “I see it moving forward like all new things … I think we are moving forward” while R.B. added how the DNP contributed to the nursing profession saying:

> And it's critical for programs to incorporate all of the DNP essentials in their educational format … if you have a program that is weak on improvement science … on informatics … the data analysis related to quality improvements … you’re not going to get the … the end product which is that well-prepared DNP who's going to be able to move things forward.

Sage relayed: “I enjoy seeing that I can change policy or could improve my communities’ quality of life.” Moreover, Jessica discussed driving practice change: “The DNP role all also affects practice for not only nursing within the organization, but he or she helps drive the practice through increasing certification, increasing education,

implementing standards into the work environment that will promote professional practice."

Professor One said:

> When I read about the doctorate of the essentials of doctoral education and what those components are, then I'm able to say that you know what this is just going to be a good thing for our profession. And it certainly will elevate the caliber of nurse clinician out there. So I think that with the IOM and the need and the complexity of the health care system in the United States, I think we need a doctorally prepared nurse to take care of our patients.

Influencing incorporated the views from the participants on how they feel themselves influencing others within their roles. Influencing carried leadership and political action and impacted how they educate others. Speaking to how leadership is exemplified in the role, several participants shared how in their own advanced role they used their leadership to advance nursing. Florence stated: "I'm still providing nursing executive leadership. I'm vice president of transitional leadership so those interim leaders report to me and I provide the coaching to them." Providing examples of leadership activities to the profession and the public Jessica, Anna, and Sage added their perceptions of influencing. Anna shared: "We develop strategy around behavioral health around the state. I am part of a group to develop a new model of care management." Jessica said, "I had a passion that I needed to learn more about practice. It was not only within my environment; I need to affect practice in the state." Sage shared her leadership from a global perspective and added: "I work with a global project for 11 years now … it helps them progress and develop the role."

Involvement politically also was shared by participants as they relayed their own perceptions of how they influence the political environment. Zoe shared: "If we get entry to health care decisions at a national, global level …we are going to influence a lot." Brooke shared her personal role, stating: "My job as PAC [political action committee] chair is as the fundraiser … I lecture on the political action committee, define how government works … there's hope for our profession, I'm hoping we can pull together." Influencing encompassed the participant's voice as they shared how they educate students and the public. R.B. said: "We will always talk about what our students and ourselves is how key it is to disseminate and let people know what we're doing."

The participants related to advancing through the subcategories of perceiving their own doctoral roles, how they interpreted they are moving nursing practice forward, how they are influencing others, and the nursing profession and practice. The examples derived from the data support advancing and the subcategories. Participants from both the DNP and PhD individual interviews contributed to the category of advancing.

Collaborating

Boswell and Cannon (2005) characterized successful collaborating as networking, leadership, and vision. Principles for interprofessional collaboration are a shared vision, developing trust and respect, understanding each other's perspectives, successful conflict resolution, system support, and effective communication and interpersonal skills (Spector, 2010). The concept of collaboration emerged from all participants. Participants' interviews provided data that described collaboration in several ways. The participants shared aspects of barriers to collaboration, as exemplars to cohesive practice, and included how collaboration produced a cohesive profession. The subcategories

emerging from the data are identifying, working together, and building the identity. Participants provided rich, thick descriptions of nursing settings where cohesiveness is displayed and how this positively serves the profession. Jessica shared a positive example in her work place, saying:

> I would like to see … more collaboration between the DNPs and the PhD. Definitely, I think that we are able to drive practices … working with a colleague, we are able to work really great together because we have both concepts.

The discussion moved to collaboration of the doctoral degrees in nursing whether in academia or in a practice setting. During this discussion, several participants shared perceptions of working together. Maria shared a feeling of movement, that the DNP is gaining acceptance in nursing. Speaking of developing cohesiveness, she shared:

> So I think it's filling a necessary need … again it's not that one is better than the other; they're different, and we need to find out how we can work together, and I think that once we reach that critical mass of working together, it's going to be really exciting. I think we are on the cusp.

Several participants spoke of their attitudes towards the cohesion of the profession, reducing friction amongst the doctoral nurses. Sage stated, “We need to respect and learn to work together with both degrees,” and RB said, “We’re all on the same team … there’s people trying to stop us and it shouldn’t be that way.” One participant reported an alternative view as Nancy Nurse PhD said, “I have not seen anybody differentiating and thinking … one is better than the other.”

Identifying professional identity, 12 participants shared their attitudes and perceptions as to how the public perceived the two nursing doctorates. Included in the

interviews, participants spoke of public perception from varying points of view, both positive and negative. As participants reported attitudes of public perception specific to doctoral roles, Lucy said: “They don’t know what a DNP is, nobody does,” while Professor One informed: “It is still unclear and that is why I am … I’m definitely, sort of you know, taking my soapbox that the AANC needs to do more.” Alternatively, RB said: “I think that people underestimate the public very often, and it's really no different than what the nurse practitioner experienced you know in earlier years” while Nancy Nurse PhD reported on what public knows about the roles of the DNP and PhD by stating:

> No, I think they don’t [know] at all … I don’t think that we’ve done a very good job … providing the public with information about what the skill set is like and what the level of work is that’s being done or what the types of outcomes are that have improved care. I think it’s a really, really well-kept secret.

Maria shared her perception of public awareness to the DNP, saying:

> I think we still have alphabet soup in nursing. The public still doesn't have a good grasp that you can be an associate degree prepared nurse and bachelor’s prepared nurse and still sit for the same boards ….The public is just beginning to understand I think the role of the nurse practitioner and how they can see I nurse practitioner as their provider … how they practice differently than a physician … But when you throw the other letter in front … **D**NP that kind of throws them for a loop …. Okay, so you're a doctor but you're a nurse and so does that mean you're not treating me differently…. so do I ask to see the doctor, do I ask to see you?

Sage stated it differently as she pointedly said:

> I don't think it makes much difference to society or to social media. What you have to take better care of the patient, if you have the experience and the knowledge base. No, I don't, and I don't think they really know, I don't think it makes a difference to them … I don't think it's important to them. It's important to us, and I think we're making an issue of it.

Speaking to building identity of the profession, Maria identified a positive changing view of PhDs in her work location, stating:

> I think … the PhDs are becoming comfortable with the knowledge base and what these DNPs are gonna bring to the table because they bring awesome stuff! I think when they come together … you're making a very powerful synergy that's going to really, really change our profession and propel us forward.

Professor One said: "Gosh, this is the right time to elevate nursing education, if we can have doctorally prepared nurse practitioners … it will benefit the patient."

The participants spoke freely about collaborating from the standpoint of reducing friction between the two doctorates with a strong statement about the need for a cohesive profession. Although the public was perceived as not understanding the DNP role, participants voiced their attitudes towards the growth of the profession and noted a growing sense of acceptance and need for both doctoral degrees within nursing. Several participants identified exemplars of how the DNP and PhD work together. Collaboration was viewed as essential for the professional identity for nursing, across other professions, and to the public.

Transforming

Transformation is defined as "an ongoing process of change involving knowing, understanding, and finding meaning in experience" (Bonis, 2009, p. 1334). In addition, in her concept analysis of knowing, Bonis (2009) identified transformation as a consequence of knowing as multiple levels of awareness and reflection result in meaning, which leads to transformation. Participants revealed in their interviews their perception of changes in health care systems and practice, their engaging in a complex health environment, personal transformation in choosing roles, and how they learned and responded to the complexity of this social environment. The subcategories that emerged from the concept of transforming were changing, choosing, and complex health care environment.

The complexity of the health care environment was discussed by all individual participants. The environments described included academia, the advanced practice nursing setting, systems leadership, hospitals, and the environment of the patients themselves. Speaking about the changing health care environment, the respondents discussed how the work and educational setting is complex, difficult to manage, and perpetually broken. Participants described the health care system and perceived educational preparation of the doctoral nurse. R.B. said:

> So we are in a huge transitional time in our health care system and or, the lack thereof … things that are happening that are requiring system changes, again the cost piece of it, the population data, the absorption of how to uhm, make improvements for patients … everybody's gotta have a very big skill set in how to

> do that … I think that's the driving feature of it, and I also think that uhm, nursing has been growing up.

Brooke stated:

> As an advanced practice nurse, I take care of my patients like a primary care provider so if patients don't have money they are not going to buy medicine, they are not going to go get therapy, they aren't going to come to the office …. We are going to tell everybody what kind of food to eat and they can't afford to buy that kind of food. And health care doesn't always allow us to do that. Yeah, you're right—they are sending people home to resources that don't exist.

The academic environment is described as either supportive or tumultuous and intense related to changes occurring not only from the differences in the DNP educational track, but amongst the personal views of DNP and PhD faculty regarding doctoral education and just who provides education. Nancy Nurse PhD stated:

> So, there are a lot of people at the university level that have some real issues with the degree … had a hard time understanding … What's the difference between this doctoral degree and the MSN, we don't see it. And I mean it's from a school that has you know, JDs and it has Pharm Ds and it has MDs… it's essentially … the same concept but for nursing.

Professor One informed, "I would say that in our organization that it was like a 50/50 split immediately. It was like oh my God, what is that for?" R.B. said, "When I started in my faculty role … there were certainly those PhD colleges that embraced us immediately and then there were those who that were pretty nervous about us," with Wilson adding, "I work with a DNP, you know most of the educators at the college are

PhDs and she feels a little out of place sometimes, she doesn't feel as supported basically."

Nancy Nurse PhD related both positive and negative experiences at two different universities where she has been employed, stating:

> I think that has really improved, I went to [my educational university] … they were about to implement their DNP program … I could see amongst the faculty that there was some angst … we going to lose everybody who's going to, that maybe would have thought about doing a PhD to the DNP program. Here, I have not seen any of this … they have really embraced the DNP … I haven't seen anybody differentiating and thinking that one you know is better than the other … there's a lot of collaboration between DNP faculty and faculty as researchers and in education as well.

Alternatively, cohesive and supportive environments were described. Maria stated: "I think my university does a nice job of combining. They are still struggling a little bit, but I think they do a nice job of combining the DNP and the PhD."

Speaking about the complexity of the health care environment participants gave examples. Nurse Nancy stated "….the majority of our hospitals, insurance companies don't hire without a BSN … I think a big part is economics … and the Affordable Care Act." Additionally, Jessica reported that "…technology has grown; I don't think our workforce has kept up."

Speaking passionately about the environment of health care today, Florence reports:

> The work environment is horrific, the acuity of patients, the number people are being asked to take care of, the amount of technology they are managing, the demands of family, the pace of the work, the lack of efficiency … believe me I could go on and on … it's just broken; it's so broken.

Responding in the same tenor about the educational environment, Maria said:

> It's taking too long to get our scholarship into practice. You know the fact that you buy a textbook and it's old the minute you buy it because the research is so old it doesn't fly and in this day and age with the Internet and having so many more things immediately at our fingertips and health care transforming … changing so incredibly rapidly, largely due to technology … we can't wait 6 years; we can't wait 10 years for change.

Change was a personal characteristic identified by the individual participants as they spoke of how change occurred within themselves, producing personal and professional growth. They spoke of how choosing respective to how they themselves moved forwarded in their education. Wilson said "I wanted more ... I like to study" and several others shared their growth in the profession.

Jessica commented:

> When obtaining this new knowledge, I had a passion that I needed to learn more about practice. It was not only within my environment that I lived. I need to affect practice in the state of Florida as well as in the United States of America.

Lucy added:

> I think it's more of a leadership role; it's in practice. You know I mean when I got my DNP it didn't really teach me more about actual practice but it taught me more about … confidence and leadership, autonomy—so, basically it brought me to another level.

Brooke shared:

> The reason I did the PhD was because in my work, my clinical work, I was practicing outside of the box. I knew some things were needed … I wanted to do them but without that credential you are not respected in the community.

All of the participants recognized transforming was occurring in the health care and educational settings. Change and transformation were sensed from the responses of the participants who were responding through advancing their education, relaying their own contributions, and becoming involved in the transactions occurring in their own settings. All participants perceived a sense of urgency and a passionate quest for transformation whether it was in a clinical or academic setting.

Stewarding

Stewarding is characterized as a person who provides leadership through collective reasoning, promoting the articulation of shared value priorities while preserving and promoting the intrinsic values of nursing (Murphy & Roberts, 2008). Stewardship as a metaphor describes the activities that include an ethical responsibility and obligation to creatively generate knowledge and ultimately guide research, practice, and future generations (Golde & Walker, 2006). Stewarding was represented within the responses from the individual participants as they described their own responsibilities and

how the profession of nursing was strengthened through the doctoral roles. The subcategories that emerged from the concept of stewarding were building the profession, performing the role, and mentoring/growing. Participants informed how they were performing the doctoral roles, implementing practice change, mentoring, and perceiving the educational paths and how these factors affected the nursing profession.

Participants relayed a shared vision about the BSN entry to practice, addressing negative perceptions associated with a lack of cohesive focus of the profession overall. They included the BSN as the entry point of nursing dilemma in their perceptions of the profession specific to stewarding. Moreover, the participants shared their perceptions about the entry to practice and expounded on how the profession was being influenced by external factors of legislature, the business interests of health systems, and a lack of a cohesive agreement within the profession. The spontaneous conversation of entry to practice was passionately addressed by some participants before they described the terminal education of the DNP and PhD. Eight participants reflected on discord on the entry to practice. The participants relayed strong feelings on the lack of the BSN entry to practice as contributory to a weakening of the profession of nursing and a failure of the profession in clearly identifying the entry to practice. Nurse Nancy shared:

> When I went to nursing school in this diploma program, they told us that at some point you would have to be a bachelor's degree to enter nursing … That was 40 years ago … I think I might see it … I think there is a possibility; this is the first time I've felt like that in the last few years … I will tell you that from my perspective, 80% of the public doesn't realize we aren't baccalaureate prepared … They are shocked when they learn that a good percentage of nurses don't even

> have a bachelor's. I think that we did not do ourselves a service by having five or six different entryways into nursing calling everybody an RN if they pass the NCLEX … allowing everybody to do the same thing no matter what. And that's what I mean by nursing shooting itself in the foot.

Florence stated:

> Well one would hope, but believe me … maybe in another 10 years I'll be pleasantly surprised by what has evolved … that would be wonderful but … unless we get BSN issue taken care of … you know we're supposed to be at 80% BSNs by 2020 …we are not going to make that. We are not going to make it.

Ongoing confusion was shared by Anna and Maria who noted issues with how new nurses enter into the profession. Anna stated: "We still have confusion between associate's degree and BSN preparation. I don't think it's anything new; it's just something we struggle with," and Maria added, "It almost replicates what we've got at the ADN and BSN level but at a graduate level because you have two different entries into one licensure."

In congruent responses, the participants' perceptions of the DNP and PhD roles revealed a sense of movement forward of nursing as a profession albeit from the terminal side of education. Participants presented their contexts of nursing, as the tenor of discussions contributed to an overwhelming emphasis on preservation and growth of the nursing profession as a whole. The concept of stewarding is represented by participants describing how performing their individual roles contributed to the nursing profession. Embedded in the discussions of their roles, the participants described their personal attitudes and perceptions of the roles. Professor One replied:

> We are scientists and that we are trained to do research and therefore we are highly, highly qualified to teach research …. When I got my PhD, I became trained to become a scientist …. PhDs, we can do a lot of theoretical research as well and perhaps many, many other aspects of nursing not just direct patient care or clinical issues but almost everything under the sun that concerns our profession.

Wilson reported how she is involved in research: "I teach nursing students and am also interested in research. I am currently not conducting any investigational research, but I am working with other investigators, and I am working on beginning research I will say."

Jessica explained that in her DNP role, she demonstrates her contribution to the profession through her professional activities:

> The DNP nurse who is prepared to look outside her current environment ... to bring best practices not only to our organization but as well to affect nursing practice on a whole. He or she utilizes resources through specialty organizations, and academia to try and bridge the gap in practices.

Sage reported: "I feel so different about it … but I feel like I'm responsible for being a parting of the advancing of the profession." Florence related her perception about her DNP role, stating: "It helps me feel a little more connected to the real work of nursing."

Maria indicated her perceptions of the doctoral role and the profession, saying: "I think the two roles complement each other quite a bit and when the two of them can work

together you're going to have this wonderful, powerful, synergy … that will propel the profession forward."

Understanding the self-motivation or influences to choosing doctoral roles included mentoring. Mentoring was evidenced not only for the self but also was reflected in the activities of the nursing leaders. All 13 participants reflected on their own choices of doctoral roles and leaders who influenced their own growth through example. Moreover, they discussed how they were mentored and how they themselves mentor others in the nursing profession.

R.B**.** reported how she was mentored towards a DNP role and said:

> I started investigating … hearing … and I went to the person in charge who had been a faculty for me … and I trusted her. I should be doing this she said … it is really about moving nursing forward. It resonated with me … I feel a part of this compadre of people … .trying to move us to another level.

Maria commented: "The biggest influence has been in the care expectations and the mentors and role models … informing me what it means to be a nurse researcher."

Florence spoke of influencing factors that moved her to obtain a DNP:

> Not having a DNP with my years of practice … I didn't want to be boxed out … .and a former colleague who was a dean at a college of nursing … You're a chief nursing officer at a local hospital … think about the message to all the nurses in your organization.

Zoe stated:

> I am a visiting professor for the University of Philippines where I'm working with Philippine faculty … to work with them on research and publication … I have a

> PhD student who's from the Philippines who would like to do her research there so we will probably involve her … I'm her mentor.

Anna described how she and her organization mentor registered nurses, saying, "We are trying to have the nursing research done at the staff nurse level on the unit so they start raising questions about their practice." Also, PhD Nancy Nurse reported how mentorship is embedded in the leadership role, stating:

> I think that besides the actual program of research you choose, I think that the role is often in mentorship, not just to our students but also to the nurses who are working … working to move evidence forward … to improve patient care.

Brooke shared: "You have mentors in your life, what you want to be?….everybody has an influence if you think about it … I take I take students in my office, I precept every semester, and I feel a responsibility for them."

Understanding the educational preparation of the two doctoral nurses, the DNP and PhD was identified from all participants. This understanding of educational parameters was voiced by participants with an emphasis on the how doctoral education built the profession and themselves. All individual participants described how education impacted themselves, the profession, and future generations. Anna stated:

> My interpretation is that the intent really was in the original PhD program to focus much more philosophically on doing the research … DNP was to focus much more on application of that research in the clinical world … Here's the research; now, see if it works in the clinical world … those in the clinical world would say … this is an interesting question … this something I'm trying to answer, seeing it from the ground up.

Florence shared her views of her education saying:

> I was very pleased with the DNP program that I was in … Yes, I definitely benefitted from it, and I enjoyed it for the most part … and I got exposure to so many thoughts and understandings about things … I don't know that it made me clinically better, I hope it did.

Wilson, in speaking about educational processes, linked PhDs with research, stating: "With PhDs … there is more academic study that's done to complete the dissertation phase and the research process." Sage added: "A PhD is research focused and the DNP is more clinically oriented."

R.B. explained and expanded her perceptions regarding the educational preparation of the DNP and PhD, reflecting:

> I think certainly our PhD colleagues have a wonderful education … depth of knowledge in research and methodology, theory … and our DNP colleagues have depth in data, informatics, and locate context … I think they both generate knowledge in different ways.

Participants also frequently discussed their teaching roles and the importance of preparing the next generation of nurses. Maria stated: "I was a nurse educator long before I became a nurse researcher." Wilson described her teaching roles, reflecting:

> I teach critical care and pathophysiology … I worked at another school … as adjunct … worked in different roles and as a program chair … the curricula, a lot of curriculum considerations when at that level ...you are actually writing it.

Nancy Nurse PhD reported:

> I think for the PhD, I think that definitely education is still a huge role that I think is underappreciated and underemphasized. Working in an academic institution I think you should be expected to be … an excellent teacher … I am in a tenure track, so 50% of my time is allocated to teaching.

Sage reflected on her DNP role educating students, stating:

> I focused on end of life and reaching nursing students as an educator … my focus is on education … on leadership, developing the leader in the nurse not to be the "yes" person but to start questioning…to see the big picture.

In speaking to her role of educating nurses, Lucy stated:

> I trained as a preceptor … and being in a hospital nurses asked me where should I go to be a nurse practitioner … I encourage all of them to go back to school … I have been able to mentor other nurses and nurse practitioners.

All of the participants are active in stewarding the nursing profession. A sense of purposeful activity was displayed through the explanations of unique activities the participants shared about their roles influencing practice change for the profession. Mentoring into the advanced roles was apparent as the participants themselves were mentored to advance their own education, resulting in subsequent assumed responsibility to mentor other nurses. A common concern voiced was BSN entry to nursing practice where a lack of common voice and cohesion were felt to impact the professional identity of nursing.

Participants included 12 females and 1 male who had at least 3 years of experience in the DNP and PhD roles. There were seven PhD nurses and six DNP nurses representing different geographic regions of the United States including California,

Florida, Illinois, Michigan, North Carolina, and South Carolina. Four main categories emerged and are grounded in the data from the individual participants. The four main categories are advancing, collaborating, transforming, and stewarding.

Focus Group Characteristics

The focus group was comprised of nursing experts who have practiced at the doctoral level more than 3 years. Each participant has either published on the role of the doctorally prepared nurse or served on a panel discussion at a national or international meeting regarding either the DNP or PhD. The focus group consisted of both DNP and PhD experts. Before the interview commenced, participants were provided with an explanation of the research and intent of the focus group interview. Each participant signed an informed consent. In addition, each participant in the theoretical sample completed a demographic questionnaire. The group interview consisted of three experts. The focus group then was convened. Two of the focus group participants met via Skype® with the other present via telephone. All could hear each other speaking. The meeting was audio recorded. It was discussed and agreed that due to the nature of the meeting, confidentiality of participants could not be assured. The focus group participants all agreed to be represented by their actual name in the research findings and potential future publications. The interview was conducted via a group Skype® interview, and the audiotaped meeting was subsequently transcribed by the third-party transcriptionist who signed a confidentiality agreement. The participants were thanked for their participation and informed they were free to leave the meeting at any time. Two additional theoretical interviews were conducted individually with experts who agreed to participate. The two interviews were conducted individually with these participants who

expressed an interest in reviewing the model and commenting on the emerging findings. One was conducted by phone. The other was a Skype® interview. Table 4 includes the demographic characteristics of the phase II participants. Furthermore, the characteristics of the theoretical sample are presented after Table 4.

Table 4

Demographic Characteristics Phase II Participants

Phase II Participants (N = 5)			
Gender	Male	1	20%
	Female	4	80%
Age	25-34	0	0%
	35-44	0	0%
	45-54	1	20%
	55-64	4	80%
	65 or >	0	0%
Education Level	DNP	2	40%
	PhD	3	60%
Current Nursing Role(s)	Administrator	4	80%
	Faculty	5	100%
	APRN	4	80%
	System Leadership	0	0%
	Other	0	0%
PhD- MSN background	Administration	0	0%
	Education	1	50%
	Advanced Practice	1	50%
DNP-MSN background	Administration	0	0%
	Advanced Practice	3	100%
Years in advanced practice (MSN or >)	0-10	0	0%
	10-20	1	20%
	20-30	4	80%

Total years of nursing experience	10-20	0	0%
	20-30	1	20%
	>30	4	80%

Dr. William Cody PhD, FAAN is Director of the School of Nursing at DePaul University in Chicago, Illinois. He is 54-65 years old and shared that his overall experience in nursing spans more than 30 years. He earned the PhD in nursing 23 years ago. Dr. Cody has had various leadership roles in several Colleges of Nursing and is currently implementing a DNP program at DePaul University. He is credited with over 50 publications in peer-reviewed journals about nursing theory and the nursing discipline. He is known for his publication of the text *Philosophical and Theoretical Perspectives for Advanced Nursing Practice.*

Dr. Diane Conrad DNP, FNP-BC is a 54-65 year old female who is an actively certified nurse practitioner and holds a DNP degree. She has more than 30 years of nursing experience overall. She is co-author of the book, *The Doctoral Scholarly Project* and is a practicing advanced practice nurse who also owns a practice management company. Dr. Conrad is actively involved in academia as an administrator and faculty member. She is the director of the DNP program at Grand View University in Michigan.

Dr. David O'Dell DNP, ARNP, FNP-BC is 54-55-year-old male. He shared that he is primarily working in an academic setting and maintains a part-time practice as a family nurse practitioner in the field of neurology. He reported over 30 years of nursing experience. O'Dell is the president of the DNP, Inc. organization, which he helped to

found with a commitment to improving professional outcomes of the DNP and the nursing profession. In addition, he is a full-time academician at Chamberlain College of Nursing, teaching online in both the FNP and DNP programs.

Dr. Judy Honig EdD, DNP, APRN, is a 54-65-year-old female. She is a tenured faculty member at Columbia University, New York with over 30 years of nursing experience. Her publication "The APRN Survey on Roles, Functions, and Competencies" was published in *Clinical Scholars Review* in 2011. Honig is a pediatric advanced practice nurse practitioner who maintains a part time practice 1 1/2 days per week in an urban setting. She has a research doctorate and has conducted National Institutes of Health (NIH)-funded research. In addition, she also completed the doctor of nursing practice degree and serves as an administrator and program director of one of the first DNP programs in the U.S.

Dr. Kimberly Udlis PhD, RN is in the 45-54 year age group. Dr. Udis is an advanced practice nurse and serves as the Director of Graduate Nursing at Bellin College, Wisconsin. She has participated on two DNP task forces for the AACN. Her recent research publication titled "Perceptions of the Role of the Doctor of Nursing Practice-Prepared Nurse: Clarity or Confusion" was published in the *Journal of Professional Nursing* in July 2015. Udlis is an advanced practice nurse and maintains clinical practice in cardiology 1 day per week. She has over 20 years of nursing experience.

Confirmation of Categories

The focus group provided valuable acumen from the perspective of an experienced theoretical sample of experts who are DNP and PhD nurses with considerable expertise and publications regarding the advanced nursing roles. The

theoretical group had life experience as nurses that encompassed more than 25 years, with all reporting experience as doctorally prepared nurses for more than 5 years to up to 23 years. The participants were provided with a copy of the model, which depicted the core category, main categories, and subcategories one week prior to the group meeting. The focus group provided insight and confirmation of the main categories and subcategories that emerged from within the data of the individual participants. The core category *Following the Path* of the emerging substantive theory was also reviewed also. The focus group commented on each of the main categories. The focus group shared, participative conversation occurred with no one person dominating the discussion and the group often asking opinions of each other. All participated regarding each question asked. The experts' feedback on the main categories is presented next.

Advancing

The focus group participants confirmed the concept of advancing. The general discussion was agreement; they all gave examples of how they have seen growth in the profession and change over the years. Specific to the DNP and PhD roles, those on the group call confirmed and agreed the DNP and PhD as terminal degrees were necessary and indeed influenced the movement of the nursing profession forward. Each shared how they were influenced to gain additional education. All participants of this group had either a Clinical Nurse Specialist or Advanced Practice Nursing background as well in addition to one of the terminal degrees.

Dr. Honig said:

> The PhD is a nurse scientist, as a PhD, the role of the PhD is to discover new knowledge … conduct independent research for that pursuit of knowledge…. So I

> think the PhD is pretty clear as in that role is a nurse scientist and a nurse researcher … .a DNP is a little less defined. I think the DNP has the education to build knowledge from their practice…. Well I always had an expectation of getting a doctoral degree and so when I, my first degree that was the only option. It had to be a PhD or a DRPH or an EdD.

Dr. O'Dell stated:

> Over the years that has certainly changed. Uhm, I'm not going to say that every DNP and every PhD is going to hold hands and sing Kumbaya, but it is certainly changed over the last 10 years or even 5 years … to the point that when you get that room full of 700 doctorally prepared nurses, I think we are all recognizing we are there for the same reason. And how we approach it and what we are trying to do is uniform and in that aspect there is cohesion …. I wanted to be the pinnacle of what I could be in our discipline. And it wasn't to say I am a DNP or a PhD, I wanted to be the top of my game and do the best I can within the discipline.

Dr. Cody said:

> There's a historical context in terms of the PhD being slow to take off, been understood … when I came of age and obtained my doctorate and came into academia, the majority of my senior colleagues had non-nursing PhDs and you know they were insistent that the non-nursing doctorate was just as good as the nursing doctorate … the PhD itself has some of its own issues within our history … we have matured and certainly in the Chicagoland area I haven't seen a non-nursing doctorate in the applicants in Chicago for 3 years … I think that we have finally come into where we believe that we have a unique body of knowledge.

Dr. Conrad added:

> But I was really looking to my whole career for a doctorate, that reflected, a doctorate in nursing that was truly a practice doctorate … when I saw the curriculum for the DNP I said you know we as a profession finally have gotten it right … I really felt that this could enhance something, a role of a clinician by giving me this doctoral preparation for the practice with doctorate focused.

Dr. Udlis shared:

> I think that it's a maturation all processes that you're going to see in this degree, and it'll come to a point where they value themselves, we value them. We will have to figure out the issues of faculty and tenure. I hope we can move past that some places have developed good models. But there's no good reason why we can't do this.

Collaborating

The focus group participants confirmed the concept of collaborating. Recognition of collaboration between the DNP and PhD was voiced, and several examples were provided through their voices in the interviews. Interestingly, they agreed and identified along with the individual participants that setting affected collaborative efforts. There was discussion that the move towards collaboration was tenuous when the DNP was launched, was palpable at doctoral meetings, and collaboration was perceived as growing within a variety of settings. The group shared the following about collaboration and how the profession is identifying, working together, and building the identity.

Dr. Honig shared:

> … And that was at the very beginning. I think, you know we didn't experience it here because our DNP was so distinctively different than our PhD in preparing students for a very, very different role beyond graduation. Now of course, what nurses are prepared for isn't finding what they do, they can do whatever they want when they get out but I do think it's, I think that it has much more, uhm, is very tempered now and I think there is a general acceptance.

Dr. Odell added:

> I think that is yet to be seen and I'm excited to see what's going to happen here. And some of the expectations of where we can go as a discipline as a result of the DNP prepared nurse contributing and moving us forward. I'm excited.
>
> I so 100% agree with you in that we are all holding hands in order to improve outcomes in however that is defined. Whether that's through a PhD prepared avenue or DNP prepared avenue, they are both parallel roads if not the same road at some time or another.

Dr. Conrad said:

> You know, these two degrees and these two prepared uhm, nursing, nursing prepared leaders they may be in different leadership positions depending again instead of a role that they are in and the collaborative opportunities they also because of the structure of where they are working and practicing. And so it may, the collaboration may look very different as David said in academia compared to a practice environment or in a research uhm.

Dr. Cody shared about collaboration in the university:

> We do have DNP and part of the interesting thing about that is how they are accepted by peers as counterparts and colleagues in other disciplines. You know the psychologists are like … about the DNP, you know, they just assume the person is a qualified doctoral prepared nurse functioning in a tenure track and its fine.

Dr. Udlis stated:

> Here is also great opportunity for collaboration between DNP and PhD. It's really that opportunity to work together and grow the nursing profession, you know by working together. You see that in other professions like medicine, you see that ability to blend that clinical and research knowledge and build their profession.

Transforming

The theoretical group all commented and agreed the profession, themselves, and the environment were transforming. They provided examples of how they were influenced whether through self-motivation or from a response to their environments in the academic setting or health care environment. There was overwhelming agreement regarding health care complexity and the equipping of the advanced practice nurse with education.

Dr. Honig stated:

> Well I always had an expectation of getting a doctoral degree and so when I, my first degree that was the only option. It had to be a PhD or a DRPH or an EdD. There were no DNPs uhm, and since it was, ah, it was in my game plan uhm, I was already in academia and that really uhm, it wasn't the proctor but uhm, so I took a research, I did a research doctorate

Dr. Conrad added:

> Well, you know I think that I went through a lot of those same paths because I did a post-master's DNP. But I was really looking to my whole career for a doctoral degree that reflected a doctorate in nursing that was truly a practice doctorate. So when I saw the curriculum for the DNP I said you know we as a profession finally have gotten it right. And so uhm, that's really what threw me to the DNP cause I really felt that this could enhance something, a role of a clinician by giving me this doctoral preparation for the practice with doctorate focused.

Dr. Odell stated:

> And within the last 3-4 years alone I've seen a fairly significant change. I still hear uhm, through evaluations of the national conferences, they are saying you're seeing, you are very heavy in the DNP, and the PhD nurse feels left out. And you know, I don't mean that to happen and I don't think that that is the intent I think the intent is to grow the DNP to be at the higher level and higher expectation of ourselves.

Dr. Cody added:

> It's a little unfortunate that we didn't do it earlier when other disciplines … we did it later … we should have done it when it was socially accepted to. The podiatrist … the pharmacist … but when pharmacy and physical therapy started doing it; you know, I think that I wish we are where they are now. If you want to be in a discipline, it is the degree.

Dr. Udlis shared:

> When I went to choose I didn't know anything about the DNP I did know was an option … Looking back I don't think I would've chosen it … It was actually my dean who said go back and get your PhD you should stay in academia … but looking back, I know that I was more drawn to the academic researcher role.

Stewarding

Stewarding was confirmed by the entire theoretical group as they discussed the building and protection of the profession. Participants shared their unique functions within their practice settings of academia and advanced practice. The tenor of conversation was positive regarding the progression of the nursing profession as a discipline. The participants shared how they are performing the role. All agreed with the subcategory of mentoring and growing as contributory towards stewarding.

Dr. Honig said:

> But I do agree that as more and more DNPs are educated and are out there uhm, that more and more uhm, of the scholarship that will be disseminated will be clinical scholarship which is currently not usually, I mean it's I think it's what the DNP graduate produces is clinical scholarship. Uhm, there will be more of a shift and an appreciation.

Dr. Conrad stated:

> I do like the idea of stewardship for the profession. And you know that's something I try to impress upon my students is that you know, you are the highest prepared members of the profession and you have a responsibility to move this profession forward.

Dr. Cody added:

> I've had a fair amount of interaction with chief nursing officers and the movement for the chief nursing officer is to get there DNP. It empowers them to steward better; it empowers them to advanced practice. They seem more confident, and they seem to stand up for nursing better.

Dr. Udlis said:

> Well I've had the opportunity, you know, to look at that across populations, and it seems that the profession definitely embraces the idea of a practice doctorate. The places we've been conducting the studies I've been doing, the people I talked to, nobody thinks is was a bad idea. This is something that was needed; this is something that has great potential.

The comments provided by the theoretical sample that included the focus group and the other two additional participants that were interviewed individually confirmed the categories and supported the subcategories. A discussion point alternative to the model was the term role. Dr. O'Dell and Dr. Conrad commented the DNP and PhD are degrees and roles are what each doctoral nurse enacts specific to their settings. Dr. Udlis commented the PhD role is more understood and the DNP degree is the factor in role confusion. The core category that emerged from the data that links the other main categories is *Following the Path*. The focus group agreed the subcategories supported the main category accurately noting integration of main categories and dimensions, which supported *Following the Path*. This is the basic social process that influenced doctorally prepared nurses' attitudes and perceptions about their roles. The next section will discuss the core category of *Following the Path*. Furthermore, the theoretical framework used to describe the model will be presented and explored.

The Basic Social Process: Following the Path

Throughout the data collection and ongoing data analysis, four main categories were revealed. The core category that emerged from the open, axial, and selective coding process was *Following the Path*. Posited within the participant data, there is a sense of change and movement forward of the nursing profession that emerged from the main categories. Importantly, the change is coming from within the profession in response to the contextual settings experienced by the DNP and PhD nurses. Theoretical conceptualization encompassed drawing an analogy with a focus on oppression often associated with the nursing profession. Thoughtful consideration was given to the ongoing reference of oppression in nursing. Dong and Temple (2011) conducted a concept analysis and implications for nursing identifying a dominant group (medicine and health care administration) with nursing as an inferior group experiencing unjust treatment, denial of rights, and dehumanization.

The attitudes and perceptions voiced from the participants about their doctoral nursing roles shows there is critical change occurring in the nursing profession. Through the main categories, subcategories, and core category, the voice of the participants embedded within the data revealed nursing is defining itself from within. Paulo Freire's (1970) *Pedagogy of the Oppressed* describes that when the oppression is revealed, an unveiling occurs. Then, action on the part of the oppressed culture (the nursing profession) coupled with intent to transform is the first stage where the lifting of oppression begins. Then, as the oppressed seek education, this brings awareness, the freedom to recognize a potential for change amongst the group is able to emerge specifically from within the cultural group (Ickes, 2011). Subsequently, active

involvement results within the culture circle (Freire, 1970) wherein the oppressed subsequently take action to transform themselves. This transformation, Freire (1970) informs, occurs when the oppression is recognized, the result producing a transformed reality from within the subjective view of the oppressed group. No longer is nursing identity emerging external to the group. Subsequently, what then emerges from the oppressed group is the new norm, a new identity that can only be realized from within the oppressed group. Nurses are identifying themselves, using the basic social process of *Following the Path*.

Restatement of the Research Questions

Three overarching questions guided this grounded theory research. As meaning and perceptions of the roles of DNP and PhD nurses emerged from the data, the main categories of *advancing*, *collaborating*, *transforming*, and *stewarding* theoretically were defined by the basic social process of *Following the Path*. The research questions guiding the research were:

1. What are the critical factors that influence the attitudes and perceptions of doctorally prepared nurses regarding the PhD and DNP roles?
2. Do these critical factors affect role differentiation?
3. Does the lack of understanding about the two nursing doctorates, the DNP and PhD, create a lack of confidence and trust in the nursing profession and society?

Connection to Theory

The analytical process involved moving and shifting back and forth through the data, revealed a feeling of churning, movement, and interconnectedness of the four main categories that emerged from the participants' voices. The participants related there is

change and commented the context where nursing practice occurs and is changing. They related that movement was also occurring within the nursing profession itself. Each shared different examples with similarity in the stories reflecting their beliefs of what is going on in nursing. The ongoing movement and tumultuous landscape within the profession along with the outside influences of the profession revealed that the nursing profession's response is to move forward and to adapt. The nurses responded through their voices how they are advancing, moving forward, engaging in collaborative efforts through a transformed self and environment to move practice forward. There was a creation of roles that occurred responsive to the environments of where they are working in advanced practice roles. The profession continues to move through a vortex of change influenced by the main categories of *advancing, collaborating, transforming*, and *stewarding*. The conceptual core category of *Following the Path* is revealed as the basic social process that influences their attitudes and perceptions of the doctoral roles. The factors of how they advance, collaborate, transform, and steward integrate into the basic social process. Figure 2 depicts the process of *Following the Path*.

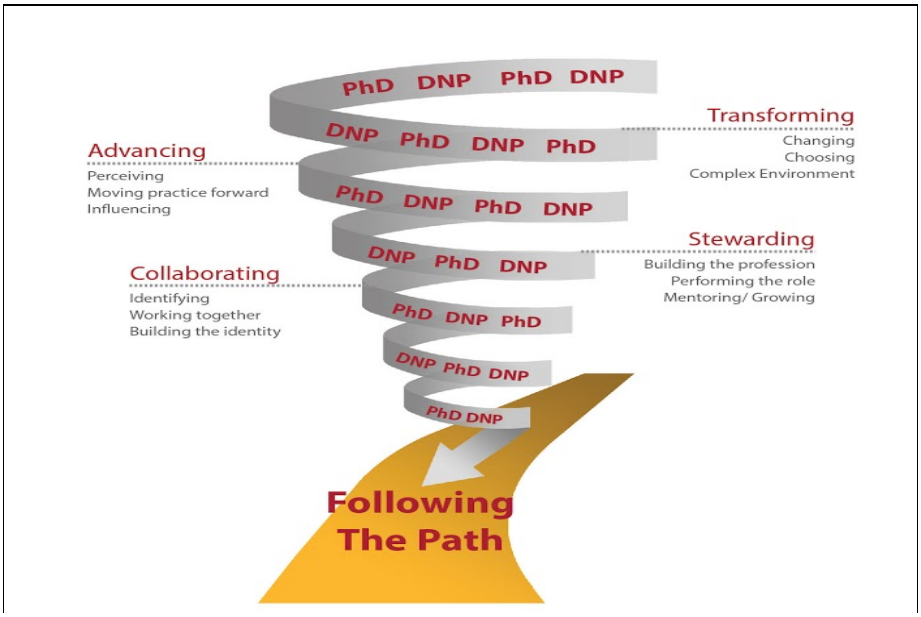

Figure 2. Conceptual model of Following the Path (Rocafort, 2015).

The model provides a visual of the interactive process doctorally prepared nurses engage in: *Following the Path*. The processes used by the DNP and PhD nurses are represented in the main categories of *advancing*, *collaboration*, *transforming*, and *stewarding*. Within each category are the subcategories that provide rich, thick dimension and descriptors where individual and group participants ascribed meaning to doctoral roles. A vortex is used to describe how the interaction of each category contributes in a whirlwind of factors that are not independent of but rather quite dependent on each other. A vortex also provides an action model to depict that the four categories are fluid, interacting, and interdependent as the DNP and PhD nurses are *Following the Path* in each of their roles. The two doctorally prepared nurses are interacting not independent of each other but intertwined, as the vortex moves around, perceptions and attitudes of *advancing*, *collaborating*, *transforming*, and *stewarding* traverse up and down, interrelated in creating an experience that results in a changing

nursing profession. *Advancing* included how the doctoral nurses perceived and described their own roles, how they perceived individual contributions to the nursing profession, and how the advanced role influenced nursing and the multifaceted health care environment. Intertwined with advancing is collaborating. *Advancing* was not independent but involved collaboration with colleagues and developed from the application of education. Through the process of collaboration, as DNP and PhD nurses work together, a perception of professional identity occurred. *Collaborating* is influenced within the health care setting and educational arena as the advanced roles are enacted. The *transforming* of the self and profession were integrated with the other core categories where personal and professional advancement along with a sense of community responsibility leads to stewarding of the self and the nursing profession. *Stewarding* was a reflection of advancing practices and education as doctoral nurses learned and acted with stewardship building on the knowledge gained and used. Thus, the vortex and associated categories are related to each other, depicted with dotted lines demonstrating the fluid, moving interaction.

The core category of *Following the Path* answers the question of how DNP and PhD nurses ascribe meaning to their roles. As the doctorally prepared nurses engaged in *advancing, collaborating, transforming,* and *stewarding*, their actions resulted in a changed self and changed profession. As they follow the path, the doctoral nurses demonstrate an ongoing movement towards furthering understanding the nursing profession. This understanding mitigates a potential lack of understanding of the nursing profession both within the profession itself and for how society views nursing. This answers the research question that the understanding of doctoral roles does not contribute

to a lack of confidence and trust in the nursing profession. Understanding of doctoral nursing roles is evolving, and through the basic social process, participants are informing themselves, students, and ultimately society about their roles and nursing overall. Therefore, *Following the Path* is expected to be an ongoing, flowing process whereby the DNP and PhD nurses will describe and represent their roles and contribute to the building of the professional identity of the nursing profession. The research question of role definition is answered through the rich, thick, descriptions of roles that emerged from the data in where doctoral nurses ascribed meaning and description about their roles.

Summary

Chapter Four provided the results of the inquiry. Demographic information was provided on all participants and presented in aggregate form for the individual participants. Individual characteristics provided descriptive information to support the purposive and theoretical sampling of the participants. The emerging categories of *advancing, collaborating, transforming,* and *stewarding* were presented with supporting data from the voice of the participants. Relational statements and intersection of categories and subcategories support the core category. The core category of *Following the Path* was identified.

CHAPTER FIVE

DISCUSSION AND CONCLUSION

The purpose of this qualitative, grounded theory study was to develop a substantive theory about the attitudes and perceptions of doctoral nurses regarding their roles. This study aimed to contribute to knowledge of DNP and PhD roles and provide understanding to the process nurses use to ascribe meaning to their roles and inform the nursing profession and society. There is a lack of a theory to understand the roles in the DNP and PhD. Using an adapted grounded theory method of Strauss and Corbin (1990), the basic social process of *Following the Path* emerged from the data and was supported by the categories of *advancing, collaborating, transforming,* and *stewarding.* Chapter Five will discuss the meaning, interpretation of the findings, and relationships among the categories and explain how they are supported in the literature. The significance of the research, scope, and limitations of the research will also be presented.

Explanation of Meaning

Grounded theory with the underpinnings of symbolic interactionism and pragmatism informed this research. Three assumptions described by Blumer (1980) specific to symbolic interactionism are (a) meaning is attached to an object, event, or phenomenon, based on meanings held; (b) meaning is derived from and arises from human social interactions; and (c) meanings are modified from the interpretive process of the person (Crotty, 1998; Wuest, 2012). In this study, the participant's viewpoints were considered as they discussed the doctoral roles in their social settings of the health care system, academia, and as an advanced practice nurse. The personal meaning attached to their roles was revealed in the participant dialogue where they shared their interpretation

and descriptions, subsequently providing the meaning they attached to the doctoral roles. In addition, interactions in their professional settings provided rich examples where participants' could clearly share meanings about the DNP and PhD roles. Through attachment of meaning and symbols, the nurses shared their views, thoughts, and interpretations of just what is going on in the practice settings of the doctorally educated nurses. The ascribing of meaning provided the DNP and PhD nurses the opportunity to interpret and subsequently use the meanings they ascribe to their role to live the day-to-day experience as they practice nursing.

The structured grounded theory methodology used was Corbin and Strauss (1990), which provided the rich, thick, descriptions of DNP and PhD roles from the voices of the participants. The analytical process revealed the four main categories of *advancing*, *collaborating*, *transforming*, and *stewarding*, and these categories provided the structure for the core category, the basic social process of *Following the Path*. Analysis was situated within the social setting of the doctorally educated nurses and considered the context and, subsequently, a basis to understand the phenomenon and interactions (Wuest, 2012). In this study, the DNP and PhD nurses ascribed meaning and explanations about their roles, which supported the four main categories and the core category.

Pragmatism describes that usefulness, not just meaning, must be ascribed to the theory, which should be viewed within the context and environment in which the theory is posited. As social human beings, the DNP and PhD nurses interacted within their environments of practice, academia, and health systems as functioning members of an expansive social network where the doctorally educated nurses are able to interpret

meanings of phenomenon. The shared experiences are relevant and distinct to the DNP and PhD nurse and described unique events, encounters, and activities they experienced within the context of practice, teaching, and networking where they created, practiced, and performed their roles. The inductively based theory of *Following the Path* emerged from the findings, describing the social processes ascribed by these nurses' attitudes and perceptions to their roles. *Following the Path* is the core category that subsequently provides the structure, or the framework, of this theoretical model.

The theoretical model *Following the Path* demonstrates action, a movement is occurring within nursing influenced by the intersection main categories and subcategories. The model is supported by the tenets of the philosophy of Paulo Freire as described in *Pedagogy of the Oppressed* (1970). The unveiling of knowledge within a culture comes from a participative educational process where the "lesson and this apprenticeship must come, however, from the oppressed group themselves and those who are truly solidary with them" (Friere, 1970, p. 45.) In *Following the Path*, the acceptance of responsibility for the emancipation, the transformation of oppression of the nursing profession belongs within nursing and is no longer accepting definitions from outside of the profession itself. A critical awareness of nursing is being uncovered as the doctorally educated nurses advanced their education, producing a transformation of the self and nursing practice, collaborating with others to effectively steward the profession. The *Following the Path* basic social process has embedded within the main categories and subcategories the processes of the Freirean Model of naming, critical reflection, and action (Ickes, 2011). The fluid process uncovers a growing movement, activity commences within the nursing profession, but nursing has not completely overcome

barriers within regional boundaries, educational and political systems, and environmental health care complexities.

Interpretation of Findings

The first two chapters discussed the background and purpose of the study and the literature review. Chapter One presented the historical view of the nursing profession, the advent of a clinical doctorate, and concerns for public and professional confusion. In Chapter Two, the literature review presented sparse research to provide insight as to the impact and outcomes of each of the roles of the two doctorates in the nursing profession. Perceptions to the roles to be assumed by the DNP were primarily presented as editorials, with limited research conducted about the roles from the CNO, student, and future student perspective. A gap existed to gain understanding to the meanings ascribed by the DNP and PhD doctorally educated nurses about their roles. This research focused on gaining an understanding of the attitudes and perception of these nurses about their roles, the meaning they ascribed to the nursing doctorate. The individual participants were interviewed, and the data were constantly compared, analyzed, and coded. After data were saturated, four main categories emerged: advancing, collaborating, transforming, and stewarding. These categories, in turn, supported the core category of *Following the Path*. The model was reviewed and discussed with the expert group with agreement that the model depicts the evolving roles and main categories. Each of the main categories will be discussed, interpreted, and supported with literature.

Advancing

Advancing was the category that emerged as participants spoke about how they were advancing, with specifics of how the doctorate influenced them individually.

Advancing in this study is defined as focusing on the global context of developing practice, which is identified as continual development (Christensen, 2010). Moreover, the participants spoke to how their doctorate roles affected nursing as a profession and implied how the advanced role was responsible for the movement forward of practice and the profession. The participants' interview data included descriptions of how they grew in advanced practice and emphasized through examples how they believed they already have to have the potential to impact the profession of nursing or the health system. Throughout the dialogue, there was action associated with advancing, whether the growth was through education producing advanced knowledge and skills, the implementation and translation of research, or in the conducting of basic and applied research, which subsequently provided data for practice improvement. There was a passionate tone to their voices as they described the movement of nursing practice forward and how the doctoral nurse influences this movement. This was supported by the subcategories of perceiving, moving practice forward, and influencing.

Advancement of nursing practice is described by Christensen (2010) as the application and integration of theoretical and practical knowledge. She acknowledges a period of professional development precedes advancing practice wherein the nurse applies critical thinking, reflexivity, theoretical application, and extensive clinical experiences to advance nursing practice (Christensen, 2010). In this study, advancing refers to participant perception of how they are advancing through descriptions of their doctoral roles and the influence of their doctoral role on advancing and influencing nursing practice and provided information on how policy change occurred. In support of advancing, the subcategories from this concept were perceiving, moving practice

forward, and influencing. The participants shared their perceptions on how they are advancing in their own professional growth. Florence stated: "I provide the coaching to them … guidance and structure and consulting to the organizations that hire us, to help with these leadership gaps." Maria added: "I was a nurse educator long before I became a nurse researcher … I think that my education as a nurse, my master's in nursing education, helped immensely with that. Nurse Nancy added: "I feel that all of my education has been focused on what I wanted to do. So even through my bachelor's and master's in nursing … I've always had my education work for me."

These findings were supported by an ethnographic study conducted by Williamson, Twelvetree, Thompson, and Beaver (2012), who examined the role of the advanced nurse practitioner in a large teaching hospital in the United Kingdom. They identified the advanced practice nurse practitioner as a lynchpin, central to facilitation of patient care that subsequently helped nursing and medical practice through (a) enhanced communication, (b) acting as a role model, (c) facilitating the patient's journey, and (d) pioneering the role. In the Williamson et al. (2012) study, the advanced practice nursing role was identified as pivotal and necessary for holistic patient care and identified advanced practice nurses and junior doctors.

This literature is applicable and supported the descriptions participants shared about their advanced roles and specifically to how they work to move practice forward. Several reported their interaction with nurses, patients, and students. They spoke of mentoring and advocacy. Nancy Nurse PhD stated: "I think that the role is often in mentorship not just to our students but also to the nurses that are working uhm, on the clinical side and I think that's another area that has been … under emphasized."

Zoe shared:

> And it was at that moment sitting with that woman that I had my aha moment. I said, this is why I'm here … to be the voice, most people don't have a voice. So, it was really like a powerful moment for me cause I identified what more I needed to do.

Sage reported on her role and how it has assisted her saying:

> My role is an educator, so it's not focused on clinical practice right now because I've gone full-time into academia. So my DNP just helps with my critical thinking, my decision-making, and in changing the nursing profession and making it more progressive.

The participants discussed meanings of the activities of how and where they perform the doctoral roles. The doctorate prepared nurses shared examples of the DNP and PhD activities and how they are influencing health care and practice and demonstrate skills unique to the doctoral role. All but four of the participants in the individual and focus groups (both DNP and PhD) reported they held advanced practice degrees and continued working part-time to full time as an advanced practitioner role. This finding is interpreted that a strong connection to practice, whether as a DNP or PhD, kept the doctoral nurses in a place where they clearly perceived their own personal advancement. There was meaning attached to the actions, and they felt what they do makes a difference for themselves and health care. R.B. shared about a former student relaying how the student affiliated with a health system and advocated for patients, sharing:

> She moved through … working with everything related to that, so when she moved through and learn these additional skills and looking at things as a system

> … the cost … all of the collaborative issues … she is like the lead sepsis person in the hospital now … they have saved seriously you know millions of dollars with all the processes that they have changed.

Several participants described advancing themselves and included statements of their personal growth and abilities advancing after education. They exhibited a sense of ownership, pride, and knowing. Lucy spoke advancing within her role and her learned audacity, stating: "You can't, you know be autonomous when you have doctors who are going to belittle you constantly … now I mean that happened 5 years ago and that very rarely happens to me anymore." Brooke shared her acumen she bought her own practice stating: "I approached her…I said 'why didn't you ask me to buy the business?' And she said, I didn't think you were allowed to. I said well I can and I will, so that's what I did." The advanced practice nurses meanings were demonstrating attributes of their own advancing. Advancing as described by the participants was supported by the following literature.

A qualitative, phenomenological analysis conducted by Byrne (2015) studied the detailed case narratives of Doctor of Nursing Practice candidates to identify the meaning of comprehensive care for the DNP. Four attributes of how the advanced practice DNP delivers comprehensive care were acumen, advocacy, affiliation, and audacity. In this literature, several participants shared similarities as they relayed meaning and shared how they displayed similar attributes within their own roles. There is a demand for nursing leaders who can provide care across systems working effectively within the complexity of the health care environment.

The subcategory of perceiving was shared by the study participants who voiced varied experiences where they described their roles and how their experiences through the educational processes prepared them to advance themselves and others. One aspect was the responsibility and desire to create new knowledge from an individual standpoint and to provide research instruction of students. Professor One shared:

> The PhD role is definitely very research focused … my teaching load … is all about research, I teach all the research courses for the DNP nursing … my role is that I have a PhD … I am the right person to teach research.

Maria stated: "I wanted to do research and so I know if I wanted to do research, I need to get my PhD." In addition, Wilson commented: "I have done a lot of research in the past and I really liked that, so that prompted me to get a PhD." The DNP aspect included reported how they perceived their roles in varied responses. Anna said: "It's true implementation and execution, developing the strategy and then being able to execute. It's operational and clearly there is research that goes with it, I wrote last year for 5 different grants." Florence added: "If I am leading the nurses in an organization and I have a doctorate in nursing practice, I need to know what the practice work is."

Moving practice forward was also a subcategory supported in the data. The performance of activities to move practice forward in education and policy were reflected from the participants. There was a connection to education that provided the opportunity to move themselves, practice, and the profession forward. The individual participants described that education was pivotal to unique roles of the DNP and PhD. Jessica, Professor One, Wilson, and Anna reflected how gaining additional education was influencing in providing them with the tools to move practice. Education brings

increased awareness and focus on issues that impacted not only the nurse themselves but health care overall with the potential to impact national and global health care. Jessica said: “My DNP … helped me to look at … practice more on a global continuum. I started to reach out to other organizations and network with other people.” Professor One added: “I got my PhD, I became trained to become a scientist, and now as a nurse practitioner although I perform nurse practitioner role, I have a lot more responsibilities in clinical research,” and Wilson stated: “I have more research involvement in this role I’m working on getting a couple of papers written to be sent out.” Anna, RB, and Sage shared how they are moving practice through a larger continuum including state and national levels and provided comments specific to their activities. Anna reflected: “I’ll be part of a retreat talking about how we develop strategy around behavioral health patients across the state.” RB added: “…trying to make an impact on the health of our nation ultimately by affecting policy.” Sage shared: “I feel an obligation to help the community, and I don't know if I would've felt that way had I not increased my knowledge or awareness of what's going on around me.” Individual and group participants spoke to DNP and PhD education as pivotal to their current roles. These findings are supported by the following literature.

A quantitative study conducted by Gardner, Chang, Duffield, and Doubrovsky (2013) utilized the Strong Model of Advanced Practice Role Delineation (APRD) tool to examine factors influencing advanced practice nursing activities. Reliability of the M-Strong APRD tool was supported with a Cronbach’s alpha coefficient of 0.94. A sample size of 660 nurse practitioners was studied across advanced practices nurses in Grades 5 through 12. Grade 5 primarily represented midwives/nurses and the uppermost levels of

Grades 9-12 were managerial and administrative. A one-way ANOVA ($p = 0.001$) demonstrated differences amongst the grades, and a post hoc *Scheffe* ($p = 0.05$) was performed to identify where differences occurred. Grade 7 nurse practitioners were found to perform more advanced practice activities across the domains of support of systems, research, and professional leadership. Gardner et al. (2014) identified clinical Grade 7 nurses carried out the greatest research activities ($p = 0.001$, $F = 32.13$). A multiple, linear regression analysis was conducted to identify the influence of five variables: (a) working in clinical role, (b) non-clinical role, (c) length of experience, (d) hospital-based position, or (e) education with the Grade 7 nurse practitioners. Findings showed Grade 7 nurses, $n = 147$, in clinical roles performed more APN activities ($p = 0.001$) than non-clinical Grade 7 nurses ($n = 90$, $p = 0.001$). The regression analysis showed Grade 7 nurses scored higher across all domains and the strongest predictor for the APN working a clinical role was higher levels of education. In addition, the authors concluded that higher education levels for the advanced practice nurses was predictive of advanced practice activities and those with the highest education performing more activities across the domains of education, research and professional leadership (Gardner et al, 2013).

Gardner et al.'s (2013) study supports this research category of advancing where participants shared multiple examples of advanced practice activities including the nurse practitioner clinical role, research, presentations, precepting of students, teaching, and systems leadership. Discussion from the participants shared that advanced education contributed to the additional roles they enacted within their professional settings.

Another finding from the literature is presented next, which also supports the expanded roles the doctorally educated nurses undertake.

Another study supporting the findings of this study was conducted by Wallerstedt, Sangare, Bartlett, and Mahoney (2009). The authors of this descriptive study sought to obtain information about the advanced roles of the advanced practice nurses working at the National Institutes of Health (NIH). Using a modified American Academy of Nurse Practitioners Sample Survey, 56 respondents were queried for the unique roles performed at the NIH. Forty-two percent of the participants sampled sought employment at NIH to conduct research, combine patient care, and education. In addition, the participants in the study were clinically experienced "balancing roles as clinicians, researchers, educators, and administrators" (Wallerstedt et al., 2009, p. 356). The study recognized the participants positively identified the opportunity to work in an expanded, autonomous role. Interestingly, while in the research role at the NIH, many of the NIH participants were identified as seeking or having second and third advanced practice degrees and specializations.

In this study, the participant's work in expanded roles as a doctorate prepared nurse was presented to reveal how they influence nursing. The advancing of self and the profession accompanied by an opportunity to influence the profession were described in how they conducted and implemented research. The participants shared they were "conducting clinical trials," "leading an executive work force," "teaching interdisciplinary classes," and "I own my practice"

RB stated:

> I also think … nursing has been growing up … the nurses need to be more educated, to know that we all need to be practicing to the fullest extent of our scopes … I think that all these pieces are coming into place to move us forward.

Lucy added:

> Once the research is out there and you end up with your, you know impression or results, who's there to implement the results? So you know it's like okay, now we found out, and so let's go ahead and implement it into practice.

Brooke described her innovative approach, stating: "I have previously developed a tool for diabetes … I managed to build a tool to direct the focus of my clinical practice." Florence said: "I'm still providing nursing executive leadership … and I have always maintained some kind of clinical practice." Dr. Cody added: "I think that we have finally come into where we believe that we have a unique body of knowledge although it is still defined in people have a hard time still today saying what is the uniqueness of nursing."

A majority of participants recognized the need for research to advance nursing practice and nursing science. This allowed the perceptions from the participants, when describing their roles, to clearly identify the activities unique to their own focus and what was perceived as the focus of the other doctorate. The use of research and the critical intersection with the application of research was also identified as necessary from their viewpoint as they discussed conducting research, the application by the DNP and the impact of education of future doctorate nurses. Zoe added about her students: "Most of the DNPs are working with PhDs when they graduate to do research because they are in practice." Nancy Nurse PhD said: "I think that definitely the DNP and the

PhD should be working in a collaborative manner to try and move evidence forward and improve patient care." Anna stated: "The intent really was in the original PhD program to focus much more philosophically on doing the research and the DNP was to focus much more on the application of that research into the clinical world." Florence added: "The PhD … creates new knowledge, tests new knowledge, validates new knowledge, is a primary researcher. My own experience, focused on applying … to the clinical setting, in the environment." Maria added: "Once you get your PhD, you have to start exploring things to see; you may stay put or you may not. That's part of the role progression." The advancing of the profession and moving practice forward through research and implementation by the DNP and PhD nurses was voiced by the participants and is supported by the following literature.

Udlis and Mancuso (2015) conducted an exploratory, descriptive study using a cross-sectional survey using self-administered questionnaires to explore how nurses perceive the role of the DNP. The study sought to understand areas of ambiguity in understanding the roles DNP nurses fulfill. Participants completed a four-point Likert type scale to reflect *strongly disagree*, *disagree*, *agree*, or *strongly agree* to measure the four themes of understanding, leadership, education/scholarship, and advanced practice. The findings showed (84%) agreement that the DNP-prepared nurse can articulate, support, and advocate nursing's professional contribution to health care. There was some inconsistency amongst participants about the ability to strengthen the profession (46% agree and 54% disagree overall). Participants agreed the DNP is a terminal practice degree and the PhD is a terminal research degree. The findings reflected

overlap and confusion of the DNP preparation for the faculty role respective of education with the PhD (19%), the DNP (76%), MSN (51%), and BSN (69%) agreeing.

In this study, the research question of "What are the critical factors that influence the attitudes and perceptions of doctorally prepared nurses regarding the PhD and DNP roles?" is partially answered by the main category of advancing. Within this research, rich data and descriptions from within the data of the participants' interviews provided clear identification of uniqueness to their perceived roles.

Collaborating

Collaborating emerged from the data as the participants discussed how they view themselves in their doctoral role, how the profession is working or not working together, and how they viewed the profession as a whole. In this study, collaborating was defined as the working together a mutual benefit and achieving a common goal (Tom Wolff & Associates, 2005). The subcategories of identifying, working together, and building the identity supported the category of collaborating. The participants shared how they grew in their own identity as either a DNP or PhD and how this contributed to their working together as doctoral nurses. The collaboration between the DNP and PhD was identified as an evolving process, but it was noted that collaboration has changed positively since the introduction of the DNP. Several identified the collaboration as a positive change with stating about the roles "we could interchange," "I'm in a place that embraces both," and "I think that has really improved" specific to the DNP and PhDs in their own settings. RB added: "I've seen you know a vast moving forward at acceptance; you know how we can work together. That really is where the strength is, in that working

together." A large research university associated with an academic health institution located in the South cited acceptance "there is no difference."

The evolution of collaboration and understanding of roles demonstrated some inconsistencies throughout the United States. Participants from universities in Florida, Illinois, Michigan, South Carolina, North Carolina, and South Carolina spoke of positive examples of collaboration. The lack of collaboration and role understanding voiced from the participant California. There were regional differences found as participants shared some negative experiences of cohesiveness and collaborative activities between the DNP and PhD. For example, Nancy Nurse PhD shared about the university where she was obtaining her PhD 10 years ago, saying: "They were about to implement their DNP program. And I could see amongst the faculty that there was some angst, and the main angst are we going to lose everybody?" Professor One added: "In the beginning … 50/50 immediately, there were pros and groups were pro-DNP and 50% were against it." Also, a comment was made from the Western region of the U.S. where the DNP is being associated as the "fix" to faculty shortage by the legislatures where the participant (Nurse Nancy) said: "I have a hard time living in a state where the chancellor's office decided to make them educators." In addition, there was consensus among most individual participants who perceived the collaboration of the two doctorally prepared nurses was imperative to moving the nursing profession forward collectively. Two of the participants could not identify collaboration activities between the two doctoral nurses in their own settings. The cohesion of the profession from the terminal degrees was presented by the individual and group participants as important for teaching students entering the profession, to educate the nursing profession overall, and to provide a

singular presentation, the identity of the profession to multiple stakeholders and to society, specifically the public. These participants' perceptions supported how they identify with each other as professionals. The following literature supports identifying as described by the participants.

A mixed methods study by Tubbs-Cooley, Martsolf, Pickler, Morrison, and Wardlaw (2013) aimed to assess research involvement and institutional resources, assess for interest and concerns regarding cross-institutional collaborations, and describe perceptions of partnerships and resources that can support collaboration. Four themes related to partnering were identified: (a) harnessing our nursing voice and identity, (b) developing as researchers, (c) staying connected, and (d) positioning for a collaborative project. The study reported excitement to promote nursing visibility and identified a need by the participants for additional knowledge, skills, and mentoring to research. The authors also found participants were eager to stay connected, develop partnerships, and work synergistically to identify phenomenon of interest. In addition, Tubbs-Cooley et al. (2013) identified that academic and practice settings were positioned to generate new evidence.

In the current study, identifying was shared by doctoral nurses' voices and emerged from the data as they described how they had built cohesive groups that stayed connected. The participants shared how they were staying connected with other DNP and PhD nurses. Sage, Zoe, and Nancy Nurse PhD each shared about group collaboration and how they work together. Commenting about the importance of collaboration with DNP's Nancy Nurse PhD said: "I really hope that PhDs don't decide well there is a clinical group there so now we don't need to have as much interaction."

Describing the practice setting, participants reflected on how the DNPs and PhDs working together were positioned to create new evidence. Jessica said:

> Here I have come up with the clinical inquiry question. I'm able to do the lit search. I'm able to do all of that but when it comes to deciding what kind of what type of research it's going to be, then I depend on that PhD person.

Nurse Nancy added: "I've seen it work I've seen it work in patient safety, I've seen it work in health care organizations where you get the whole team together to work on something and you get so much better of an outcome." Referencing the academic settings, Zoe and Nancy Nurse PhD shared how the DNP and PhD were working together on projects. Zoe shared: "We don't want DNP students at the university to do research, but they can get involved with the PhD prepared faculty and they have, some of them do." Nancy Nurse PhD spoke of her experiences with academia and practice together. She said:

> Because a lot of what I do relates to critical care ... there was no issue about like oh maybe you shouldn't, you know, because she's a DNP and because she's not a PhD, that hasn't been like that at all. It's the same way with the person who's my research guide. She had never been an issue in any way to you know, who to contact for expertise of a partnership.

In this study, as they described their roles, participants identified working together as an essential aspect of their roles. Discussion from the participants spoke of the desire to build the cohesion of the two doctorates, explaining their understanding of the uniqueness of each role in creating or implementing research. The cohesion of the DNP and PhD was positively identified by several participants employed in universities with

academic facility partnerships. In North Carolina, an example of partnership between the DNP and PhD was evidenced by Nancy Nurse PhD, who explained: "In terms of the DNP I think I see it a partnership … definitely the DNP and the PhD should be working in a collaborative manner … to try and move evidence forward and improve patient care." Zoe added:

> The good ones [DNP] are trying to bring new clinical issues into the research forum by presenting them to the researchers. They are seeing what's going on in their clinical areas … and they are working with interdisciplinary groups to get that done.

These findings were supported with the following literature.

Melnyk (2012) discussed the importance of the DNP and PhD prepared nurses in in improving the health of the nation and identified how to resolve the questions associated with the preparation of the two students. Identifying two very separate and distinct endpoints, Melnyk (2012) stated that the PhD is the external generator of evidence through rigorous research, while the DNP is prepared to generate internal evidence through quality improvement, outcomes management, and evidence-based projects. The educational intent is to produce two uniquely prepared doctoral nurses who through differentiated doctoral programs of study will result in collaborative roles. In addition, she expands that the "PhD and DNP graduates must work together to transform the current health care system with DNPs bringing real-world clinical problems to PhD graduates who need rigorous research and external evidence for improved practice change" (Melnyk, 2012, p. 446). PhD and DNP roles are important in a complex health

care setting, and clarification of the roles will serve to improve education and outcomes throughout health care.

The intent to prepare graduates and themselves for the future and use the educational tools to affect outcomes was viewed as important to the participants. Another subcategory, building the identity, emerged and reflected how the nurses showed they felt cohesion with other doctoral nurses and with the profession. Group belongingness developed within the educational cohorts and was sustained over time. The process of building the identity of the profession is grounded in the data. Views were shared on how the two doctorates could indeed be cohesive and collaborative in multiple aspects of nursing. Reflecting on their educational cohorts, Sage said: "there's a group of us that if I called you in the middle of the night, I knew you'd be there." Brooke who spoke of her doctoral colleagues added: "My colleagues; we were a very strong group … We all encouraged each other … to this day we are still friends. We still go out as a group and we have dinner; we go to conferences together."

Building the identity went further to describe the building of the discipline, the profession of nursing. Most participants spoke of nursing identity relating back to the BSN as entry to practice before they shared their own perceptions of the terminal degrees. Relaying frustrations about the BSN entry was explored as an ongoing factor affecting the profession's identity, although hopes it might finally change were voiced also. Florence, Zoe, and Anna shared views of professional identity and the need for standardized entry to the profession of nursing. Florence stated: "I think we need a standardized entry into practice; we need to elevate the status of professional nursing amongst nurses." Zoe added: "For the first time in all these years ...nurses should be

BSNs, and I think it's going to happen, I never believed that it would happen, but I think it is." Anna contributed about the ongoing confusion between the associate's degree and BSN preparation, saying: "I don't think it's anything new it's just something we struggle with" Florence was concerned and added:

> Unless we get BSN issue taken care of and I am concerned … you know we're supposed to be at 80% BSN's by 2020, we are not going to make that. And so, then what? Who's addressing what's going to happen, and we fail at that?

Relating to the building the identity of nursing, participants shared that the terminal degrees were key to building nursing's identity. Participants frequently agreed that both the DNP and PhD contribute to the professional identity of nursing. The participants shared their attitudes towards the movement of the profession and how together, through collaborative efforts, the profession is changing. RB said:

> Just because it's been however it is for the last you know 20, 50, whatever a 100 years, doesn't mean that we can't create what this future is, which is it's wide-open if we let it be, we have to figure it out so that it works together

Sage added about the profession: "It's inherent to who we are as nurses though." Maria shared about perceptions of the roles working together:

> There was some like wait, what are you doing … and you're still going to be called Dr. so-and-so? But you learn that there's plenty of room at the top of the mountain. It's a big plateau you know, it's not just this little precipice that only one or two people can stand up there's plenty of room, and plenty of room.

The social identity of nurses is outlined by Willets and Clarke (2014), who identified the key elements of a profession. The authors connect the use of social identity

theory (SIT) with professional identity of nursing within the context of the work setting. SIT concepts stress the importance of group belongingness, is displayed by group membership, and makes group behavior possible. In addition, Willets and Clarke informed applications of SIT contribute to nursing's social identity, social performance, and self-categorization (2014). Furthermore, the authors stated that professional identity is best discovered in daily activities versus credentialing to recognize nursing knowledge and practice.

A study utilizing participatory action research was conducted by Burgess and Purkis (2010) to discover the political nature of the nurse practitioner role and the extent the nurse practitioners relied of collaborative relations throughout the health care system. Findings of the research showed that collaboration advanced role integration, facilitated autonomy, fostered role clarity, enhanced holistic care, generated team capacity, and promoted strategic alliances (Burgess & Purkis, 2010). The participants shared about collaboration and role integration, role clarity, and alliances as they described their own experiences.

Participants noted that collaboration is evolving from the inception of the DNP. There appears to be a difference in cohesion of the two doctorates that is influenced by contextual setting and geography. The academic environment has a feeling of slower acceptance of both degrees and their related activities whereas examples in the health care setting do provide examples of positive collaborative activities. Dr. Udlis reflected:

> I think when they're getting out there in the health care environment that they are getting what they weren't getting in the academia environment … your

> knowledge and skills are respected and needed and maybe they just feel better about themselves when they see that.

Positive examples of collaboration were shared in examples by Anna, Nancy Nurse PhD, and Jessica. Anna shared experiences at her institution saying: “even within our health system we are kind of interchanged … I don’t know that people actually in the health system differentiate a lot between the two degrees.” Nancy Nurse PhD said “there’s a lot of collaboration between DNP faculty and faculty as researchers and in education as well.” Jessica said: “I would like to see uhm definitely more collaboration between the DNPs and the PhD.”

DNP and PhD nurses offered many examples of collaborative activities, although regional differences were identified. The support of facilities, the environment of the academic arena, the work environment, and the presence of visionary leaders contributed to collaboration that can result in the building of the nursing profession’s identity. The change and evolution of collaboration between the DNP and PhD emerged from the data. Maria shared: “if your area is saturated with a lot of PhDs but there's no DNPs around, it’s going to take longer for the role of DNP to be understood in that area. Or if you live in an area that has the DNP program with no PhDs around that's going to become the norm.” Jessica said: “it goes back to the leaders that you're working with and do they understand the role.” Dr. Odell shared his view saying: “In 10 years from now, I see some amazing things happening in the health care delivery system and the unification … collaboration by necessity of the PhD and the DNP prepared nursing colleagues.” The following literature supports these findings.

Moore and Prentice (2012) conducted a qualitative study to identify collaboration between nurse practitioners and registered nurses in an oncology setting. Four themes were revealed in the research: (a) together time fosters collaboration, (b) basic skills: the brickworks of collaboration, (c) road blocks: obstacles to collaboration, and (d) nurses' attitudes towards their collaborative work. The authors noted that collaboration is complex and does not occur spontaneously. They identified strategies to improve collaboration, which includes leadership support for collaboration, as leadership can either positively or negatively affect collaboration. In addition, the researchers recommended the development of formal educational programs for nurses' specific intraprofessional collaboration versus the historic use of mentors and preceptors (Moore & Prentice, 2012).

Cohesion was noted to be affected by leadership and location. Nursing leadership can impact nursing collaboration, and local leadership was influential in facilitating group identity and the fostering of collaborative practices. Awareness of the national standards, the faculty attitudes within educational programs, the actualization of collaborative practice, support of visionary leaders in the health care setting and academia contributed to collaboration. The research question of the perceived cohesion of the two doctorates was answered that indeed collaboration is occurring and is evolving. This was a surprising and unanticipated result. The finding of collaboration occurring amongst doctorally educated nurses is a positive finding from the research with the potential to impact the overall cohesion of the nursing profession and influence public perception.

Transforming

The participants in this study discussed transforming. The category of transforming was a main category that demonstrated many examples of change and how the participants chose the doctoral role. They also spoke of a transforming, complex environment. In this study, transforming is defined as "an ongoing process of change involving knowing, understanding, and finding meaning in experience" (Bonis, 2008, p. 1334). Transforming encompassed the subcategories of changing, choosing the role, and a complex environment. In addition, the participants' shared their perception of themselves in choosing their doctoral role, which was in part influenced by their settings. Transforming was reflected in the participants' responses as they relayed action as they responded to the changing health care environment and changing landscape of the nursing educational platform. The changing environments were influential to the nurses, and this change, in turn, influenced their perception of the need for the DNP and PhD roles. The process of transforming was presented from a personal view with most participants speaking about how they chose to advance their education through either the DNP or PhD degree and how mentoring influenced this pursuit. Moreover, the DNP and PhD nurses referred to the nursing profession as a complex environment functioning within an even more complex, changing health care environment. In addition, personal perceptions, professional growth, and nursing overall were identified as transforming. This was supported by the subcategories of changing, choosing, and complex environment.

Changing was discussed and represented the views of participants about the changing environment where nursing is practice has transformed. Nursing has responded

with changed education and the associated terminal educational levels. Part of the transformation taking place is supported by the subcategory of changing and is related to a change in the health care setting and practice environments and perpetuated a change in the nursing educational system needed to meet the needs of the public and society. Participants shared perceptions of the need for and transformation of the roles, citing the DNP and PhD roles are changing in response to a health care environment that is "horrific," "technology has grown," and "changes going on in the health care system." Florence spoke of the need for a practice doctorate: "And so in the real life practice arena … I do think in order to keep pace with other professions and other disciplines such as pharmacy and physical therapy, which has doctoral education is entry into practice.' Nancy Nurse PhD shared: "I think a big part of it is economics, uhm, I think the Affordable Care Act had a lot to do with making people look at health care differently." Wilson added: "and DNPs and even NPs are kind of replacing primary care physicians to some degree."

Several individual and group participants voiced the value added by the DNP to the PhD as terminal degrees necessary for the profession. Maria said: "We have to value the role of the DNP, and I think that some old-school PhDs need to kind of adjust to the fact that they are sharing their doctorate with a different type of doctorate." Dr. Udlis added:

> The PhD prepared people and they were in academia … I think it was very difficult to come off of a very traditional way of understanding to becoming very comfortable with what rigorous what research looks like. So I definitely think it has evolved from the place where was a practice you know … how do we make a

practice expert well let's make somebody who's a practice expert who also is a lead in leadership and informatics and QI.

Dr. Cody shared: "The utility of having unique disciplines … so that my thoughts about PhD, and regarding the DNP I'm just so happy that as a discipline we have it at this point, that it is moving quickly."

Stoeckel and Kruschke (2013) conducted a qualitative, descriptive study to examine the emerging role of the DNP. The study aim intended to examine what practicing DNPs perceive about the degree. Twelve post-master's DNP graduates were interviewed. Five categories emerged: (a) educational preparation, (b) practice settings, (c) role acceptance, (d) leadership, and (e) challenges. Participants reflected they experienced growth in the DNP academic programs and reported variation amongst the programs (Stoeckel & Kruschke, 2013). In addition, diverse practice settings were identified including entrepreneurs and full-time and part-time teaching. Struggles to practice at the full level of the DNP were noted from the interdisciplinary team and regulatory constraints. The authors noted the evolution of DNP educational programs will require research to establish credibility.

Achieving additional education was important to the transformation of the participants' role. This view was seen as influencing how they specifically chose their educational paths to support their own growth. The seeking of specific education to assist them in their chosen degrees was important and directed. With careful thought, academic programs and mentors served to provide the education and tools necessary for growth. Five participants spoke of how they chose additional education and doctoral programs. Maria shared: "it has transformed me, you know how I view time and how I

view the profession and just in who I am, just my whole being." She added: I just knew it was right for me." Sage stated: "I needed to feel challenged so that I could take the next step." Jessica said: "My passion is growing the bedside nurses … I chose the DNP because of the practice implications." Wilson reported that she "specifically went to nursing to do go into research." Lucy shared regarding her DNP: "Everything that I did was for the purpose of, you know, me starting a practice." Summing up her personal growth and growth in the profession Nurse Nancy said:

> I've been a nurse for 35 years. Started as a diploma got the bachelor's got the master's and now the PhD….that lifelong learning and keeping going, and it's interesting to take a backwards glance and to see where we were and where we've come and we have come, we moved, we've moved as a profession.

The acquired knowledge produced an understanding of roles and the direction needed to improve themselves and patient care. The effect of seeking education and increasing nursing knowledge provided the participants with an understanding of their roles and the purpose and ultimate transformation of self and nursing practice. This was supported by the following.

Bonis (2009) conducted a concept analysis of knowing in nursing utilizing Roger's evolutionary method. The author concludes knowing is dynamic and is a result of personal knowing and transformation from living and interacting in the world (Bonis, 2009). After conducting the concept analysis, she identified the antecedents of knowing are identified as experience, awareness, and reflection. The consequences of knowing are understanding, finding meaning, and transformation.

Participants shared complexity within their environments of academia and health care settings. They also reported differences based on the regions where they lived, stating different obstacles and examples of how these obstacles affected their enacted roles. The environments indicated a changing landscape where the DNP and PhD nurses' roles were evolving and transformation was occurring. Nurse Nancy said:

> In our rural areas, we use a fair amount of nurse practitioners, but see they are not independent in [my state] … we have a very strong medical association. But that's changing and legislation is going forward that we may end up having some independent practice soon.

She added "they look for PhDs and not DNPs … the docs are very research oriented and research is very supported within that organization." Nancy Nurse PhD: "I think the schools that are doing uhm, a couple of things; the schools that are doing both PhD and DNP know the difference." Maria added: "I was at [university] there were very few faculty teaching in the undergraduate program that had their PhD. And I kind of felt like a fish out of water because the questions I was asking were different." Florence said: "We still have interference from people with alleged good intentions who become involved in nursing shortage issues that don't represent the profession." Professor One added: "I just say to myself, gosh this is the right time to elevate nursing education. And if we can have doctorate prepared nurse practitioners who will take care of patients, I think it will benefit the patient."

Responding to changes in the health care settings provided an impetus for doctoral nurses' selection of additional education. Barriers in the workplace, legislative obstacles, and complexity of patients influenced the doctoral nurses in the health care

setting. Lucy shared her experience and stated: "There are barriers to becoming a nurse practitioner in the state of Florida specifically." Nurse Nancy surmised: "With the DNP we are trying to figure out where they fit … but hospitals … I think managed care, I think insurance companies, I think population based health care, they aren't ready to hire doctorally prepared nurses." In addition, the environment of the health care setting and academia does influence the need for more education, providing a platform for transformation. This is interpreted as a necessary change that will result in the way the DNPs and PhDs work together in a changing environment to ultimately improve nursing practice and provide care to patients and stakeholders.

Cowan et al. (2013) described collaborative activities for the DNP and PhD as leaders of the Veteran's Administration facilities in response to the Joining Forces Campaign to care for returning veterans in the private health sector. This changing landscape of health care within the Veterans Administration facilities provided the impetus for role identification and how the two doctorally prepared nurses could respond to the needs in the organization. The authors identified definitions of the two doctorates, facilitators in defining professional roles, potential contributions of the DNP and PhD, and suggestions for strengthening the doctorally prepared workforce. Two themes emerging from the group were role differentiation and role integration (Cowan et al., 2013). Increased organizational support was recognized as necessary to cultivate a culture to develop the strengths of the two doctoral roles within the system.

Participants shared the role of the DNP and PhD nurses specific to the roles within the changing educational setting. Discussions of eligibility for tenure and credentials for teaching within the nursing profession were elaborated on by both PhD

and DNP participants. Participants shared that DNP and PhD prepared nurses are present as faculty at their institutions, although questions remained regarding tenure and role. Nancy Nurse PhD shared: “So I really think it differs, at my university … they have really embraced the DNP … there’s a lot of collaboration between DNP faculty and faculty as researchers and in education as well.” Professor One added: “If they put themselves to the challenge of and they took a tenure track faculty position, then they should be held responsible for the same amount of productivity of research just like the PHD prepared uhm, faculty.”

Nurse Nancy shared:

> I do think that the DNP should be clinical … And so I have a hard time living in a state where the chancellor’s office decided to make them educators. And the reason they did that, I mean, they’re obviously heavily influenced by the legislator in California, but the reason they did that is because this is a time and it still is where we have a big fear that we’re not going to have enough nursing faculty to teach our future nurses.

The discussion of the DNP as faculty encompassed several thoughts as this related to personal changes in their own roles. Both DNP and PhD participants identified the need for DNP faculty to educate future nurse practitioners and DNPs. Six DNPs reported teaching in a part-time capacity. Florence said: “I’m teaching online in a nurse practitioner program with NP potential candidates,” and others stating “I teach in the DNP program,” “I'm teaching,” and “as a preceptor so I have trained a lot of them.” Zoe’s spoke of her role at a university: “My role is scholarship, teaching, and then I have practice.”

Regarding the integration of the DNP into a university tenured position was discussed. Concerns were voiced from individual and group participant over process, qualifications, the intent of the AACN position statement, scholarly expectations, and verbalized confusion as to how and if DNP as tenured faculty would happen. Professor One added:

> I think we need to continue the dialog I think that there is more research that needs to be done uhm, I think I just completed one on line survey actually now and they are looking at the different support and preparation of DNP and PhD prepared faculty so that's one thing that's really important.
>
> Dr. Cody shared thoughts about the DNP integration into a tenure role:
>
> I think that top 50 schools in nursing will not have DNP track tenure-track faculty in the near future maybe somebody, someday, but I think there are 800 higher schools of education and nursing that will higher the other 750 will be glad to have DNP faculty on board.

Dr. Udlis said: "I don't know why we even have had the pretense that this degree was to fill faculty because we've always had a hard time pulling people from practice because of money, because of lifestyle." Nancy Nurse PhD "they were mainly tenured faculty in the other departments … people that were trying to promote from assistant to associate and got nowhere because they were DNPs. Actually, I don't think they could go a tenure track as DNPs, which is terrible." This was supported by the following literature.

An exploratory survey was conducted by Nicholes and Dyer (2012) to identify the utilization of DNP- and PhD-prepared faculty to gather data regarding perceived feasibility, benefits, concerns, and challenges related to tenure eligibility of DNP faculty.

An Internet-based survey was sent to deans and directors of schools of nursing from programs offering both the PhD and DNP programs. Two hundred surveys were sent with 65 returned. The authors found the predominant theme was research, not practice, should be considered in the tenure process. The majority of respondents (74%) responded positively, citing the common benefit of DNP-tenured faculty was related to recruitment and retention of quality faculty (Nicholes & Dyer, 2012). In addition, 58.73% reported no concerns to DNP-tenured faculty, 41.27% reported concerns primarily reported as the DNP not being adequately trained in the research process with sufficient scholarship background. Suggestions for requirements for tenure resulted in a main theme that "DNP faculty should be held to the same standard as other faculty" (Nicholes and Dyer, 2012, p. 16). Overall, the main concern gleaned was DNP faculties lacked preparation to contribute to nursing knowledge and could diminish the profession's progress in academia. The authors identified that a new model for tenure may be required such as those used by other clinical doctorates.

Reinisch, Lyons, Pesagno, Kwong, and Quinn (2012) presented *Opportunities and challenges faced by doctor of nursing practice prepared faculty in academic Institutions: One School's Story* to describe the experiences of Rutgers University in the appointment of five DNP-prepared faculty as assistant professors. The challenge of tenure and mentorship for the DNP-prepared nurse in academia was related to confusion to role preparation. Opportunities for DNP faculty were identified as participation in scholarly projects and educating advanced practice students as they held a plethora of clinical knowledge and expertise. Obstacles for tenure included a union and state regulations that may never allow for tenure. It was recommended that DNPs consider

each university's vision and mission, noting research intensive "universities may not be the best fit for DNP prepared faculty" (Reinisch et al., 2012, p. 84). It was recognized the DNP is integral in nursing education and equity of the terminal degrees is only beginning to emerge.

The complexity of health care is pivotal to how the advanced practice nurses chose doctoral roles and how they enact them. There is movement and change occurring in complex settings that are influencing the doctoral nurses. The end result is personal transformation and changes are occurring. The transformation does intersect with the other main categories such as education influencing collaborative activities, which in turn contributes to transformation of self, to the growth of the nurses and the nursing profession overall.

Stewarding

Stewarding emerged as a main category from the data as the participants discussed how the nursing profession was growing and building. Stewarding in this study is defined as obligation to generate knowledge and ultimately guide research, practice, and future generations (Golde & Walker, 2006). The individual and group participants related how performing the role of DNP and PhD was indeed contributing to the profession as a discipline. Participants spoke in a protective way of how the profession needed both the bench and applied research and then the translation and implementation of nursing research in order for the profession to grow. The participants reflected on mentoring and growing, noting how they were mentored to higher levels in education and practice. Participants agreed as they spoke of their perceptions that the nursing profession is moving and growing, and the responsibility for this stewarding was

positioned within the roles of the DNP and PhD nurses. The subcategories of building the profession, performing the role, and mentoring/growing were supported from the data that emerged from participant interviews and resulted in the main category of stewarding.

Contributions to building the profession were voiced by most participants. Regardless of the DNP or PhD degree, building the profession was voiced as central to their roles. Jessica said: "The DNP role also affects practice for not only nursing within the organization, but he or she helps drive the practice through increasing certification, increasing education, implementing standards into the work environment that will promote professional practice." Nancy Nurse PhD: "I see it as a partnership, so I think that definitely the DNP and the PhD should be working in a collaborative manner uhm, to try and move evidence forward." Brooke shared: "I think nurses should teach nurses and that's how we grow our knowledge and that's how we grow our profession." Dr. Conrad added:

> We need to dedicate the energy, DNP versus PhD; you know that type of energy needs to be redirected to how can we as a profession … have more cohesion in the organization and so that we can help move health care forward for society and our patients?

Participants shared their views of the PhD and DNP, alluding to activities that each group was responsible for. The PhD role was unanimously agreed upon with clear definitions reported. Florence said: "I think the PhD … creates and tests new knowledge, validates new knowledge … is a primary researcher." The participants alluded to the DNP as a clinical doctorate, an individual who implements practice, becomes a partner

with the PhD, as an advanced practice nurse, and as an expert within the health system. Professor One said:

> The DNP are supposed to focus … on clinical problems or clinical issues that directly impact patient care. Whereas in terms of the research effort of PhDs, we can do a lot of theoretical research as well … not just direct patient care or clinical issues but almost everything under the sun that concerns our profession.

Speaking to their perceptions of stewarding participants shared important points and their beliefs about the discipline of nursing. Sage said: "Open our minds the good old saying; open communication, respect, trying to form a profession instead of just an organization." Wilson added: "I think in the future they definitely work together, there are so many settings where they are both relevant." Dr. Cody added: "I think that we have finally come into where we believe that we have a unique body of knowledge although it is still defined and people have a hard time still today saying what the uniqueness of nursing is." The following literature supports the views of the participants.

Florczak, Poradzisz, and Kostovich (2015) identified the roles of the PhD- and DNP-prepared nurses, expectations of traditional and translational research, and the need for additional PhD-prepared nurses. They identified a need for additional traditional research to provide evidence for practice and improving collaboration of the two roles after gaining knowledge and respect to the unique roles of the doctorates. The PhD is prepared for a career in research, serving as scholars they bring knowledge to clinical practice (Florczak et al., 2015). In addition, the authors stated that the DNP is prepared to translate research and improve patient outcomes. Florczak et al. (2015) positioned the

roles within the complex health care environment and doctoral nurses are charged to become “an integral force in the world of health care” (p. 27).

In performing the role, participants spoke of the nursing profession and personal responsibility and roles of the doctor nurses in improving systems, health care, and educational platforms. The acceptance of the responsibility was key, and there were examples of how nursing is poised to influence health care. Zoe said:

> I think having that, the doctorate, kind of opened that door, and then it was up to me to show, that’s my responsibility. And, I think that the doctorate opens up the doors for many nurses now … if we can get entry into these things and be part of health care decisions … at a national level, global level, if we can be part of that, then I think we are going to influence a lot.

Jessica added: “a DNP is … .a nurse who is prepared to look outside her current environment … to bring best practices not only to our organization but as well to affect nursing practice on a whole.” Dr. Conrad said: “You know that’s something I try to impress upon my students is you are the highest prepared members of the profession, and you have a responsibility to move this profession forward.”

In a qualitative descriptive study, Patterson and Krouse (2015) identified and described the competencies for nurse educators. A purposive sample of 15 nursing leaders holding formal leadership roles such as deans, directors, and leaders of professional organizations was recruited. Findings from the semi-structured interviews revealed four competencies identified as essential components for the nursing leaders. The competencies identified were (a) articulate and promote a vision for nursing education, (b) function as a steward for the organization and nursing education, (c)

embrace professional values within higher education, and (d) develop and nurture relationships (Patterson & Krouse, 2015). The authors shared that a state of complacency about the profession must be avoided, as a shared vision of the future involves leaders to "create an environment conducive to innovation and change" (Patterson & Krouse, 2015, p. 81). The successful leaders within nursing education are charged with mentoring and facilitating the growth of new leaders in the next generation of nursing education to subsequently grow the science of the profession.

In addition, relative to the role, participants described their experiences in the settings of advanced practice, administration, and education. Sharing the aspects of their roles, they identified a clear link to their perceptions that the advanced practice role was personal to each of them in protecting and being a steward of the nursing profession through the sharing of information. Working within a health care system, Jessica shared her contributions to scholarship and said: "I feel like I can only go a certain point … the problem statement … and I'm able to do the lit search but … I'm not that knowledgeable of like what type of research whether it's qualitative or whether it's quantitative." Brooke shared her perspective on scholarship of the two within the nursing education system, saying: "Certainly, through publication, either one of them … certainly working with their colleagues…..we've got to have stronger interdisciplinary involvement to make an impact on health care." RB said: "Our PhD colleagues have a great in depth of knowledge in research and methodology … the DNP has depth in data and informatics … and the both of them together can generate knowledge. And I think that both generate knowledge in different ways." Professor One added: "I'm able to say that you know what this is; is just going to be a good thing for our profession." Finally, Zoe stated: "I

think the doctorate is going to help provide the educational needs that we have because we need doctorally prepared nurses…to do education."

A descriptive survey of full-time nursing PhD and DNP faculty was conducted by Smeltzler et al. (2015), who aimed to provide a current portrait of doctoral faculty with information on doctoral preparation and types of programs. Data analysis reported descriptive characteristics and frequencies. The report generated findings of 544 respondents representing the four regional research societies of the United States. Findings showed faculty teaching in PhD or both programs reported a broad range of roles including conducting research, writing grants, spending time on scholarship, presenting at national conferences, and mentoring. The PhD faculty (65.1%) reported spending ≥ 11 hours per week on scholarship compared with only29.6% of the DNP only faculty spending this much time on scholarship. Furthermore, the sample reflected an increase in DNP faculty who are teaching only in DNP programs and these DNP faculties outnumber those involved in PhD education. In addition, the authors recommended the importance of trending of scientific contributions from the DNP faculty is needed to identify safe delivery of health care. In conclusion, Smeltzer et al. (2015) noted the rapidly changing mix of faculty has implications on the scientific discipline of nursing and should be monitored.

Authors Conrad and Pape (2014) discussed in *Roles and Responsibilities of the Nursing Scholar* the components of scholarship in a changing health care environment. Scholarship is identified as an important aspect to the nursing profession and is explored as a responsibility with application of Boyer's domains. The scholarship domains of discovery, integration, application, and teaching are regarded as an expansion of the view

of scholarship. Likewise, the authors recognized scholars are independent thinkers who "engage in activities that advance teaching, research, and practice (Conrad & Pape, 2014, p. 88). In conclusion, the authors recognized scholars demonstrate collegiality, honesty, and integrity, are experts in the research process, and contribute to the creation of new nursing knowledge to benefit the patient.

Participants shared how they mentor and grow themselves and included their roles in education. Referencing teaching, precepting, and mentoring was frequently discussed by both DNP and PhD participants. The protection of the profession was stated through examples of teaching the advanced practice nurses, Brooke said: "you have mentors in your life … everybody has an influence if you think about it. So we take that but personally I take, I take students in my office, I precept every semester and I feel a responsibility for them." Lucy said: "I have just been able to be a mentor and to many other nurses and nurse practitioners."

Maria said:

> I had excellent, excellent nurse educators. I had a couple that weren't so good so you kind a learned what not to do, but the biggest influence is has been the care expectations and the mentors and role models. My PhD program also did an excellent job of informing me on what it means to be uhm a nurse researcher and my dissertation chair is still very good friends with me and is my external mentor here to help me continue to grow in that.

Brooke added:

> Then either I teach a class or the weekend I teach a class for two semesters a year. So I think that in nursing, in the multidisciplinary arena out there, we have to kind of help each other as nurses.

Professor One shared: "We should embrace it but we need to make sure that we guide our applicants." Wilson said: "nursing education is so highly varied I was just talking to students about that because they were trying to decide."

Danzey et al. (2011) explored the impact of DNP and the deficit of doctorally prepared educators to educate the next generation of nurses. Citing the faculty nursing shortage, the authors expanded on potential contributions of the DNP-prepared nurse as faculty in bringing credibility to the educator role as translators of evidence and mediators between practice and education. Furthermore, they recognize the DNP educator as possessing advanced clinical knowledge and understanding the discipline, an individual who continues to develop clinical and professional abilities. The authors also support the DNP is positioned to partner with the nurse scientist to build nursing knowledge. The DNP scholarship contributions were analyzed with the Boyer model, acknowledging the DNP in education can contribute to the advancement of the evolving profession of nursing.

Following the Path

The basic social process used by doctoral nurses is positioned within the theoretical framework of *Following the Path. Following the Path* connects the four main categories of *advancing, collaborating, transforming,* and *stewarding*. The main categories were interconnected and highly linked to one another and were found to be dependent upon each other. *Following the Path* in this study reflects the basic social

process where doctoral nurses' shared factors influencing their attitudes and perceptions about their roles. *Following the Path* and the intersecting main categories provides rich, thick data and a description of the active processes that are occurring within the nursing profession amongst the doctoral nurses.

Oppression within the profession of nursing has been theorized and studied. Matheson and Bobay (2007) overviewed oppressed groups, citing historic examples of oppression within the nursing profession. The authors' acknowledgement of dependent and submissive behaviors, a lack of nursing identity, and a foundation of submission to physicians evidenced from historical education to support the work of the physician (Matheson & Bobay, 2007). The dimensions of oppression include powerlessness, marginalization, burnout, and horizontal violence. Oppression within the culture of the nursing profession is acknowledged through research of oppressed characteristics and documented historical accounts and events, social actions of the nursing group, and a failure to clearly describe the identity of the profession from within the discipline itself. The culture of nursing is positioned to investigate nursing problems within the real world of nursing and possess "a dynamic space of learning and exchange of knowledge" (Heidemann & Almeida, 2011, p. 160.). Education of nurses of all levels is structured, defined by the professional organizations, moving to the university setting, researched, and broadening the nursing science unique to the nursing profession.

Subsequently, ongoing education is occurring within the nursing profession progressing upward to the clinical doctorate (DNP) and the PhD level. The discovery of nursing science, the ongoing critique and evaluation of self, personal growth, mentoring, and responding to environmental factors has resulted in a requirement for action to make

changes within the nursing profession. The emergence of an educated clinical doctorate nurse provided the profession with the addition of another aspect, a unique identity where collaborative work can indeed posit the nursing profession separate from the outside influencers who have tried to define the nursing role and maintain the profession in an oppressive state.

Choosing advanced roles is innate to many and was fueled by mentors who are assisting in the professional growth of the members of the nursing profession responsive to external complex environments. There were also regional and setting differences in the description of collaborative activities. The collaboration of students was not clearly identified by those who were faculty members, but an example of collaboration was exhibited after graduation. Dr. Udlis added: "Despite our best efforts in academia wondering … we wonder if we are getting it right in academia and yet it seems that they're figuring out on their own out there." Collaboration has evolved, demonstrating evidence that the nurses are indeed working together, producing positive changes that affect the health care of the public. Although external forces were identified as influencing the profession, particularly from the entry to practice arena, the DNP and PhD nurses overall were moving forward with acceptance and understanding of what is expected of these two degrees and appear to be subsequently changing the culture of the nursing profession. Although not identified within the student DNP and PhD, faculty and DNP and PhDs within the roles are able to articulate roles, examples of collaboration, and their views of the two doctorates.

Typical of oppression, participants noted there remained some within nursing who remained staunchly opposed to a clinical doctorate with a positioning of self-worth and

superiority. This opposition was identified as tempered down over the past 5 years from an explosive type of reaction at the onset of the DNP in 2004. Dr. Odell shared his perceptions, stating:

> And in 10 years from now I see some amazing things happening in the health care delivery system and the unification and the collaboration by necessity of the PhD and the DNP-prepared nursing colleagues. There is an old saying … you can't skirt the issue; we have to do this, we have a lot of work to do within health care and patient care and the discipline. So we are moving it forward, I'm very optimistic.

Following the Path is the result of this new awareness, a self-identity for nursing leaders who instead of reacting to an oppressive state have used the multiple avenues of *advancing, collaborating, transforming,* and *stewarding* to build the profession and discipline of nursing. The nursing professionals do identify within their contextual settings the external and historical factors that have in turn been instrumental to move nurses forward. The context contributed to their recognition of the uniqueness of nursing using reflection, education, and ultimately action what nursing profession is. The transformation of *Following the Path* reflects a result, a movement of the profession showing ownership of the advancing, collaboration, transforming, and stewarding of the profession of nursing. Freire's simplified three-phased process of naming, reflection, and action can be evidenced in the activities of the nurses in this study.

Within Freire's model (1970) are five constructs of dialogue, conscientisation, praxis, transformation, and critical consciousness. In this study, the doctoral nurses exhibited ongoing dialogue where awareness of the profession's nursing identity and

barriers as a unique discipline were discovered and discussed. Critical awareness has surfaced through decades of publication and the detailing of unique nursing science supporting a professional body of knowledge. Noted by Dr. Cody, "I think that we have finally come into where we believe that we have a unique body of knowledge." In addition, referencing the nurse practitioner, Dr. Udlis, describing the 50-year history of the nurse practitioner, said:

> I think where NPs have risen above as if to say that okay, yes were different. Not only do we not want to be like you, we want to have a unique and distinct set of skills that differs us from you. We have overlapping areas, we know what we need to do, but we're going to hold onto that uniqueness and be proud of it.

Subsequently, action is taking place within nursing with the onset of the recently defined clinical doctorate (DNP), which is envisioned within this research as the link from theory to practice. Dr. Honig added about the two doctorates:

> I think that nursing finally came to its own when it, when the recommendation came out that the terminal degree for any nurse, is a doctorate. And we have that option now, and it's a wonderful thing. It's a wonderful thing for the new generation coming that they have a choice. They want to be a researcher, and that's very small, that's a very small number, most of the people coming into nursing want to be a clinician and they have a doctoral destination which is important.

The beginning of collaborative efforts as evidenced in the work of the DNP and PhD are beginning to allow the transformation not only of the individual nurses but affecting the transformation and ongoing stewardship of the profession. Concerning collaboration, Dr.

Conrad said: “There’s a lot of different factors that affect that collaboration, but I really like the concept of stewardship of these two leaders, moving the profession upward and forward.” In *Following the Path*, the ongoing movement of nursing forward as a unique discipline can affect the overall organization of the culture. The fluid movement of *Following the Path* recognizes the release of oppression of nursing is ongoing, being led from the highly educated side of nursing who are effectively working together to bring the culture of nursing into a self-described, self-created culture.

Significance for Nursing

The significance of this study for nursing is that it served to fill the gap in the literature about attitudes and perception of the DNP and PhD nurses about their roles. The literature was sparse, with limited research conducted about the roles of the two doctorates, although available literature included discussions of professional and public confusion, territorialism, uncertainty, and a lack of cohesion. The purpose of this research was to identify a substantive theory that explained and described the basic social process used by doctoral nurses to describe and ascribe meaning to their roles. The concepts of *advancing*, *collaborating*, *transforming*, and *stewarding* formed the main categories, which, in turn, led to the core category of *Following the Path*. This grounded theory study identified a model explaining the critical factors that influenced the doctoral nurses’ attitudes and perceptions about their roles. Furthermore, additional implications for nursing education, nursing practice, nursing research, and health and public policy were identified.

Professional nursing identity was identified within the collaborating main category and must be further shared and developed within the nursing profession. One

option is to include expanded education and clarification of the various levels of education and subsequent responsibility that will contribute to nursing identity and should be included in the education of new nurses. Professional identity may be clarified through defined doctoral roles, subsequently influencing health policy, and the public being served. Nursing leadership may provide findings to the profession, but an emphasis on the individual leadership of each nurse should be developed.

There was evidence of collaboration resulting in cohesion, but it is acknowledged as evolving. The building of cohesion is imperative for the nursing profession to prevent further discord, allowing for a clear public perception of the role of the DNP and PhD nurse. This research supports that the nursing profession continues to evolve, and requires ongoing research to support ongoing growth of the professional identity, as there is evidence of the movement from an oppressive state. The stewardship of the profession by the doctoral nurses was clear and provided rich examples of the building of the discipline. If research discovery and implementation practice stagnate, allowing ego-driven opinions to flourish, this may result in a failure to continue nursing practice growth and cause further confusion to the public, stakeholders, and with the nursing profession itself (Culver-Clark & Allison-Jones, 2011). It is essential to continue to build nursing knowledge through the identification of the emergent doctoral roles as an ethical responsibility to society and the public served by the profession.

Implications for Nursing Education

Information gained from this study indicated the nursing profession should clearly identify the progressive education of the professional nurse. Specific examples from participants alluded to the responsibility for mentorship of students and the education of

the future nurses. The study discussed the views of the participants about the importance of the mentoring role specific to the educational setting in the counseling of students about the advanced roles within the practice discipline. The study also uncovered a need to generate education about research pertaining to nursing knowledge generation and the implementation and application of research findings. Clear definition of advanced practice as nurse practitioner was cited as not understood and an emphasis of responsibility of the DNP nurse needs to be predicated in the mentoring of students. It is of utmost importance to nursing to contribute new knowledge that can be shared throughout the profession, as students are often influenced by faculty (Lee et al., 2013).

The collaborative activities and examples that model how working together can be accomplished were found to be regional in this study. Participants from Florida, Illinois, Michigan, New York, North Carolina, and South Carolina provided positive, evolving examples of collaboration. Differences to role and examples of collaboration were not voiced by the participant from California. This lends support that a provision of additional education to DNP and PhD students may provide exemplars and a review of pertinent publications to support changed collaborative behaviors throughout the United States. There is a role for the leadership organizations, the AACN and NLN, in helping to define the role of the DNP within the education setting. Definition of the faculty role of the DNP and PhD needs to be voiced congruently to assist in clarifying this barrier within the complexity of the educational environment specific to tenure. Likewise, the use of white papers and position statements along with the critical implementation and review of research regarding outcomes from the DNP in practice must be perused for understanding and salience to further comprehend the roles of DNP and PhD nurses. Educational

platforms can serve to provide crucial information regarding the outcomes of research providing clarification and understanding of this newly identified substantive theory. The AACN (2006) *Essentials of Doctoral Education for Advanced Nursing Practice* provides specific curriculum guidance and goals regarding the DNP. Nursing education is foundational from the baccalaureate to the terminal degrees and should be refined regularly to lend direction to future nurses. Educating nurses entering the profession and offering continued education within a lifelong learning setting provides accurate and timely research regarding nursing roles and responsibility to society that, in turn, will assist in professional identity. The educational standards presented in academia, refereed journals, educational programs, and continuing education should provide the standardized platform for sharing and providing understanding of current nursing practice, theory, and role building cohesiveness to further identify these professional roles.

Implications for Nursing Practice

The nursing profession is evolving and moving towards the lifting of oppression and moving forward to a self-definition of the profession. The significance of this research to nursing practice has improved insight and understanding of the attitudes and perceptions of doctoral nurses regarding their roles. Nursing practice and the profession continue to evolve and rely on the discovery of new knowledge (Polit & Beck, 2012). The identification of synergy between the two doctoral nursing degrees was important and can provide examples for replication. The entry to practice again was discussed from the doctoral levels specific to the IOM goals of increasing the number of BSNs to respond to the complexity of health care in the nation. Historically, the educational platform for nursing experienced over 40 years of discourse on the entry to practice

without a collective agreement emerging subsequently blaming bureaucracies, social stigma, and social perceptions to the nursing role (Way & MacNeil, 2007). Expectations from the participants were voiced that the change to entry to practice must indeed move to the BSN level; the profession needs this clarity to develop and soundly announce the professional identity of nursing as profession. It was implied that professional accountability should remain within the nursing profession's control where entry to practice is mandated. The ongoing development of Magnet facilities was cited by participants as positively affecting the rate of BSN nurses and should be supported wholeheartedly as a profession and individually.

The advancing levels of practice in the DNP and continued presence of knowledge generation of the PhD are contributing to a movement of nursing practice forward. Nursing is recommended to envelop the opportunity to move research to implementation on an improved, faster timeline to ultimately affect the health of society. The consideration of internal evidence creators and external evidence as defined by Melnyk (2012) provides clear understanding of roles and may facilitate the generation of knowledge from and to the bedside. Embracing the transformation of the profession is imperative and should be welcomed by the profession. As evidenced by the participants, although the change is different within the U.S., there is support from the experts that the doctoral nurses, the DNP and PhD are leading nursing forward and influencing changes once only envisioned. Acceptance of changed nursing practice should not be shunned or avoided; instead, it should be considered by nursing overall in order to build the professional identity and move forward to improve the health of society.

This research provided the initial findings that alleviated concerns of disagreement on the two terminal degrees, the DNP and PhD. In fact, participants readily identified cohesion in response to the roles that both the DNP and PhD are undertaking with evidence of an evolving movement toward acceptance and the need for both degrees. As a practice profession, the participants were clear in identifying practice exemplars and the goal of improving nursing care locally, nationally, and internationally.

Implications for Research

Research is necessary to build nursing knowledge and contribute to the foundations of the profession (Polit & Beck, 2012). Research about the roles of the doctoral nurse was necessary to provide new knowledge and provide key information regarding attitudes and perceptions of doctoral nurses from their viewpoint. This research contributes to the body of nursing knowledge but remains a starting point for further investigative efforts. The substantive theory uncovered in this study provides a basis for ongoing discovery of the evolution of the discipline of nursing. In addition, new research may be conducted from the concepts and categories supporting the theoretical model and the core category of *Following the Path*.

This research revealed evidence of collaboration amongst the DNP and PhD that will need further research to identify best practices and collaborative models and to better equip students not yet in the role. Gaining understanding of the doctoral roles within the complex health care environment, within systems, and in academic settings can further identify solutions to barriers and ways to advance the implementation of nursing knowledge to improve patient care and health care delivery systems. The identity of the nursing profession can be further researched quantitatively from the perspective of the

profession and stakeholders to further clarify the discipline and improve public awareness. An instrument could be developed to collect statistical data and to draw correlations between the doctorally educated groups. Finally, the doctoral roles could be researched, utilizing the concepts, categories, and subcategories identified within the theoretical structure of *Following the Path* to further clarify doctoral roles of the DNP and PhD and provide ongoing impact to the profession of nursing.

Implications for Health and Public Policy

Responding to the Institute of Medicine (IOM, 2011) call to action, nursing is poised to identify areas where the profession can become integrally involved in emerging health care policies and impact national and ultimately global health. This study identified growth in the roles of both doctoral nurses with impact on research, advanced practice nursing, collaborative opportunities to improve patient care, entrepreneurship amongst the nurses, and self-motivation, which was evident in the experiences of both DNP and PhD nurses. Identified opportunities for policy change include the removal of barriers to practice for the advanced practice registered nurse to allow for independent practice and prescriptive authority and to be fully positioned to relieve the primary care physician shortage.

Policy was also addressed wherein the health care systems must be visited and the working environment must be improved. The lack of nursing "at the table," providing guidance and opportunity to improve care, must be reviewed at local, state, and national levels. Active participation in policy development was an important aspect discussed regarding a complex environment. The need to deliver quality care, identify effective models for care, and improve nursing functioning to the full extent of their training is

needed to care for the mounting number of patients in our society who require access to care after the implementation of the Affordable Care Act. Participants in this study reflected the educational preparations they encountered equipped them to move policy at the state level both for patients and in ongoing legislative efforts for the nursing profession. Clear identification of doctoral nursing roles is timely during a period encompassing a transformational health care setting. Identification of the critical factors influencing attitudes and perceptions of doctorally prepared nurses about their roles serves to promote growth in health and public policy. Further agreement to the roles in nursing across multiple points was identified and remains an important aspect to continue the development of a cohesive stance protecting the professional identity of nursing.

Strengths and Limitations of the Study

This research included both strengths and limitations. First, strengths included that the scope was clearly defined, and the study consisted of PhD and DNP registered nurses who have achieved 3 years of post-graduation experience to contribute their perceptions and attitudes about their own roles. The strength of the voices of the doctoral nurses, which emerged grounded in the data, served to provide the rich, thick, descriptions lending credence to the findings. The purposive sample consisted of doctoral nurse participants with at least 3 years in the role who resided in different regions of the United States. The theoretical sample of DNP and PhD experts, had more than 3 years of experience, had published on the doctoral role, and participated in regional or national panels, was able to critically analyze the model and categories. The individual voices and ultimately confirmation by the theoretical group confirmed the basic social process of *Following the Path.*

Personal experiences were exposed before the study. Efforts to improve trustworthiness in the maintenance of rigor in qualitative research were employed by the researcher. The faculty chair and committee members of this research provided clear guidance and suggestions when moving through the coding and analysis processes of grounded theory. Credibility was maintained as participants were informed of options to withdraw from the study at any time, and each reviewed the transcription (member checks), allowing for confirmation of accuracy and intent of their responses. In addition, iterative questioning was used with the participants. Triangulation was used with the inclusion of an expert group to confirm findings. Dependability was ensured when the measures to ensure credibility were used. In addition, an audit trail, journaling, field notes, memoing, and reflexivity by the researcher contributed to dependability. Confirmability was assured through the author's self-disclosure, reflexive journaling, ongoing memoing, and the use of triangulation to gain additional sources to confirm findings. Transferability was done by proving clear demographic data, and the personal characteristics and descriptions of participants who were from varied geographical locations. Also, the rich, thick descriptions provided allow the reader to judge transferability.

Limitations to this study also existed. Although attempts were made to reach multiple areas of the United States, the southwestern states and Pacific region were not represented. Also, the small sample size was limiting. Limitations of the study also must consider the inexperience of this novice investigator. Limitations may also arise from the processes of the grounded theory methodology. Grounded theory is a complex and time-consuming process relying heavily on the abilities of the researcher, in this instance a

novice researcher. Furthermore, limitations could emerge using a grounded theory methodology where the skills of a novice researcher utilized theoretical analysis, which could limit the findings within this study (Wuest, 2012). Finally, the personal beliefs and experience of the researcher could have influenced and biased the research findings.

Recommendations for Future Research

There are several recommendations for future study of the two doctoral nurses in the nursing profession. Replication of the research could be conducted to include the southwest and Pacific states for input. Also, it would be interesting to replicate the research in 5 years to identify growth of nursing identity and clarify the overcoming of oppression as a profession. The outcomes produced by the DNP and PhD have not been researched and could be assessed from the student perspective in academia. The impact of the DNP on health care measures, including health prevention, access to primary care, and patient safety, could be assessed. Importance should be placed on the measurement and assessment of the outcomes of the collaborative activities between the PhD and DNP in practice. To answer the questions raised by the participants in this study and to answer a 40-year discourse, consideration for an in-depth, national quantitative analysis of the effect of BSN-prepared nurses on patient outcomes should be conducted to validate the baccalaureate as the educational requirement for the entry to the profession of nursing.

Quantitative research could be conducted on role identity and role ambiguity of the DNP and PhD nurses to further clarify roles. The theory emerging within this study should be further tested. The aspects of the categories, subcategories, and the core category all could be further researched independently and for relationships with each other. For example, quantitative research could seek to understand the effect of doctoral

education on stewarding of the nursing profession and the relationship between collaborating and transforming and how these influence the nursing profession. An additional area could compare and contrast the effect of internal and external evidence produced by the doctoral nurses and the implementation of new science at the bedside. Research opportunities with a focus on the nursing profession are abundant and specific to the identity of nursing.

Summary and Conclusion

This research used grounded theory with an adapted methodology of Strauss and Corbin (1998) to discover the critical factors influencing the DNP and PhD nurses' attitudes and perceptions to their roles. The purpose of this qualitative research using grounded theory approach was to develop a substantive theory about the attitudes and perceptions of doctoral nurses regarding their roles. The aim of this study was to contribute to knowledge of the DNP and PhD roles and provide understanding to the process nurses use to ascribe meaning to their roles and inform the nursing profession and society. A purposive group of DNP and PhD nurses consisted of 13 participants from multiple states who completed individual interviews. A theoretical group of five experts were interviewed who confirmed the main categories along with model depicting the process. The results of the interviews provided rich, thick, data where participants ascribed meaning to their roles and subsequently allowed the emergence of four categories. *Advancing, collaborating, transforming,* and *stewarding* emerged supporting the framework that described the basic social process used by doctoral nurses to describe their roles. *Following the Path* emerged as the conceptual model that described the basic social process. This was substantiated in the literature.

Strengths and limitations of the research were addressed. In addition, implications for nursing, education, research, and public/health policy were identified. Ongoing research opportunities are identified to build on understanding the roles of doctoral nurses and the outcomes produced not only by the DNP and PhD but the nursing profession. Finally, ongoing research will continue to contribute to the body of nursing knowledge, contributing to understanding of the DNP, PhD, and the nursing profession overall.

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APPENDIX A

INSTITUTIONAL REVIEW BOARD BARRY UNIVERSITY APPROVAL

Barry University
Division of Academic Affairs

Institutional Review Board
11300 NE 2nd Avenue, Miami, FL 33161
P: 305.899.3020 or 1.800.756.6000, ext. 3020
F: 305.899.3026
www.barry.edu

Research with Human Subjects
Protocol Review

Date: March 18, 2015

Protocol Number: 150312
Title: Critical Factors Influencing Doctorally Prepared Nurses' Attitudes and Perceptions about their Roles

Meeting Date: March 18, 2015

Researcher Name: Ms. Teri Rocafort, MSN, ARNP
Address: [redacted]

Faculty Sponsor: Dr. Jessie Colin

Dear Ms. Rocafort:

Barry University Institutional Review Board (IRB) reviewed the above-referenced research protocol at its regularly scheduled meeting on March 18, 2015. It is the IRB's judgment that the rights and welfare of the individuals who may be asked to participate in this study will be respected; that the proposed research, including the process of obtaining informed consent, will be conducted in a manner consistent with requirements and that the potential benefits to participants and to others warrant the risks participants may choose to incur. You may therefore proceed with data collection. Enclosed is the stamped Consent Form indicating that your protocol has been reviewed and approved by the IRB. Please use this form when collecting your data.

As principal investigator of this protocol, it is your responsibility to make sure that this study is conducted as approved by the IRB. Any modifications to the protocol or consent form, initiated by you or by the sponsor, will require prior approval, which you may request by completing a protocol modification form.

It is a condition of this approval that you report promptly to the IRB any serious, unanticipated adverse events experienced by participants in the course of this research, whether or not they are directly related to the study protocol. These adverse events include, but may not be limited to, any experience that is fatal or immediately life-threatening, is permanently disabling, requires (or prolongs) inpatient hospitalization, or is a congenital anomaly cancer or overdose.

The approval granted expires on March 31, 2016. Should you wish to maintain this protocol in an active status beyond that date, you will need to provide the IRB with and IRB Application for Continuing Review (Progress Report) summarizing study results to date. The IRB will request a progress report from you approximately three months before the anniversary date of your current approval.

If you have questions about these procedures, or need any additional assistance from the IRB, please call the IRB point of contact, Ms. Barbara Cook at [redacted] or send an e-mail to [redacted] Finally, please review your professional liability insurance to make sure your coverage includes the activities in this study.

Sincerely,

Linda L Bacheller

Linda Bacheller, Psy.D., J.D.
Vice Chair, Institutional Review Board
Barry University
Box Psychology
11300 NE 2nd Avenue
Miami Shores, FL 33161

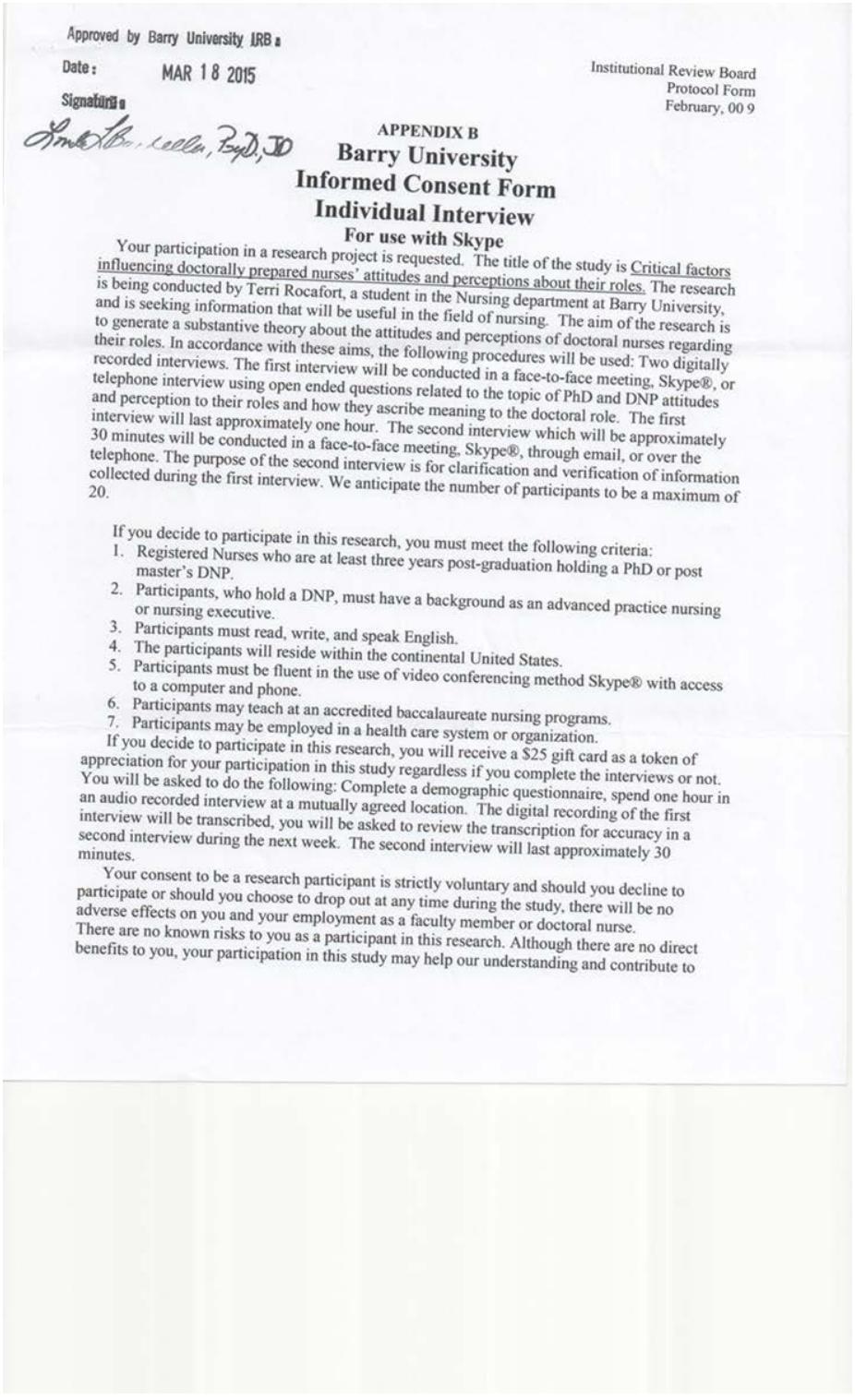
Cc: Dr. Jessie Colin

****

Note: The investigator will be solely responsible and strictly accountable for any deviation from or failure to follow the research protocol as approved and will hold Barry University harmless from all claims against it arising from said deviation or failure.

APPENDIX B

INFORMED CONSENT FORMS



Approved by Barry University IRB
Date: MAR 18 2015
Signature

Institutional Review Board
Protocol Form
February, 00 9

APPENDIX B

Barry University
Informed Consent Form
Individual Interview
For use with Skype

Your participation in a research project is requested. The title of the study is Critical factors influencing doctorally prepared nurses' attitudes and perceptions about their roles. The research is being conducted by Terri Rocafort, a student in the Nursing department at Barry University, and is seeking information that will be useful in the field of nursing. The aim of the research is to generate a substantive theory about the attitudes and perceptions of doctoral nurses regarding their roles. In accordance with these aims, the following procedures will be used: Two digitally recorded interviews. The first interview will be conducted in a face-to-face meeting, Skype®, or telephone interview using open ended questions related to the topic of PhD and DNP attitudes and perception to their roles and how they ascribe meaning to the doctoral role. The first interview will last approximately one hour. The second interview which will be approximately 30 minutes will be conducted in a face-to-face meeting, Skype®, through email, or over the telephone. The purpose of the second interview is for clarification and verification of information collected during the first interview. We anticipate the number of participants to be a maximum of 20.

If you decide to participate in this research, you must meet the following criteria:

1. Registered Nurses who are at least three years post-graduation holding a PhD or post master's DNP.
2. Participants, who hold a DNP, must have a background as an advanced practice nursing or nursing executive.
3. Participants must read, write, and speak English.
4. The participants will reside within the continental United States.
5. Participants must be fluent in the use of video conferencing method Skype® with access to a computer and phone.
6. Participants may teach at an accredited baccalaureate nursing programs.
7. Participants may be employed in a health care system or organization.

If you decide to participate in this research, you will receive a $25 gift card as a token of appreciation for your participation in this study regardless if you complete the interviews or not. You will be asked to do the following: Complete a demographic questionnaire, spend one hour in an audio recorded interview at a mutually agreed location. The digital recording of the first interview will be transcribed, you will be asked to review the transcription for accuracy in a second interview during the next week. The second interview will last approximately 30 minutes.

Your consent to be a research participant is strictly voluntary and should you decline to participate or should you choose to drop out at any time during the study, there will be no adverse effects on you and your employment as a faculty member or doctoral nurse. There are no known risks to you as a participant in this research. Although there are no direct benefits to you, your participation in this study may help our understanding and contribute to

knowledge of the DNP and PhD roles and provide understanding to the process nurses use to ascribe meaning to their roles and inform the nursing profession and society.

As a research participant, information you provide will be held in confidence to the extent permitted by law. As this project involves the use of Skype®: to prevent others from eavesdropping on communications and to prevent impersonation or loss of personal information, Skype® issues everyone a "digital certificate" which is an electronic credential that can be used to establish the identity of a Skype® user, wherever that user may be located. Further, Skype® uses well-known standards-based encryption algorithms to protect Skype® users' communications from falling into the hands of hackers and criminals. In so doing, Skype® helps ensure user's privacy as well as the integrity of the data being sent from one user to another. If you have further concerns regarding Skype® privacy, please consult the Skype® privacy policy. Confidentiality cannot be guaranteed in the Skype® interview communication. After the interview, the researcher will delete the conversation history. Once this is done, the conversation cannot be recovered. To ensure confidentiality, the researcher will establish a separate Skype® account for this research project only. After each communication, the researcher will delete the conversation history. Once this is done, the conversation cannot be recovered. The conversation will transcribed by a professional who has signed a third party confidentiality form. Following verification of transcription, the digital recording will be destroyed.

As stated previously, to the fullest extent of the law, the information you provide as a research participant will be kept confidential; that is, no names or other identifiers will be collected on any of the instruments used. Any published results of the research will be in aggregate form and pseudonyms will be used. Transcripts of recordings will be kept in a locked file in the researcher's office. Digital recordings will be destroyed after transcription is verified. Your signed consent form will be kept separate from the data. All data will be kept indefinitely.

If you have any questions or concerns regarding the study or your participation in the study, you may contact me, Terri Rocafort, at [redacted] my supervisor, Dr. Jessie Colin, at [redacted] or the Institutional Review Board point of contact, Barbara Cook, at [redacted] If you are satisfied with the information provided and are willing to participate in this research, please signify your consent by signing this consent form.

Voluntary Consent

I acknowledge that I have been informed of the nature and purposes of this experiment by Terri Rocafort and that I have read and understand the information presented above, and that I have received a copy of this form for my records. I give my voluntary consent to participate in this experiment.

_____ _____
Signature of Participant *Date*

_____ _____ _____ _____
Researcher *Date* *Witness* *Date*

(Witness signature is required only if research involves pregnant women, children, other vulnerable populations, or if more than minimal risk is present.)

Approved by Barry University IRB
Date: MAR 18 2015
Signature

Institutional Review Board
Protocol Form
February, 00 11

Barry University
Informed Consent Form
Focus Group Interview
For use with Skype

Your participation in a research project is requested. The title of the study is Critical factors influencing doctorally prepared nurses' attitudes and perceptions about their roles. The research is being conducted by Terri Rocafort, a student in the Nursing department at Barry University, and is seeking information that will be useful in the field of nursing. The aim of the research is to generate a substantive theory about the attitudes and perceptions of doctoral nurses regarding their roles. In accordance with these aims, the following procedures will be used: Two digitally recorded interviews and the completion of a demographic questionnaire. The following procedures will be used with the focus group interview: an audiotaped, semi-structured focus group interview will be conducted face-to-face, telephone, or Skype using open ended questions related to the topic of PhD and DNP attitudes and perception to their roles and how they ascribe meaning to the doctoral role. In addition, focus group participants will review categories and emerging theory. The interview will last approximately 90 minutes We anticipate the number of participants to be no more than seven.

If you decide to participate in this research, you must meet the following criteria:

1. Registered Nurses who have held a PhD or DNP for more than three years
2. Participants who have published on the role of the PhD or DNP or participated as an expert on panels/presentations about doctoral nursing roles through various nursing organizations such as NLN or AACN
3. Participants must read, write, and speak English.
4. The participants will reside within the continental United States.
5. Participants must be fluent in the use of video conferencing method Skype® with access to a computer and phone.
6. Participants may teach at an accredited baccalaureate nursing programs.
7. Participants may be employed in a health care system or organization

If you decide to participate in this research, you will be asked to do the following: Complete a demographic questionnaire, meet either in person, via telephone conference, or internet/Skype® with up to six other nurse experts of doctoral nursing role, spend one hour in an audio recorded interview at a mutually agreed time/location. The digital recording of the interview will be transcribed, for analysis by the primary investigator. The purpose of the group interview is to confirm findings, concepts, and the initial draft of the substantive theory Your consent to be a research participant is strictly voluntary and should you decline to participate or should you choose to drop out at any time during the study, there will be no adverse effects on you and your employment as a faculty member.

There are no known risks to you as a participant in this research. Although there are no direct benefits to you, your participation in this study may help our understanding and contribute to knowledge of the DNP and PhD roles and provide understanding to the process nurses use to ascribe meaning to their roles and inform the nursing profession and

As a research participant, information you provide will be held in confidence to the extent

permitted by law. As this project involves the use of Skype, to prevent others from eavesdropping on communications and to prevent impersonation or loss of personal information, Skype issues everyone a "digital certificate" which is an electronic credential that can be used to establish the identity of a Skype user, wherever that user may be located. Further, Skype uses well-known standards-based encryption algorithms to protect Skype users' communications from falling into the hands of hackers and criminals. In so doing, Skype helps ensure user's privacy as well as the integrity of the data being sent from one user to another. If you have further concerns regarding Skype privacy, please consult the Skype privacy policy. The researcher will establish a separate Skype account for this research project only. The Skype focus group participants have the option of being visible to the researcher and other participants, but all participants will be audible to one another. Therefore, confidentiality cannot be guaranteed in the Skype focus group interview communication. After the focus group interview communication, the researcher will delete the conversation history. The conversation will be digitally recorded. Upon conclusion of the interview, the recordings will be transcribed by a professional who has signed a third party confidentiality form. Following verification by the primary investigator, of transcription, the digital recording will be destroyed. Once this is done, the conversation cannot be recovered.

As a research participant, information you provide will be held in confidence to the extent permitted by law. Any published results of the research will be in aggregate form and pseudonyms will be used. Transcripts of recordings will be kept in a locked file in the researcher's office. Digital recordings will be destroyed after transcription is verified. Your signed consent form will be kept separate from the data. All data will be kept indefinitely.

If you have any questions or concerns regarding the study or your participation in the study, you may contact me, Terri Rocafort, at [redacted], my supervisor, Dr. Jessie Colin, at [redacted], or the Institutional Review Board point of contact, Barbara Cook, at [redacted]. If you are satisfied with the information provided and are willing to participate in this research, please signify your consent by signing this consent form.

Voluntary Consent

I acknowledge that I have been informed of the nature and purposes of this experiment by Terri Rocafort and that I have read and understand the information presented above, and that I have received a copy of this form for my records. I give my voluntary consent to participate in this experiment.

_____ _____
Signature of Participant *Date*

_____ _____ _____ _____
Researcher *Date* *Witness* *Date*

(Witness signature is required only if research involves pregnant women, children, other vulnerable populations, or if more than minimal risk is present

APPENDIX C

LETTER OF REQUEST FOR ACCESS

Terri Rocafort MSN, ARNP-BC
[redacted]

Date

Name and Address of Dean/Nursing Program Director

Dear_____;

I am a doctoral student at Barry University conducting a study entitled “Critical factors influencing doctorally prepared nurses’ attitudes and perceptions about their roles”. The study is being conducted for my dissertation which is in partial fulfillment of the PhD requirements. The purpose of the grounded theory study is to understand factors influencing attitudes and perceptions of doctorally prepared nurses about their role from their perspective.

I am writing today to ask for permission and assistance in gaining access to doctorally prepared nurses upon IRB approval. The nurses may hold either the PhD in Nursing or the DNP. They may be full time, part time, or adjunct faculty members although the length of time as faculty is not restricted. I am seeking two groups of nurses. In group I, the participants will be post-graduation from their doctoral study at least 3 years. They will be asked to participate in individual interviews of one hour and will be digitally audio-recorded face to face, telephone, or via Skype ®. Group II will consist of doctorally prepared nurses who are greater than three years post-graduation to serve as focus group participants. The focus groups will serve to verify categories, similarities, and differences revealed through analysis of individual interviews consistent with grounded theory methods.

If you agree, I have taken the liberty of drafting a letter of access approval which is attached. You may change the letter, then sign and place on letter head and return a scanned copy to terri.rocafort@[redacted].

Thank you for your consideration in allowing me access to recruit volunteers for the study. Please contact me at [redacted] or terri.rocafor[redacted]u. You may also contact my faculty sponsor, Dr. Jessie Colin [redacted] or email at jcolin[redacted]u. The IRB contact is Barbara Cook who can be reached at [redacted] or email bcook[redacted]u. I look forward to your response at your earliest convenience.

Sincerely,

Terri Rocafort MSN, ARNP-BC

Barry University

PhD Student

Date

Approval Letter from Duke University

Fri 4/17/2015 5:15 PM
To:
Rocafort, Terri (Barry Student);
The message sender has requested a read receipt. To send a receipt, click here.
You replied on 4/18/2015 5:18 PM.

Dear Ms. Rocafort;
We have received your request to access Duke University faculty for your study as requested in your letter sent to Dean [redacted]. I will send a copy of your flyer to our faculty and let them know to contact you if they wish to participate. They have access to skype and I will give them directions on how to access Skype in our school. I ask that you not contact the faculty directly. I understand that your study is on "Critical Factors Influencing Doctorally Prepared Nurses' Attitudes and Perceptions about Their Roles". Further I understand that the purpose of this grounded theory study is to understand factors influencing attitudes and perceptions of doctorally prepared nurses about their role from their perspective. I wish you the best in your doctoral research.
[redacted]

[redacted], PhD, RN, FAAN
[redacted] Professor of Nursing
Executive Vice Dean
Duke University School of Nursing
[redacted]

Office Phone: [redacted]
Fax: [redacted]

Name and Address of Chief Nursing Officer

Dear_____;

I am a doctoral student at Barry University conducting a study entitled “Critical factors influencing doctorally prepared nurses’ attitudes and perceptions about their roles”. The study is being conducted for my dissertation which is in partial fulfillment of the PhD requirements. The purpose of the grounded theory study is to understand factors influencing attitudes and perceptions of doctorally prepared nurses about their role from their perspective.

I am writing today to ask for permission and assistance in gaining access to doctorally prepared nurses upon IRB approval. The nurses may hold either the PhD in Nursing or the DNP. They may be full time or part time and be working in the advanced nursing role such as CNO, COO, Nursing Director, and advanced practice nursing roles. I am seeking two groups of nurses. In group I, the participants will be post-graduation from their doctoral study at least 3 years. They will be asked to participate in individual interviews of one hour and will be digitally audio-recorded face to face, telephone, or via Skype ®. Group II will consist of doctorally prepared nurses who are greater than three years post-graduation to serve as focus group participants. The focus groups will serve to verify categories, similarities, and differences revealed through analysis of individual interviews consistent with grounded theory methods.

I am asking for your assistance in reaching faculty. If you agree, I have taken the liberty of drafting a letter of access approval which is attached. You may change the letter, then sign and place on letter head and return a scanned copy to terri.rocafort@mymail.barry.edu.

Thank you for your consideration in allowing me access to recruit volunteers for the study. Please contact me at [redacted] or terri.rocafor[redacted]. You may also contact my faculty sponsor, Dr. Jessie Colin at [redacted] or email at jcolin[redacted]. The IRB contact is Barbara Cook who can be reached at [redacted] or email bcook[redacted]. I look forward to your response at your earliest convenience

Sincerely,

Terri Rocafort MSN, ARNP-BC

Barry University

PhD Student

Doctors of Nursing Practice, Inc.
[redacted]
www.DoctorsofNursingPractice.org

April 4, 2015

Dear Ms. Rocafort,

You have approval to post your study flyer and recruitment letter on the DNP website. The participants may be full time, part time, or adjunct faculty members although the length of time as faculty is without restriction to length of time. Also, participants are DNP prepared nurses with at least three years of experience in the advanced practice or systems leadership role. The participants will be post-graduation from their doctoral study at least 3 years in order to participate in your study "Critical Factors Influencing Doctorally Prepared Nurses' Attitudes and Perceptions about Their Roles". The purpose of the grounded theory study is to understand factors influencing attitudes and perceptions of doctorally prepared nurses about their role from their perspective.

Sincerely,

[redacted] DNP, ARNP, FNP-BC
President, Doctors of Nursing Practice, Inc.

APPENDIX D

RECRUITMENT FLYER

Participants needed for Nursing Research

Doctorally prepared nurses perceptions of their roles

Two groups of volunteers are needed- Both individual and focus group participants

<u>Group one</u> will be will be nurses with either a PhD or DNP nurse who is at least three years post graduation to participate in two interviews.
A maximum of 20 volunteers is needed.

<u>Group two</u> will be nurses with either a PhD or DNP who are three years or more post-graduation to participate in a focus group.
A maximum of 7 volunteers are needed.

Qualifications—must include the following criteria:

<u>Group One</u>:

- A registered nurse with either a PhD or post master's DNP who is three years post-graduation
- Must be able to read, understand, and speak English
- Must reside in the continental United States
- Able to use computer technology Skype
- Willing to participate
- If faculty, you must teach in an accredited registered nursing program.

<u>Group Two</u>

- A registered nurse with either a PhD or post master's DNP who is three or more years post-graduation
- Participants have published on the role of the PhD or DNP or participated as an expert on panels/presentations about doctoral nursing roles.
- Must be able to read, understand, and speak English
- Must reside in the continental United States
- Able to use computer technology Skype
- Willing to participate
- If faculty, you must teach in an accredited nursing program.

CONTACT INFORMATION

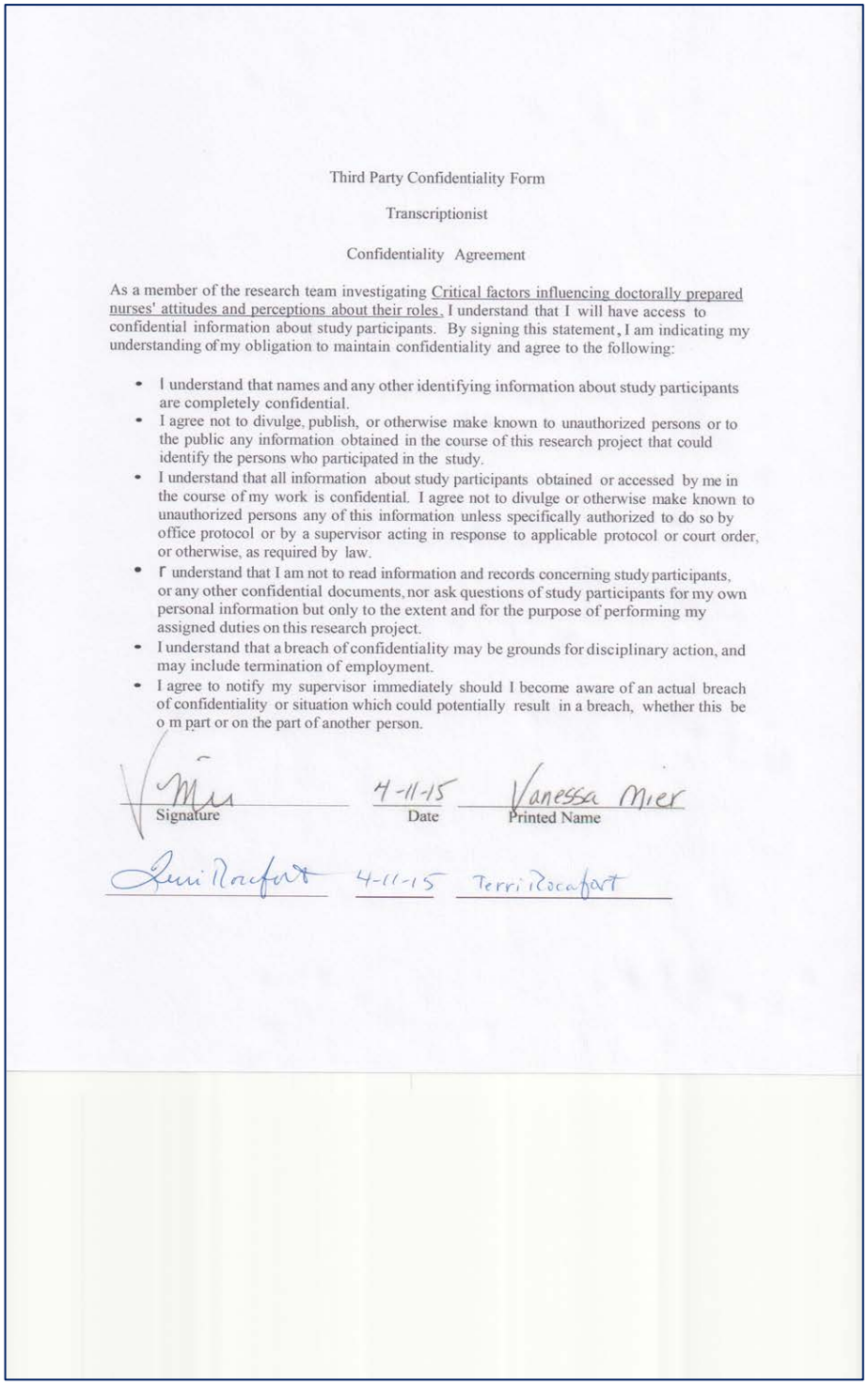
<u>Researcher</u>
Terri Rocafort MSN, ARNP, ANP-BC*
[redacted]
trocafort@[redacted]
<u>Barry University Faculty Sponsor</u>
Jessie Colin, PhD, RN, FRE, FAAN
[redacted]
jcolin[redacted]
<u>Barry University Institutional Review Board</u>
Barbara Cook
[redacted]
bcook[redacted]

A $25 gift card in appreciation of participation in the study.

**Terri Rocafort is a doctoral student at Barry University*

APPENDIX E

THIRD-PARTY CONFIDENTIALITY AGREEMENT



Third Party Confidentiality Form

Transcriptionist

Confidentiality Agreement

As a member of the research team investigating Critical factors influencing doctorally prepared nurses' attitudes and perceptions about their roles, I understand that I will have access to confidential information about study participants. By signing this statement, I am indicating my understanding of my obligation to maintain confidentiality and agree to the following:

- I understand that names and any other identifying information about study participants are completely confidential.
- I agree not to divulge, publish, or otherwise make known to unauthorized persons or to the public any information obtained in the course of this research project that could identify the persons who participated in the study.
- I understand that all information about study participants obtained or accessed by me in the course of my work is confidential. I agree not to divulge or otherwise make known to unauthorized persons any of this information unless specifically authorized to do so by office protocol or by a supervisor acting in response to applicable protocol or court order, or otherwise, as required by law.
- I understand that I am not to read information and records concerning study participants, or any other confidential documents, nor ask questions of study participants for my own personal information but only to the extent and for the purpose of performing my assigned duties on this research project.
- I understand that a breach of confidentiality may be grounds for disciplinary action, and may include termination of employment.
- I agree to notify my supervisor immediately should I become aware of an actual breach of confidentiality or situation which could potentially result in a breach, whether this be o m part or on the part of another person.

Signature	Date	Printed Name
	4-11-15	Vanessa Mier
	4-11-15	Terri Rocafort

APPENDIX F

INDIVIDUAL GROUP INTERVIEW GUIDING QUESTIONS

1) Can you tell me your thoughts on what are the roles of the two doctorates in nursing; the PhD and the DNP?
2) How would you describe your role as a PhD (or DNP)?
3) What is your point of view about the two nursing doctorates? (the PhD and DNP)
4) What meaning did the announcement of two doctorates in nursing hold for you?
5) What do you think the public knows about these two roles?
6) Is there anything else you would like to ask me?

Additional question/probes:

1) What did you perceive about the role when the DNP was first introduced?
2) How would you describe your attitude toward the PhD (DNP)?

Focus Group Guiding Questions

1) Can you tell me your thoughts on what are the roles of the two doctorates in nursing; the PhD and the DNP?
2) What is your point of view about the two nursing doctorates? (the PhD and DNP)
3) Has your view changed today from your first thoughts about the DNP and PhD?
4) Do you think the categories and proposed theory represent your views of the DNP and PhD roles? Why or why not?
5) Describe what do you think the public knows about these two roles?
6) What other thoughts do you have regarding the doctoral roles?
7) Is there anything else you would like to ask me?

APPENDIX G

DEMOGRAPHIC QUESTIONNAIRE

This brief questionnaire consists of professional and personal information related to your nursing experience related to the study regarding role confusion in DNP and PhD nurses.

Age: ___25-35 ___ 35-44 ___45-54 __55-64 ____65 or >
Male _____
Female_____

Educational Credentials Select all that apply

PhD _____
EdD _____
DNP _____
Post Baccalaureate _____
Post Master's _____
MSN _____
ARNP _____
BSN _____

Years since graduating with doctorate
0-3____
3-10 ____
10-20 ____
20 or >____

Total Years of Nursing Experience	Years of Advanced Nursing Practice
0-10 _____	0-10_____
10-20 _____	10-20_____
20-30 _____	20-30_____
>30 _____	> 30 _____

Current nursing role
Staff Nurse _____
Administrator _____
Educator _____
Faculty _____
Advanced _____
Practice Nurse
System Leadership _____
Other _____

APPENDIX H

PROCEDURES FOR INTERVIEWS

1. Respond to participants with interest in the study and agree upon date, time and if the interview will be conducted by face to face, telephone, or Skype
2. Obtain pertinent contact information including telephone and email contact.
3. At initial meeting, introduce researcher and welcome participant. Offer gift card.
4. Gift card will be mailed to the participant if geographically distant.
5. Thank the participant for willingness to participate.
6. Create a relaxed atmosphere using conversational comments and questions
7. Describe study protocol, explain informed consent, and answer questions.
8. Ask participant to read and sign informed consent.
9. Remind participant of the option to withdraw from the study at any time.
10. If participant is geographically located, arrange for consent to be scanned and emailed to researcher or mailed.
11. Ask participant to choose a pseudonym and complete demographic data sheet. Scan or mail the demographic sheet.
12. Conduct the interview using the guiding questions. Remind the participant the audio-recording can be paused or discontinued.
13. Offer breaks as needed.
    a. Remind the participant that audio-recording can be paused or discontinued.
    b. Let participants know they can take breaks if needed.
    c. Ask the participant if they have anything to add.

14. Conclude the interview by asking participants if they know of other graduates or students who would be interested in participating and schedule second meeting.
15. Turn off the recorder.
16. Thank the participant, turn off Skype® if applicable.
17. Self-reflect and note thoughts, feelings, and observations.
18. Submit audio-recording to transcriptionist who has signed the confidentiality form.
19. Maintain the scanned documents on the personal password protected computer of the principal investigator.
20. Review the transcribed interview with audio recording.
21. Provide for member check at next meeting.
22. Analyze data, memoing and journaling throughout the process.
23. Schedule interviews until saturation is met
24. Conduct focus group interview following the above procedures.
25. Analyze data until categories and relationships emerge in substantive theory

VITA

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February 28, 1958	Born Watseka, Illinois
June 1980	Diploma St. Francis Hospital School of Nursing Peoria, Illinois
1980-1989	Staff and Charge Nurse St. Francis Hospital and Medical Center Peoria, Illinois
1989-1995	Director Women's Services North Shore Medical Center Miami, Florida
1995	BSN Completion Florida International University Miami, Florida
1998	MSN, ARNP Adult Health Florida International University Miami, Florida
1995-1998	Director Women's Services Aventura Medical Center Aventura Florida
1998-2001	RNC Women's Services Per-Diem
1998-2008	Infant Nutrition, Metabolics Hypertensives/Renal Abbott, Inc. Columbus Ohio and Florida
2009	Director Women's Services St. Mary's Medical Center West Palm Beach, Fl

2009-2013	Nursing Instructor and Program Director-Associate Degree Keiser University
2010-2013	RN Per-Diem Wellington Regional and Jupiter Medical Center
2013- Present	Barry University Adjunct-Graduate; Assistant Professor and Program Director NP and DNP Specializations
2015	PhD Candidate
Professional Organizations	Sigma Theta Tau-Lambda Chi ANA/FNA NLN Nurse Practitioner Council of the Palm Beaches ANCC Adult NP-BC