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The Lived Experience of Doctors of Nursing Practice Returning to School in Pursuit of a Doctor of Philosophy Degree in Nursing

Michael Greco

THE LIVED EXPERIENCE OF DOCTORS OF NURSING PRACTICE

RETURNING TO SCHOOL IN PURSUIT OF A DOCTOR OF PHILOSOPHY

DEGREE IN NURSING

DISSERTATION

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Abstract

Background: Historically, the terminal degree for the nursing profession has been the PhD. The profession has created another doctoral degree called the Doctor of Nursing Practice (DNP) intended for clinical nurses to implement evidence-based practice (IOM, 2010). Many nurses who have earned this terminal degree in practice are returning to school to pursue a second nursing doctorate degree, which is the research-focused PhD degree. This study is meaningful to nursing because unless the essence of the experience of a DNP-prepared clinician actively pursuing the PhD in nursing is understood, nursing will remain uninformed of this practice, which is a responsibility of nursing.

Purpose: The purpose of this qualitative research using a heuristic, descriptive phenomenology approach was to discover the experiences of DNPs who have returned to school and are in pursuit or have pursued a PhD in nursing.

Philosophical Underpinnings: A transcendental, phenomenological approach, guided by the interpretivist paradigm to gain an understanding of the lived experience of DNP-prepared nurses in pursuit of a PhD in nursing.

Methods: A qualitative methodology was employed using phenomenology as its basis. Purposive and snowball sampling were used to select 12 DNP participants for semi-structured interviews and provided data regarding their lived experience of returning to school in their pursuit for a PhD in nursing. Data analysis was guided by Moustakas' (1994) transcendental phenomenology.

Results: Three themes were identified in the experiences of the six women and six men who participated: *Wanting to Know Something More, Social-Individual Tensions, and Challenges to Transformational Learning.*

Conclusion: The DNP participants in this study were on a journey, searching for something more in order to gain professional and personal fulfillment. The participants revealed characteristics integral to being a DNP who has returned to school in pursuit of a PhD in nursing which included the desire to expand on their limited research knowledge and the tensions and challenges to transformational learning surrounding this quest.

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Nothing good in life comes easy. That is a statement I have shared with my students repeatedly while serving as the Program Director for the Graduate Program of Nurse Anesthesia at Columbia University in New York City. Developing the next generation of nurse anesthetists while endlessly being challenged as a PhD student was not an easy task. I am thankful to have had the support and guidance of many during this journey.

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DEDICATION

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CHAPTER ONE

Doctoral preparation in nursing has a long history of growth with variation and is at the forefront of discussion within our nursing community. The nursing profession has accepted numerous provisions of doctoral education. Doctoral program curriculum varies from those designed to focus on clinical practice and designed to supplant the master's degree to programs intended to develop the nurse researcher (Zaccagnini & White, 2017). Several new nursing degrees have emerged in healthcare in the last decade. Many of these emerging degrees are referred to as clinical or practicing doctorates and presently are not recognized as a professional degree for licensure. One alternative to the professional practice doctorate is to obtain the traditional Doctor of Philosophy degree (PhD). Practice doctorates have components of research embedded in the curriculum but do not require a dissertation as a culminating degree requirement. These programs place less emphasis on theory, meta-theory, and research methods compared to research-focused programs (Zaccagnini & White, 2017). Numerous healthcare disciplines such as medicine, dentistry, psychology, pharmacology, and physical therapy presently offer the practice doctorate as their professions' terminal degree. Providers who have earned this terminal degree in clinical practice are returning to school to pursue a second doctoral degree, the PhD.

Ongoing discussion has evolved over the last decade, yielding both constructive and disparaging criticism as well as concerns surrounding the practice degree within the nursing community. One concern associated with the pursuit of a second nursing doctoral degree has been discussed and stems from the value and the application associated with the degree. The individual who possesses a doctoral degree has, by definition, achieved a terminal degree in his/her chosen discipline. Therefore, the pursuit of a second doctorate

degree could be perceived by nursing, members of the scientific community, and/or society as an acknowledgement of a hierarchal structure for terminal doctorate degrees. The nurse could experience a dilemma or conflict when pursuing a secondary doctorate as an acknowledgement of this perceived viewpoint and may feel they have devalued their primary doctorate degree and acknowledged this perceived value as a result.

Unless we understand the essence of practicing DNP-prepared nurses actively pursuing the PhD in nursing, nursing will remain in the unknowing of the perspective of having clinical nurses practicing as nurse scientists. Discussions exist in the nursing literature regarding nurses' professional and personal motivation as well as inhibitors and job satisfaction on intent to returning to school in pursuit of a higher educational nursing degrees (Harris & Burman, 2016). It is essential that nursing understand the lived experience of DNP-prepared nurses who are in pursuit of a PhD in nursing. The rich descriptions of the nurses' experience will add to the body of nursing knowledge and will provide an understanding of that experience that may help promote seamless academic progression within the nursing profession. This topic has not been explored and is necessary since nursing is responsible for providing understanding to the profession. This study will employ a phenomenological approach using a hermeneutic (interpretive) framework to gain an understanding of the lived experience of DNPs who are in pursuit of a PhD in nursing, which will illuminate the phenomenon.

PROBLEM AND DOMAIN OF THE INQUIRY

Background of the Study

Historical Perspective

In 1999, the board of the American Association of Colleges of Nursing (AACN) appointed a task force charged to revise quality indicators for doctoral education as well as address differences among the various types of nursing doctoral degrees being offered: PhD, DNSc/DNS/DSN, and ND degrees (Zaccagnini & White, 2017). The task force successfully prepared a revised version the AACN *Indicators of Quality in Research-Focused Doctoral Programs in Nursing* and faculty teaching in programs offering the DNS/DSN/DNSc degrees identified the need for a collective set of quality indicators for both doctoral degree programs (AACN, 2001). It was surmised that although differences in the nurse's roles from the PhD and DNS/DSN/DNSc degrees vary and content taught in the curriculums differed, the basic necessities for quality programs mirrored the same for both professional and research-focused degrees (Zaccagnini & White, 2017).
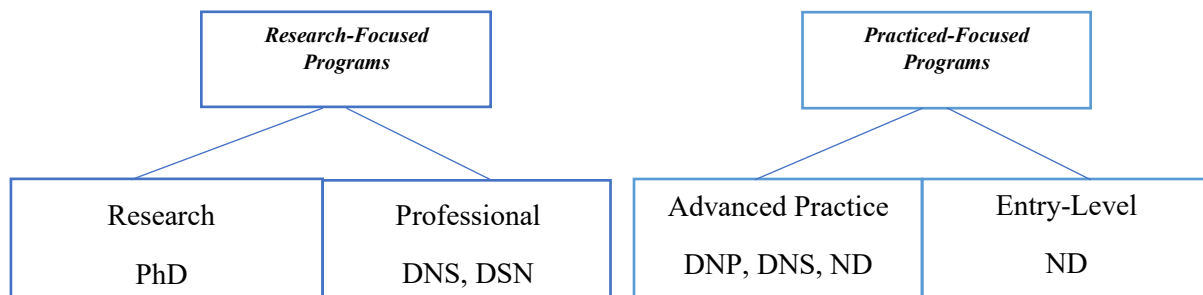
Figure 1. Proposed classification of nursing doctorates (Edwardson, 2004; Zaccagnini & White, 2017).

In its attempt to describe what was happening in the field of nursing, the AACN's quality indicators task force constructed a diagram that displayed the classification of nursing doctorates as seen in Figure 1. The left half of the model displaying research-

focused programs were addressed satisfactorily to the task force, while insufficient time and lack of clarity prevented the practice-focused programs from being attended to. Due to the lack of clarity with the practice-focused programs, the quality indicators task force recommended to AACN a second task force named The Task Force on the Clinical Doctorate in Nursing, with its charge to examine the current status of clinical or practice doctoral education for nurses (Zaccagnini & White, 2017).

In 2002, the task force was asked to assess the status of the practice doctoral education for nurses as well as to explore numerous educational models and formulate recommendations on what the future of practice doctoral education should reflect. Two years after this request, the AACN task force drafted a position statement report entitled *Position Statement on the Practice Doctorate*, which set the goal of the DNP as the accepted degree for entry into practice for all advanced practice nurses (APN) by the year 2015 (AACN, 2004). The AACN embraced four nursing specialties under the heading of APN: nurse practitioners (NP), clinical nurse specialists (CNS), certified nurse midwives (CNM), and certified registered nurse anesthetists (CRNAs). Since that time, ongoing dialogue has ensued without professional agreement concerning the terminal degree, specifically the DNP and PhD degrees. The position statement focused national attention on the problem of safety in healthcare and steered making safety improvements throughout the industry as cited in the 1999 IOM report *To Err is Human: Building a Safer Health System*.

A second reference found in the AACN position statement was titled *Crossing the Quality Chasm*, a comprehensive review of the overall quality of the health care organizations, which included an assessment of its safety, efficiency, equitability, and

effectiveness. Recommendations for a comprehensive strategy for improvement were listed and included six aims deeming what health care should be. These aims included: (a) safe in avoiding injuries to patients from the care they receive, (b) effective in providing services based on scientific knowledge to those who could benefit, but services should not be provided to those who may not benefit, (c) patient centered in that provided care is respectful and responsive to individual patient preferences, needs, and values and all patient values should guide clinical decisions, (d) timely in that wait time and sometimes harmful delays are reduced for those who give and receive care, (e) efficient in that waste is avoided, particularly waste of equipment, supplies, ideas, and energy, and (f) equitable in that high-quality care is provided to all regardless of personal characteristics, such as gender, ethnicity, geographic location, and socioeconomic status (Chism, 2016; IOM, 2001).

The third citation in the AACN position statement was the 2003 IOM publication *Health Professionals Education: A Bridge to Quality.* In this publication, the IOM recommended that an interdisciplinary summit be held to further reform health care providers education with the goal of improving quality and patient safety. This publication set a vision for all programs and institutions engaging in clinical education, recommending the implementation of a core set of competencies while steering a variety of approaches including leveraging oversight organizations, fostering enhanced training environments, and educating all health providers to deliver patient-centered care as a member of an interdisciplinary team. The core set of competencies included provide patient-centered care, function as interdisciplinary teams, employ evidenced-based practice, integrate quality improvement standards, and utilize various information systems (Chism, 2016;

Greiner & Knebel, 2003). This report has benefited nursing greatly as it included ideas about educational reform from over 150 interdisciplinary experts who were in attendance at the IOM summit on health professions education.

The citations listed above in the AACN's position statement did not provide evidence supporting the requirement of a practice doctorate for nurses who enter advanced practice roles.

In 2008, the Robert Wood Johnson Foundation (RWJF) approached the Institute of Medicine (IOM) and jointly launched a 2-year collaborative partnership serving to advance state and regional strategies with the goal of developing a more highly educated nursing workforce (IOM, 2010). As a result of their deliberations, four key messages were originated, which directed discussions and recommendations that are presented in the IOM report. One of the recommendations set forth by the IOM report called to double the number of nurses with doctorate degrees by 2020.

Despite the national emphasis toward increasing the number of doctoral-prepared nurses in the nurse workforce, there continues to be a substantial shortfall. Although the profession has experienced several forms of doctoral education, the selection of the most applicable degree is complex and requires decision making for the nurse in terms of what program of study would allow the nurse to attain his/her goal (Dreifuerst et al., 2016).

The Doctor of Nursing Practice (DNP) degree was intended for nurses with an advanced clinical nursing specialty to steer evidence-based practice as well as develop and implement policy-based approaches to healthcare leading to the advancement of population health from a nursing paradigm. The DNP utilizes the advanced knowledge generated from nursing research and implements that science in evidenced-based clinical practice (AACN,

2004). In an effort to separate the practice doctorate from the research doctorate, the

AACN defined the term "practice" and what it encompassed in nursing. This definition was

essential and is clearly addressed in the AACN 2004 position statement:

> The term practice, specifically nursing practice, as conceptualized in this document
>
> refers to any form of nursing intervention that influences health care outcomes for
>
> individuals or populations, including the direct care of individual patients,
>
> management of care for individuals or populations, administration of nursing and
>
> health care organizations, and the development and implementation of health
>
> policy. Preparation at the practice doctorate level includes advanced preparation in
>
> nursing, based on nursing science, and is at the highest level of nursing practice.
>
> (AACN, 2004)

Member groups of the AACN recommended endorsed a position statement back in

2004 that the new standards for entry to practice for nurse practitioners become the DNP

by 2015 (Waldrop, 2015. Some colleges and universities have accepted this

recommendation and offer the DNP as the entry to practice degree for their nurse

practitioner students. Most states still require a master's degree or graduate degree to

obtain licensure and do not specify a DNP requirement for nurse practitioners at this time.

As advanced–practice nursing electively attempts to transition their Master's degree

programs into DNP programs for entry into practice, the American Association of Nurse

Anesthetists (AANA) has adopted this recommendation as requirement by 2025. To date,

the *Standards for Accreditation of Nurse Anesthesia Programs Practice Doctorate* state

that "students accepted into accredited entry-level programs on or after January 1, 2022,

must graduate with doctoral degrees" (Council on Accreditation of Nurse Anesthesia Educational Programs, 2018, p. 3).

Students enrolled in DNP programs pursue their degree with the goal of becoming experts in nursing practice and health systems change (Buchholz, Yingling, Jones, & Tenfrlde, 2015). Nurses who have earned this terminal clinical nursing degree are now returning to school to pursue a second nursing doctorate degree, which is the research-focused Doctor of Philosophy (PhD) degree. Although the DNP degree is recognized as a nursing doctorate, by enrolling in a PhD program, the clinical nurse holding the DNP degree will acquire additional training and skills enabling them to generate new knowledge through scholarship of discovery contributing independently to nursing science. No research to date has been conducted examining the lived experience of the DNP nurse who is in pursuit of the PhD degree in nursing.

Evolution and Development of Doctoral Education in Nursing

Preparing nurses at the doctoral level has been an evolving process. In attempt to examine the experience of a DNP in pursuit of a PhD in nursing, it is essential to understand the evolution and development of doctoral education in nursing. The first and foremost doctoral degree in nursing was the Doctor of Education (EdD) and was awarded in 1924 at Teachers College, Columbia University, New York (Hawkins & Nezat, 2009; Robb, 2005). While nurses earned other offered doctoral degrees outside nursing, the EdD served as the principal doctoral degree by nurses from the 1920s to the late 1950s and was intended to prepare nurses as specialists in education and administration (Hawkins & Nezat, 2009; Murphy, 1985). The function of the EdD-prepared nurses is to undertake the role of a teacher or scholar in nursing rather than that of a nurse scientist, a role more

closely related with PhD preparation. The EdD graduate completes a dissertation but the EdD dissertation is more practice oriented and work based (Dreher & Glasgow, 2011).

In 1934, the first PhD in nursing was offered at New York University, New York City (Chism, 2016). This degree was designed to advance the state of the science within the discipline of nursing. The University of Pittsburg developed a formal curriculum focusing on Maternal Child Nursing in the 1950s, recognizing the importance of clinical research to be steered by nurse researches (Carpenter & Hudacek, 1996). The Doctor of Nursing Science (DNS or DNSc) degree was originated at Boston University in the 1950s, and the curriculum was designed to development nursing theory for a practice discipline (Chism, 2016). The curriculum marked the first practice doctorate in nursing. Although this degree was initially developed to emphasize advanced clinical practice, the curriculum began to transform into a strong clinical research base and later mirrored that of a PhD program (AACN, 2006a). As a result of this transformational shift, the American Association of Colleges of Nursing (AACN) depicted all DNS degrees as research doctorates in nursing (AACN, 2004). Since the DNS and the PhD were considered research-focused degrees, the work to develop a practice doctorate continued. In 1979, Case Western Reserve originated the Nursing Doctorate (ND) and offered this degree as an entry level degree. The ND was aimed to prepare nurses toward working as independent and competent healthcare providers and allowed nurses to build upon their clinical expertise (Carpenter & Hudacek, 1996). The ND program prepared individuals for advanced nursing practice and required the doctoral candidate to write a practice-related dissertation. This program did not share the same popularity as the DNS and PhD degrees, and there was considerable confusion within the nursing and public communities regarding

the competencies of the graduates and the roles within the health care delivery system.
Consequently, due to the confusion surrounding the ND role, few universities offered this
degree. Currently, no nursing programs award the ND degree.

Doctoral programs in nursing and other practice disciplines are placed into two
categories: research focused or practice focused. Both professional programs adhere to
programmatic offerings preparing nurses to function in the manner specified in the
conception of the program in an effort to meet a given societal need.

The PhD Degree Historical Perspective

Although Florence Nightingale pioneered evidence – based nursing care and
statistical analysis in the 1850's, the medical community rejected the idea that nurses could
be key drivers of health care research. It would be more than a century after Florence
Nightingale founded the role of evidence as critical to nursing that research linked to the
practice of nursing would first be present in the literature. The PhD in nursing is a research-
focused doctorate that was created to generate new knowledge in nursing by asking
questions and conducting a scholarly investigation. This degree represents the highest level
of formal education for a career in nursing research and the scholarship of discovery. The
goal of the PhD degree is to develop a strong knowledge base used to guide clinical
practice and improve health and its outcomes. Graduates of PhD in nursing programs
demonstrate strong scientific emphasis within the nursing discipline as well as possess an
understanding of the science related of nursing as well as dissemination of innovations.
PhD program graduates generate new nursing knowledge, serve in leadership roles for the
profession, as well as educate the professions future nurses. Nurses who hold a PhD in
nursing acquire the flexibility to either practice in the clinical setting, pursue an academic

career as a nursing faculty member, or become an independent nurse researcher. With the growth and proliferation of DNP programs and the shorter educational path required to accomplish the degree, fewer nurses are enrolling in PhD programs. As our population ages with more chronic illnesses and the Affordable Care Act gives more people more access to healthcare services, more highly skilled nurses as needed. To train and educate the future-nursing workforce, PhD-prepared nurse faculty will be needed in academic institutions and universities to educate the professions future.

The advancement of nursing science though knowledge is paramount in order to provide enhanced patient care, improve health outcomes, as well as evaluate these outcomes. In the ongoing effort to meet this nation's growing health care needs, supplying the workforce with an adequate cache of educated nurses is essential. Nurse scientists, holding a PhD degree in nursing, are a critical link in the discovery and translation of knowledge that can be generated by nurses (IOM, 2010). To employ this critical work, a viable supply of and support for nurse scientists will be necessary (IOM, 2010).

The DNP Degree Historical Perspective

Multiple factors have influenced the adoption of the DNP as a clinical doctorate in nursing. The first DNP program was started at the University of Kentucky in 2001 and offered a sub-specialization in clinical executive management (AACN, 2004). The DNP degree is acknowledged by the AACN as the highest level of academic preparation for clinical nursing and is presently is viewed as the terminal clinical practice degree in nursing. The major justification given by the AACN for transitioning advanced practice nursing education from the Master's to the doctoral level was based on several reports issued by the Institute of Medicine (IOM) including the 1999 report on medical errors

(AACN, 2004). The DNP is not the only clinical practice degree obtainable. There are other similar practice doctorate degrees in nursing offered that have a specialized clinical focus. Two of these degrees offered are the Doctor of Nurse Anesthesia Practice (DNAP) degree and the Doctor of Management Practice in Nurse Anesthesia (DMNAP). Both of these practice degrees are offered in the field of Nurse Anesthesia. Although these specialized doctorates are accredited by the American Association of Nurse Anesthetists (AANA), the AACN in its statement on vision for the preferred education level of the professorate indicated that the terminal degree in nursing should be either a practice focused or research focused doctorate (Hawkins & Nezat, 2009). This may limit the choice of the educational institution sought for employment for the nurse holding this clinical doctorate should he or she decide to pursue a career in academia. The Doctor of Nursing Practice degree (DrNP), which combined aspects of practice and research was another clinical doctorate offered at Columbia University and Drexel University in Philadelphia, PA. Both programs have suspended offering the DrNP program, replacing it with the AACN's DNP. John Hopkins School of Nursing couple with Carey business School offers a DNP executive track with includes a DNP/MBA dual degree. This program is designed to prepare nurses for health-care leadership roles. Nebraska Methodist College offers a DNP in Public Health Policy. This program focuses on developing nurses that influence management and systems improvements affecting public health policy at all levels of the government.

In October 2006, the AACN approved eight essentials for that graduates of a practice-doctorate should include. These essentials delineate the desired content areas, which are present in a DNP curriculum and are the foundational outcome competencies

deemed essential for all DNP graduates regardless of nursing specialty (Chism, 2016).

Initially, the AACN identified seven areas of core or generalized content with the addition

of the eighth essential for nursing specialty content. These eight competencies form the

basis for DNP curricula and course objectives. Graduates of a DNP program are expected

to demonstrate attainment of the eight AACN essentials.

The Institute of Medicine published a report entitled *The Future of Nursing:*

Leading Change, Advancing Health in 2010. In this report, the IOM reported that nurses

compose the largest group of healthcare professionals in the United States that includes

over three million licensed to practice. Included in this report demonstrates a great

discrepancy in the educational levels of those nurses. The IOM report encourages nurses to

achieve higher levels of education and training through an improved educational system

that promotes seamless academic progression (IOM, 2010). Numerous studies have been

conducted and demonstrate the positive effects of higher level of nursing education on

patient outcomes (Aiken, Clarke, Sloane, Lake, & Cheney, 2008; Friese, Lake, Aiken,

Silber, & Sochalski, 2007; Estabrooks, Midodzi, Cummings, Ricker, & Giovannetti, 2005;

Tourangeau et al., 2006). Additionally, the increasing complexity of our healthcare system

and the need to prepare nurses to understand the context of our healthcare delivery are used

as justifications of the DNP (AACN, 2004).

The need for parity across the healthcare team, the Institute of Medicine's call for

safer healthcare practices and the need to enhance the academic preparation of advanced-

practice registered nurses to respond to the changing demands of healthcare are all

contributing influences for the development of the practice doctorate in nursing (AACN

2006a, 2006; Apold, 2008; Chism, 2016; Dracup, Cronenwert, Meleis, & Benner, 2005;

Roberts & Glod, 2005). The Doctor of Nursing Practice (DNP) degree has been developed

and coined the terminal degree in nursing practice (American Association of Colleges of

Nursing [AACN], 2004, 2006). DNPs who have successful completed the professional

practice degree in nursing are returning to school in pursuit of a second nursing doctoral

degree. These DNPs have earned the terminal degree in clinical practice and while actively

engaged in bedside nursing care, choose to enroll in PhD in nursing programs. The PhD

nurse scientists holding a DNP degree in nursing and practicing at the bedside possess the

skill to discover though research, thus generating knowledge applicable to clinical practice.

To employ this critical work, a viable supply of and support for nurse scientists will be

necessary (IOM, 2010).

Statement of the Problem

The public is acutely aware of the meaning of the PhD in any profession. The

terminal degree for the nursing profession, but more specifically, nurse educators, is the

PhD. However, the profession has created another doctoral degree called the DNP

intended for clinical nurses to implement evidence-based practice (IOM, 2010). Many

nurses who have earned this terminal degree in practice are returning to school to pursue a

second nursing doctorate degree, which is the research-focused PhD degree. There is a

lack of evidence in the nursing literature regarding the lived experience of clinical nurses

who have completed the DNP degree and are actively in pursuit of the PhD in nursing

degree. This study is meaningful to nursing because unless we understand the essence of

the experience of a DNP-prepared clinician actively pursuing the PhD in nursing, we will

be unable to inform nurses of this practice, which is a responsibility of nursing.

Purpose of the Study

The purpose of this qualitative study using heuristic, descriptive phenomenology is to examine and understand the essence of the lived experience of DNP-prepared nurses actively pursuing the PhD in nursing degree. The researcher will seek to identify common experiences voiced by the participants as they share and describe the experience of returning to school for a second nursing doctoral degree.

Research Question

The first question for this study will be, "What is the lived experience of a practicing DNP returning to school in pursuit of a PhD degree in Nursing?" The second question will ask "How do DNPs who have returned to school in pursuit of a PhD in nursing explain their motivation?" A third research question will ask "What factors do participants perceive have influenced their decision to pursue a PhD in nursing?" The fourth and final research question queries "is there a differentiating taxonomy explicating the transition from DNP to PhD in nursing?"

Philosophical Underpinnings

Since researchers' assumptions about reality underpin their research study, philosophical underpinnings of a research method become part of the constructed knowledge. Philosophical underpinnings that appraise qualitative research may originate in paradigms. A paradigm is a concept described by Kuhn (1996) as a basic set of worldviews about science and knowledge directing research. Kuhn claimed that paradigms are key concepts researchers should employ as a framework toward understanding research inquiry. Paradigms provide direction for the researcher to perceive what other people's worlds looks like when a relationship between the scientific aspect and the assumptions is

present (Khan, 2014; Powers & Knapp, 2011). Paradigms are the first ideas in writing any qualitative inquiry (Creswell, 2013). The philosophical underpinnings of qualitative research methods expose beliefs, values, and assumptions about the nature of human beings, the nature of the environment, and the interface between the two (Munhall, 1994).

Post-Positivism

Post-positivism is an extensive rejection of the central tenets of positivism (Trochim, 2006). It arose to address the shortcomings perceived by scholars in the application of the traditional methods of positivism. This modified positivist position remains a dominant force in nursing research (Polit & Beck, 2012). In the post-positivism paradigm, there is belief in reality and a plea to understand it; however; the impossibility of total objectivity is accepted. Post-positivism recognizes scientific and common sense reasoning as essentially the same entity. Critical realism is a common form of post-positivism and credits that there is a reality independent of our thinking which science can study (Trochim, 2006). Post-positivists critical realists recognize that all observations are fallible and have error and that all theory is reversible. They appreciate the impediments to knowing reality with certainty and therefore seek probabilistic evidence with a high degree of likelihood (Polit & Beck, 2012).

Interpretivism

Interpretivism is the umbrella paradigm that subsumes all paradigms and theoretical perspectives guiding qualitative inquiry, excluding those qualitative approaches grounded in post-positivism. The term interpretivism denotes those approaches used in studying social life that assume that the meaning of human action is inherent in that action and that

the task of the inquirer is to unearth that meaning (Schwandt, 2007). The interpretive paradigm framework is based on subjective knowledge and underpinned by subjectivist ontology. It is often linked to Max Weber who suggested individuals are concerned with understanding rather than explaining (Crotty, 1998). This framework asserts that reality is socially generated and interchangeable. It involves understanding the world as it is from subjective experiences of individuals and looks for culturally derived and historically situated interpretation of the social lifeworld. The goal of interpretivism is to understand and interpret human behaviors, actions, and interactions rather than generalize or predict causes and effects using a systematic approach. Interpretivists' philosophical stance is rooted in the study of individuals with many characteristics, attitudes, values, and opinions. Interpretivists believe that human reality is relative and multiple, and multiple realities and methods are better ways to study reality (Chowdhury, 2014). They are interested in studying and understanding human subjective experiences, feelings, and how they think, act, and react in their social environment and assume humans as social actors who generate and construct meaning of their social world. Meaning-oriented methodologies such as interviewing or participant observation are used to gain in-depth knowledge and rely on a subjective relationship between the researcher and study participants. The interpretivist approach to human inquiry has been developed from three historical streams: phenomenology, hermeneutics, and symbolic interactionism. Within the realm of interpertivism, phenomenology suggests laying fundamental understanding of the phenomena and revisiting the involvement and experience of them. It is uncritical and subjective in its single-minded effort to identify, comprehend, describe, and maintain the subjective experiences of the study participants. Understanding interpretivism is

foundational to understand constructivism and constructionism.

Constructivism

The general meaning of constructivism as a theory can be defined as human beings having the tendency of creating new things that are understood on the basis of the interactions with people, society, and the world (Kemp, 2011). This paradigm is repeatedly referred to as the naturalistic paradigm and began as a countermovement to positivism. This naturalistic paradigm is made possible through the interaction of the things with which they are aware and those that are learned later in life. Constructivism is not a theory of learning but a model of knowing and may be used to build a theory of learning (Richardson, 2003). Constructivism is viewed from two main perspectives: psychological and social constructivism. Social constructionism is of the view that all the things that fall under the domain of knowledge are all constructed by the human beings by themselves and the objects that construct them is seen from the viewpoint of politics, religions, class, and a complex mesh of all these entities. Both of these forms of constructivism believe that human knowledge is all constructed from the mind (Richardson, 2003).

In this study, the worldview the researcher will utilize to view the phenomena will be the social constructivist paradigm. The social constructivist paradigm, "which is often described as interpretivism," helps individuals to search for meaning in the world in which "they live and work" (Creswell, 2013, p. 24). Constructivism focuses exclusively on the meaning or truth, constructing activity of the individual mind. It is the belief that the mind is active in the construction of knowledge. Within the context of this paradigm, an individual does not find or discover knowledge but rather constructs or develops it. The focus of constructivism includes the collective generation and transmission of meaning.

Creswell (2013) explained that these meanings are different and multiple and lead the researcher to look for specifics of the experiences rather than "narrowing" the meanings into a "few categories or ideas" (p. 24). The experiences of participants are weaved through the social and historical context in which they are experienced. The researcher then has to examine the participant's communication with others and social and historical norms that may bring clarity to the phenomena. Researchers ascribing to the social constructivist paradigm also have to examine their own personal background, culture, and historical influences that may alter the interpretation of the phenomena of interest (Creswell, 2013). The constructivist seeks to elucidate how humans begin interpret or construct phenomena in specific linguistic, social, and historical contexts. In addition, many constructivists believe the phenomenon is something and should be changed, criticized, or overthrown. Social constructivism has some affinity for theories of symbolic interactionism and ethnomethodology that emphasize definition of the situation and that seek to understand how and to recognize, produce, and reproduce social actions and how they come to share an intersubjective understanding of specific life circumstance (Schwandt, 2007). In the constructivist view, meaning is not discovered but constructed. Human beings construct meanings as they engage with the world they are interpreting. Before there was consciousness on earth capable of interpreting the world, the world held no meaning at all. The constructivist paradigm assumes relativist ontology, a subjective epistemology, and a naturalistic set of methodological procedures. The constructivist paradigm allows for research of phenomena and better understanding of how objects in the world interact and experience the world.

Constructionism

Constructionism is defined as believing a great deal of human life exists as it does due to social and interpersonal influences (Owen, 1994). Social construction theory suggests that most of what passes for knowledge in society is socially constructed. Social constructionism regards individuals as integral with cultural, political, and historical evolution, in specific times and places, and thus resituates psychological processes cross culturally, in social and temporal contexts (Owen, 1994). Knowledge is perceived using social and subjective interpretations that are more receptive to human interactions. Subjectivism is an integrated system of thought that defines the abstract principles by which an individual must think and act if he or she is to live life in a proper way.

The constructionism theory maintains that all knowledge and experience that is created and even destroyed with the interaction with society or culture is also dependent upon the phenomenon of time. It also believes that science cannot have a complete objectivity, as life itself is quite a subjective phenomenon. Hence, that also shows that people come to know of things only through subjectivity, and this is, in fact, the tool of learning that makes people learn different things (Andrews, 2012). Constructionism is the view that all knowledge, and therefore all meaningful reality, is contingent upon human practices being constructed in and out of interactions between human beings and their world and developed and transmitted within a social context. Constructionism suggests a relatively intimate and very active relationship between the conscious subject and the object of the subject's consciousness. Consciousness is directed toward the object; the object is shaped by consciousness. From the constructionist viewpoint, meaning or truth cannot be described simply as "objective." By the same token, it cannot be described

simply as "subjective." According to constructionism, we do not create meaning but rather

construct meaning. We have to work with the world and the objects in the world.

Constructionism is purely descriptive in nature in the understanding of inter-subjectivity;

the subjectivism goes beyond description and presents a critique of the social assumptions

of order and rationality. The notion of the scientific paradigm generally has presented

science in an interpretive form. This occurs when the scientific knowledge and

interpretations are not free of the social construction; hence, it finds meaning in its

immediate and direct social context. Therefore, the radical stance that characterizes

subjectivism is deeply embedded in various historical developments that have been taking

place, particularly in the modernist era (Teddlie & Tasakkori, 2009). Constructionism

focuses on the interpretive sociology that is deeply rooted in German idealism. In

agreement with Teddlie and Tashakori (2009), the constructionist view of ontology does

not deny object existence. On the other hand, constructionist challenges the general

assumption of an existing reality that is present. It is therefore evident that the ontological

perspective of constructionism views objects and their reality as intertwined with the

consciousness of man. From this, it argues that there is no inherent meaning in all the

existing objects that are waiting to be discovered, which contrasts with positivism.

Qualitative Research

Qualitative research is aimed at understanding a phenomenon. The earliest form of

research approach is the qualitative research approach that is interested in finding the non-

numerical, descriptive, and subjective data. In the earlier forms of studies, research was

conducted in subjects under the umbrella of natural sciences like biology, chemistry, and

physics. These studies were mainly interested in discovering phenomena by observing

them and then deducing results from them. However, it should be noted that these

observations might not necessarily influenced by the bias of the researcher and can be

carried out in the most objective manner that makes the study more authentic (Hancock,

2002). In the qualitative paradigm, asking open-ended questions that provide direct

quotations allows the researcher to collect comprehensive data. The interviewer is an

integral part of the investigation (Creswell, 2013). This differs from quantitative research,

which attempts to gather data by objective methods to provide information about relations,

comparisons, and predictions and attempts to remove the investigator from the

investigation. In qualitative research, the researcher seeks to find meaning in the way in

which a situation or experience is understood by an individual or group. It includes "the

collection, analysis, and interpretation of comprehensive narrative and visual data over a

period of time in order to gain insights into a particular phenomenon in a naturalistic

setting" (Gay, Mills, & Airasian, 2009, p. 7).

Qualitative research is a standard term for investigative methodologies, which is

described as phenomenology, grounded theory, ethnography, case study, and narrative

inquiry. It is grounded in social constructivism in which individuals seek to understand the

world they live in and drawing meaning from objects (Creswell, 2013). Phenomenology

focuses on understanding the essence of an experience and process of a life event and

ascribes meaning. This qualitative approach is best suited for a design where the problem

needs to describe the essence of a lived phenomenon. Grounded theory draws from

sociology and focuses on developing a theory grounded in data collected from the field.

Ethnography draws from anthropology and sociology and describes and interprets a

culture-sharing group. (Creswell, 2013) It underscores the importance of observing

variables in the natural setting and involves "the collection, analysis, and interpretation of comprehensive narrative and visual data over a period of time in order to gain insights into a particular phenomenon in a naturalistic setting" (Gay, Mills, & Airasian, 2009, p. 7). The interviewer is an integral part of the investigation (Creswell, 2013). Detailed data is gathered by the researcher through open-ended questions allowing researchers to better access the study participants' true feelings on the phenomena of interest. The researcher seeks to understand the way in which a situation or experience is described or interpreted by an individual or group. Qualitative theorists believe in multiple constructed realities that generate different meanings for different individuals, and whose interpretations depend on the researcher's lens (Creswell, 2009). Qualitative methods are appropriate for investigating phenomena, requiring a detailed exploration.

Five Assumptions of Qualitative Inquiry

There are five fundamental assumptions embedded in the paradigm of qualitative research. They are (a) ontology, (b) epistemology, (c) axiology, (d) rhetoric, and (e) methodology.

Ontology refers to the study of reality, of being, of the real nature of whatever is. Ontology or sometimes referred to a metaphysics is concerned with understanding the kinds of things that constitute the world. The phenomenological approach to ontology is that there are numerous realities with different perspectives of what makes up reality. The ontological assumption is that the researcher believes in the idea of multiple realities in that distinctive realities are embraced by researchers, study participants, and those who will read this study.

Epistemology is the study of the nature of knowledge and justification. It considers

the relationship between the researcher and the phenomenon of interest. Phenomenology describes epistemology from a transactional subjectivism where the researcher is closely engaged in the study. The epistemological assumption in this study will reflect the DNP subjects' lived experience in a particular context.

The axiological assumption assists the researcher in acknowledging that the study is value-laden and accepts and embraces the fact that biases exist. Axiology is the study of value. What makes good things good and bad things bad? Values and judgments all play a central role in phenomenology. With the phenomenological attitude, the meaning of the object of cognition is revealed. Affective intentional attitudes give rise to phenomenological descriptions of the world in terms of its meaning and value. Understood in this way, the early phenomenologists saw questions of value as arising alongside questions of ontology. In phenomenology, the researcher implements this assumption in practice. The researcher will admit the value-laden nature of the study and will actively report his values and biases, especially that he is a DNP himself living the experience in pursuit of a PhD in nursing, as well as the value-laden nature of information gathered from the study participants. This researcher will use bracketing by setting aside prejudgments, biases, and preconceived ideas to account for research bias. This will allow the researcher to take a fresh perspective toward the phenomena being investigated.

Rhetoric is the art or technique persuasion, especially through language. Phenomenology utilizes rhetoric in the same manner to assume that the language is literal and informal. The rhetorical assumptions that will come from the research are stories that will be told by the DNP-prepared nurses and their voices of the findings. Rich, concentrated descriptions will develop from within the data collected as the story and voice

of the participants are accepted. The voices of the participants in this study will reflect a subjective view of the DNPs' lived experience.

Finally, methodology refers to the process of research inquiry that should ensue. It is a particular social scientific discourse that occupies a middle ground between discussions of method and discussions of issues in the philosophy of social science. Phenomenology utilizes methodology to guide the research by stating that assumption involves inductive logic and works with details and describes the context of the study within an emerging design. The methodology assumption is that the context of this study is important and will shape the design of the research (Creswell, 2013).

Qualitative research is a generic term for investigative methodologies as described earlier in this paper. It underscores the importance of looking at phenomena in the natural setting in which they are found. It involves "the collection, analysis, and interpretation of comprehensive narrative and visual data over a period of time in order to gain insights into a particular phenomenon in a naturalistic setting" (Gay et al., 2009, p. 7). Scholars use the term qualitative inquiry as a blanket term for all forms of social investigation that rely primarily on qualitative data. In the qualitative paradigm, asking open-ended questions, which provide direct quotations, allows the researcher to collect comprehensive data. The interviewer is an integral part of the investigation (Creswell, 2009). This differs from quantitative research, which attempts to gather data by objective methods to provide information about relations, comparisons, and predictions and attempts to remove the investigator from the investigation. In qualitative research, the researcher seeks to find meaning in the way in which a situation or experience is understood by an individual or group. It includes "the collection, analysis, and interpretation of comprehensive narrative

and visual data over a period of time in order to gain insights into a particular phenomenon in a naturalistic setting" (Gay et al., 2009, p. 7).

In an ongoing effort to achieve the purpose and address the central question of this study, the researcher employed a qualitative phenomenological approach with an interpretive paradigm to discover the lives experience of DNPs returning to school for a PhD in nursing. According to Creswell (2013), "A qualitative study is defined as an inquiry process of understanding a social or human problem, based on building a complex, holistic picture, formed with words, reporting detailed views of informants, and conducted in a natural setting" (p. 15). When utilizing qualitative research as a method, the researcher seeks to understand the way in which a situation or experience is interpreted by an individual or group.

Qualitative research focuses on giving the participants autonomy to voice and express themselves openly. This method stresses the importance on the holistic person, which is the person as an individual interacting with the world around in a unique way and experiencing events, emotions, and feelings in a fashion, which is specific to that person. An increasing number of nurse researchers have been drawn to phenomenology because, like nursing, it is holistic and encompasses the entire person and values their experience. Phenomenology research examines the meaning that a number of individuals ascribe to a particular concept or common life experience while focusing on the lives experience (Creswell, 2013). Phenomenological research further examines interpretations of personal experiences with minimal regard in an attempt to understand the meaning. The use of this method provides a descriptive and meaning-oriented knowledge that reflects people's situations as they experience them.

Phenomenology

To achieve the purpose and address the principal question of this study, the researcher will employ a qualitative phenomenological approach with an interpretive paradigm to uncover and interpret the inner essence of the DNP-prepared nurse who is in pursuit of a PhD in nursing degree. It will be crucial that in the philosophical underpinning, the researcher's ideas will be guided by the appropriate qualitative paradigm to be used to gather the relevant data. The researcher has selected this interpretive paradigm since it focuses on the interpretation that is based on the understanding and historical and cultural factors of the real world (Crotty, 2013). It argues that there is actually no direct relationship existing between subjects and objects. Therefore, it interprets the world through the mind's interpretation schemes (Teddlie & Tashakkori, 2009).

Edward Husserl was the principal founder of phenomenology and one of the most influential philosophers of the 20th century (Creswell, 2009). Phenomenology is both a philosophy and a research methodology and has and has been connected to various schools of thought including structuralism, linguistics, theology and many others. Phenomenology can be roughly described as an endeavor to explain experiences without metaphysical and theoretical assumptions. The phenomenological approach involves "a return to experience in order to obtain comprehensive descriptions that provide the basis for a reflective structural analysis that portrays the essences of the experience" (Moustakas, 1994, p. 13). Husserl insisted that phenomenology is a science of consciousness rather than empirical things and that it is essential to bracket or suspend the "natural attitude" for this philosophy to become its own distinctive and rigorous science (Kockelmans, 1967). Phenomenological philosophers and researchers are concerned in defining universal truths that transcend time

and space and that are unaffected by social context, power, and agency (Vagle, 2014).

Phenomenological inquiry holds the assumption that there is an essence or essences to

shared experience without metaphysical and theoretical speculations (Patton, 2002). The

focus of a phenomenological study is to uncover and either describe or interpret the inner

essence of the study participants cognitive processing regarding some common experience.

The final product of a phenomenological inquiry is a description that presents the essence

of the phenomenon. Phenomenology is concerned with elucidating first-person experiences

of phenomena informed by the understanding that reality is best understood when "seen

through the eyes" of those who have experienced it at first hand. Such experience is best

understood by explicating its nature and unique meanings from concerned individuals'

perspectives.

Husserl (1931) consistently disputed that the study of consciousness contrasts the

study of nature. For Husserl, phenomenology is concerned with individual examples

without theoretical presuppositions (such as the phenomena of intentionality, of love, of

two hands touching each other) before then discerning what is essential and necessary to

these experiences (Vagle, 2014). As per Husserl (1931), it does not come from an

assortment of large amounts of data or from a generalized theory constructed from data, as

in the scientific method of induction. Rather, it is concerned with particular examples

without theoretical presuppositions (such as the phenomena of intentionality, of love, of

two hands touching each other, and so forth) before then discerning what is essential and

necessary to these experiences (Vagle, 2014).

Constructs of Phenomenology

Phenomenology is the view that all human knowledge is the result of the human experience. There are four key constructs of phenomenology as philosophy. These concepts are (a) consciousness, (b) embodiment, (c) perception, and (d) intentionality. As a philosophy, phenomenology demonstrates these concepts during interpretations that exist concerning its meaning (Munhall, 2012). Consciousness is life. It is a sensory awareness of and response to the environment (Munhall, 2012). Its existence is in the world through our body. Embodiment is explained that through consciousness we are aware of our existence in the world we live in. It is within our body that we gain entry to the world. Our five senses and consciousness are opportunities that our body affords. The perception of an individual's experience is truth. It is not what reality may appear to be but rather what the person of interest experiences. If a person perceives ice as warm, in the reality of that person's lived experience ice is then seen and felt as warm. Interpretation of the experience from the individual's exclusive perception is crucial. Intentionality of consciousness is an idea that consciousness is eternally directed at an entity. It is a central principle of all phenomenological approaches to human inquiry. To simplify, intentionality refers to how people, conscious or not, are connected meaningfully with things around them in the world. Reality of an object is inextricably related to an individual's consciousness of it. Reality, according to Husserl, is divided into the dual Cartesian nature of both subjects and objects as they appear in consciousness (Creswell, 2013). Intentionality signifies a state of engagement with the worlds and is a view that individual consciousness or individual historical being in already present before individual awareness of same (Schwandt, 2007).

Any time an individual is in involved in a life experience, that event provides a

stimulus for the generation of new knowledge. Husserl (1931) considered that "Any phenomenon represents a suitable starting point for an investigation" (p. 129). Reduction (bracketing), or *epoche*, is a central concept to Husserl's descriptive phenomenology. It is when researchers set aside their own prejudgments, biases, and preconceived ideas about things and view the data objectively from the participants' point of view (Moustakas, 1994). All commitments with reference to previous knowledge and experiences are inhibited and disqualified. Epoche allows events, people, and experiences to enter in consciousness and observe through a new lens as if it was the first time being involved in this life event. All commitments with reference to previous knowledge and experiences are inhibited and disqualified.

Phenomenological Methods

Phenomenology is a discipline that investigates people's experiences to reveal what lies hidden in them. An increasing number of nurse researchers have been drawn to phenomenology because, like nursing, it considers the whole person and values their experience. Todres and Wheeler (2001) suggest that communicating and describing "human experiences" are critical in nursing practice. To examine this experience, the researcher commits to the phenomenological method appropriate for the study while being cognizant of the value and the claims associated with each approach (Lopez & Willis, 2004). There are two frameworks of phenomenology: interpretive (hermeneutic) and descriptive (eidetic), and that is most evident in nursing literature. Two of the primary differences between the interpretive and descriptive approaches are in how the findings are generated and in how the findings are used to augment professional knowledge.

Interpretive Phenomenology

When researchers choose to employ the interpretive phenomenological approach, the focus needs to be on gaining a deeper understanding of an experience (Van Manen, 1990). Interpretive phenomenology or hermeneutic phenomenology seeks to interpret our everyday activity without attempting to isolate conscience activity, which can distort the phenomenon being studied (Cerbone, 2014). Heidegger, who was a student of Husserl, moved away from his professor's descriptive philosophy and into interpretive philosophy. Interpretive phenomenology is both the theory and practice of interpretation by the researcher (Van Manen, 1990).

Hermeneutics accepts that understanding an object (a text, a work of art, human action, etc.) and interpreting it are fundamentally the same activity. It understands the situated meaning of a human in the world and develops a sense of the whole. The goals of interpretive phenomenological research "are to enter another's world and to discover the practical wisdom, possibilities, and understandings found there" (Polit & Beck, 2012, p. 496). The interpretive approach is useful in exploring contextual features of experiences that might have significance to nursing practice. By utilizing the hermeneutic method, nurse researchers are able to investigate the meaning of an experience related to events such as pain, life, and death, impacting nursing research and practice. Interpretive phenomenology results in detailed interpretations of the meaning and structures of a particular phenomenon as it is experienced firsthand (Matua & Van Der Wal, 2015).

In the interpretive framework, pre-understandings are integrated and become part of the research findings and are considered valuable guides that make the research more meaningful (Lopez and Willis, 2004). This assertation is based on Heidegger's belief that

interpretation is inevitable and basic result of our being in the world (Matua & Van Der Wal, 2015; Heidegger, 1962). This interpretive process is achieved through a hermeneutic circle that moves from the parts of experience, to the whole of experience and back and forth again and again to increase the depth of engagement with and the understanding of texts (Laverty, 2003).

Heidegger stressed the importance on the historicality of understanding an individual's background or situatedness in the world. Historicality includes what a culture provides a person from birth and is handed down, presenting modes of understanding the world. Through this understanding, an individual is able to determine what is real, yet Heidegger believed that an individual's background cannot be made completely clear.

According to Munhall (2012), "The four existential life worlds are other dimensions from which we need to process phenomenological material to give meaning a perspective that tells us more about it" (p. 159). Our lived experiences and the themes of meanings in terms of which these lived experiences can be described and interpreted constitute the immense complexity of the lifeworld (Van Manen, 1990). Four existentials are used as guides for reflection in the research process: lived space (spatiality), lived body (corporeality), lived time (temporality), and lived human relation (relationality or communality) (Van Manen, 1990). These four existential lifeworlds are unified and have been considered to belonging to the fundamental structure of the lifeworld.   Contemplating the spatiality, corporeality, temporality, and relationality furthers our understanding of the person in the world (Munhall, 2012). Spatiality signifies the space we occupy, our environment. Corporeality denotes to the body that we inhabit and is also referred to as

embodiment. Temporality is the time in which we are living. Relationality refers to the world in which we find ourselves in relation to others (Munhall, 2012).

Descriptive Phenomenology

Descriptive phenomenology was developed by Husserl in 1962 and emphasized pure descriptions of human experiences. The descriptive phenomenological approach to inquiry were derived from Husserl's philosophical ideas surrounding how science should be conducted and involves careful descriptions of everyday life as people experience them in the search for invariant psychological meaning (Cohen, 1987; Lopez & Willis, 2004). These experiences describe may include knowledge gained from hearing, seeing, believing, feeling, remembering, deciding, evaluating, and acting as people experience them (Polit & Beck, 2012). Descriptions are used to connect what people have experienced with the phenomenon and the description the researcher crafts in order to connect the invariant meaning. The descriptive approach has been demonstrated to be useful in uncovering essences through exploration, analysis of a phenomenon that have been incompletely conceptualized by prior research while maintaining its richness to gain a "real picture" of it (Beck, 1992; Lopez & Willis, 2004). Enabling researchers to attain a more direct and original contact with the phenomenon as lived rather than conceptualized, as well as permitting them to discover the spontaneous surge of the lifeworld, it is mandatory for researchers to seek out the content of consciences in its pure form. Engaging in phenomenological epoche' or bracketing, the researchers will ignore all existing knowledge they may know about the phenomena so they can grasp the essential elements permitting them to discover the natural surge of the lifeworld (Matua & Van Der Wal, 2015). Bracketing aids descriptive phenomenological researchers to reach a state of

"transcendental subjectivity" and to abandon their realities to understand the experience in its purest form (Matua & Van Der Wal, 2015; Wertz, 2005; Wojnar & Swanson, 2007).

Heuristics is way of engaging in scientific search through various methods and procedures directed toward discovery (Moustakas, 1990). Heuristic inquiry is a process that starts with a question, problem, or challenge having universal significance to which the researcher pursues to answer. The researcher must have had a direct, personal encounter with the phenomenon being studied. This differs from phenomenological studies in which the researcher need not have had lived the experience. The question is one that has been a personal challenge in the search to understand oneself and the world in which one lives (Moustakas, 1990). It is aimed at discovery through self-inquiry and dialogue.

Transcendental phenomenology focuses on the described experiences of the individuals rather than allowing the researcher to interpret what they hear. Moustakas (1994) accepted that "the challenge facing the human science researcher is to describe things in themselves, to permit what is before one to enter consciousness and be understood in its meanings and essences in the light of intuition and self-reflection" (p. 27). This researcher is attempting to make meaning of the lived experience of DNP-prepared nurses in pursuit of the PhD and will focus less on his interpretation but more on describing the experience, it is evident that transcendental phenomenology is the best approach for this study. Utilizing Epoche' is important in this study and will require the researcher to spend more time with deriving inner meaning with essence. In this type of phenomenological research, intentionality is assumed to have essential structures or qualities.

Moustakas stressed the importance on intuition, imagination, and universal structures when considering the human dynamics that give rise to the way in which

perceptions and feelings regarding an experience are created. The transcendental

phenomenologists consider that intuition is essential to describe what is being presented.

Intuition refers to the "beginning place in deriving knowledge of human experience, free of

everyday sense impressions and the natural attitude" (Moustakas, 1994 p. 32). Moustakas

set out a process for the researcher to follow when conducting a transcendental

phenomenological study: Epoche, phenomenological reduction, imaginative variation, and

synthesis. Understanding the nature, meaning, and essences of this methodology is

necessary to conduct phenomenological research to investigate human experience from a

state of pure consciousness.

Transcendental phenomenology requires the researcher to set aside the everyday

understandings, judgments of the phenomenon being investigated and listen to the

descriptions of the participants in a fresh, naive manner. The experience should resemble

that of the researcher being introduced to the phenomena for the first time. This is known

as the Epoche process. The Epoche is an essential first step. Epoche is a Greek word that

means to refrain from judgments and ordinary way of perceiving things (Moustakas, 1994).

Moustakas (1994) and Husserl acknowledged that true Epoche, or bracketing, can be

challenging to achieve. Moustakas (1994) stressed that researchers must be disciplined and

systematic in their practice of Epoche in order to be without preconceptions, beliefs, and

knowledge of the phenomenon from prior life experience.

Relationship of Descriptive Phenomenology to this Study

The nursing profession continues to evolve and is responsive to new research. The

benefit of a phenomenological study is to help understand the lived experience of DNPs in

pursuit of a PhD in nursing. When the lived experience is researched, the essence of the

phenomenon as experienced by the DNP-prepared nurses who are in pursuit of a PhD in nursing will be understood. Failure to identify the lived experience may cause confusion to fellow students, nurses, colleagues, and stakeholders about the terminal doctoral degree within the nursing profession as well as question the value of the initial doctorate. Clarity from the participant's experience is essential for nursing to identify the doctoral roles as an ethical responsibility to society and the public served by the profession. Without clarification from the participants, nursing will not understand the unique experience of pursuing a second doctoral degree. Therefore, it is this researcher's contention that qualitative methods are needed to elicit the rich descriptive data that are necessary to find meaning in the lived experience of the DNP in pursuit of a PhD degree in nursing, which have not been previously addressed. Descriptive phenomenology is concerned with revealing the "essence" or "essential structure" of any phenomenon under investigation. This researcher is attempting to make meaning of the lived experience of DNP-prepared nurses in pursuit of the PhD and will focus less on his interpretation but more on describing the experience, it is evident that transcendental phenomenology is the best approach for this study. Utilizing Epoche' for this study is important and is required to avoid judgement about the natural world so energy and time is spent deriving inner meaning with essence. The descriptive approach has been demonstrated to be useful in uncovering essences of phenomena that have been incompletely conceptualized by prior research (Lopez & Willis, 2004). Utilizing this approach will generate knowledge and most effectively achieve the objectives of the proposed nursing inquiry, which will add substance to what is already known or not know about the lived experience of DNPs in pursuit of a PhD degree in nursing.

Significance of the Study to Nursing

This study is significant to nursing, as it will illuminate the lived experience of DNP-prepared nurses as they pursue(d) a PhD in nursing. Nurses are committed to enhancing patient care by responding to healthcare challenges. If this potential is to be realized, the nursing profession itself will have to undergo a fundamental transformation. One of the key messages extrapolated from the IOM report, which serves to guide this transformation, is to have nurses achieve higher levels of education and training through an improved educational system promoting seamless academic progression (IOM, 2010). Numerous research studies have demonstrated patients have a lower risk of mortality if cared for by a nurse with higher level of education (Aiken et al, 2008; Estabrooks et al., 2005). This data alone illustrates to us the importance of higher levels of education for all nurses.

The research and ultimate findings of this study will add to the general body of nursing knowledge regarding the lived experience of practicing DNP-prepared nurses in pursuit a PhD in nursing degree potentially promoting academic progression. Unless we understand the essence of DNP-prepared nurses actively pursuing the PhD in nursing, we will not know nursing's perspective of having clinical nurses practicing as nurse scientists. This study is significant to nursing science as the nursing community and the healthcare arena as a whole do not understand the unique experience of a DNP returning to school in pursuit of a PhD in nursing, since one of the goals of this study is to build on nursing science, the data obtained from this study will contribute to the body of nursing knowledge with respect to nursing education, nursing practice, nursing research, and health/social policy. Findings from this study may fill the literature gaps and add knowledge to the lived

experience of DNP-prepared nurses who have returned to school in pursuit of a PhD in nursing.

Implications for Nursing Education

Studying the lived experience of DNPs returning to school for a PhD in nursing may define the synergy these two degrees share. As nursing education develops, it is imperative to have a knowledge base used to advance all areas of specialization in nursing practice. Understanding this experience is important to the development of a streamlined process for academic progression, one of the key priorities of the Institute of Medicine Future of Nursing report (IOM, 2010). The findings of this study should provide institutions of higher education data for developing recruitment strategies, DNP and/or PhD curriculum revisions, and program development such as DNP to PhD bridge programs and provide valuable information for nurses exploring the option to pursue doctoral education, thus assisting them in selecting the appropriate terminal degree for their long-term career goal. The significance of this qualitative research is to identify the lived experience of DNP-prepared nurses returning to school for a PhD in nursing. Through an understanding of the experience of pursing a PhD after a DNP, PhD program administrators may have a clear understanding as to how to develop supportive programs for their DNP to PhD students to retain them in their PhD program. Additionally, successful candidates of the PhD in nursing program may attract qualified doctoral prepared clinical nurse scientists to the academic setting.

In 2025, the DNP will be the entry into practice degree for all CRNAs (Certified Registered Nurse Anesthetists). As a result of this required degree, many new faculty seeking nurse anesthesia teaching roles will possess this degree, eventually leading to

saturating the university with DNPs. Although these faculty members will have the skills to teach in a clinical program, they will lack the research skill set or experience to conduct research, a role associated with academic and tenure in other disciplines and nursing. The approaching predominance of the DNP-prepared educator will advance the need for research-prepared CRNAs both practicing and at in the university. Although we are seeing this educational shift within the CRNA community, nurse practitioner clinical specialties may shortly follow and will be faced with the same shortage of PhD prepared educators.

This study may provide insight into the lived experience of the DNP-prepared nurse in pursuit of the PhD in nursing. This information may provide the impetus for educators to consider modifying their curricula to fill the needs of both the student and the nursing profession as well as the nursing specialty. Identifying themes that are prevalent within this particular nursing population may spur colleges or schools of nursing to change the way programs are offered or conceivably develop other programs such as DNP to PhD bridge programs, which can address the gap of increasing PhDs teaching in clinical programs.

Implications for Nursing Practice

There is a lack of evidence in the nursing literature regarding the lived experience of clinical nurses who have completed the DNP degree and are actively in pursuit of the PhD in nursing degree. This study is meaningful to nursing practice because unless we understand the essence of a DNP-prepared clinician actively pursuing the research focused PhD degree, we will remain in the unknowing of nursing's perspective of having clinical nurses practicing as nurse scientists. By coupling the terminal degree in clinical practice with the research-focused PhD degree, clinical phenomena will be identified first hand and can be researched by the clinical practitioner without delay. The results of this study may

help to bring about change not only to hospitals but also to schools and colleges of nursing regarding the value of having clinicians with the formal training in nursing research which can be utilized to move healthcare and nursing science forward.

Implications for Nursing Research

Nursing research is an essential component for evidence-based practice and is defined as the systematic, objective process of investigating phenomena significant to nursing (Polit & Beck, 2012). It is essential for generating nursing knowledge and underwrites the underpinning within the nursing discipline. The fundamental goal of nursing research is to develop, enhance, disseminate, and expand knowledge, which is essential to guide nursing practice thus improving the health and quality of life for patients (Polit & Beck, 2012). Research concerning the lived experience of practicing DNPs returning to school in pursuit of a PhD in nursing reveals a gap in the literature limiting knowledge development in nursing. This phenomenological study will generate new knowledge and will develop an understanding of the lived experience of DNP-prepared nurses returning to school in pursuit of a PhD in nursing degree. Findings from this nursing research study will provide strong evidence for informing nurses' actions and decisions that will impact the future of the nursing profession. With more nurses enrolling in DNP programs, a shortage of PhD prepared faculty may ensue. This study may illuminate mechanisms needed to bridge the gap between research and evidenced-based practice with the ideal goal of improving patient outcomes, further quality of care, and reduce healthcare expenses. Additionally, this study may be published in other interdisciplinary journals such as pharmacy or physical therapy, showcasing rich descriptions of the lived experience of clinical doctors returning to school in pursuit of a PhD.

Implications for Nursing Health/Public Policy

Connecting the lived experience of practicing DNPs returning to school in pursuit of the PhD degree in nursing may encourage advancement in health and social policy. Understanding the lived experience is important to the development of a streamlined process for a seamless academic progression, one of the key priorities of the Institute of Medicine Future of Nursing Report (IOM, 2010). To respond to the demands of an evolving health care system, seamless transitions to higher nursing degrees will require a greater number of educators to provide these nurses with knowledge and skills allowing them to advance to higher degree programs. Stakeholders at all levels have created graduate programs to prepare nurses both at the master's and doctoral levels. However, none of these policies have addressed the issue of providing additional funding for those nurses seeking to pursue a second doctoral degree. The findings of this research study may provide the basis needed to create policies that directly affect those nurses who have a clinical doctorate and are in pursuit for a PhD in Nursing.

Each day, members of the public place their lives in the hands of registered nurses in many healthcare settings. They rely on advanced practice nurses and their elected political representatives to make certain that appropriate policies ensure that those hands are safe, professional, and competent. It is clear in the evidence that the highest levels of nursing care are delivered by those practitioners with higher levels of education. Educating these nurses to practice at the highest level of nursing care, will require an increase in trained nursing faculty. It is essential that those in a position to shape and enact nursing policy focus on increasing the numbers of doctoral prepared clinical faculty members who have the skills and academic preparation to teach evidenced based practice to the

professions next generation. It is the hope that this study helps to understand the lived

experience of DNPs who are in pursuit of a PhD in nursing to help bring awareness to the

two doctoral degrees and how nurses holding these two degrees can bring a specialized

skill set to the table contributing to research and practice with the help of legislators, policy

makers and nursing communities at large.

Scope and Limitations of the Study

The scope of this study involves DNP-prepared nurses who are presently enrolled

and pursuing or have graduated from a PhD in nursing program. The participant must have

graduated from an American Association of Colleges of Nursing (AACN) accredited

Doctor of Nursing Practice program and presently hold a clinical practice as an advanced

practice nurse. This study is open to both male and female, English-speaking nurses. The

participant must be willing to share his or her experiences with the principal investigator.

The researcher will use the above criteria to choose the participants for this study because

they could provide information and meaning by describing their experience, which will

contribute insight on the phenomena of the lived experience of DNP-prepared nurses in

pursuit of a PhD in nursing.

The limitations of the study relate to the research method employed.

Phenomenology does not allow the researcher to generalize as is done in empirical research

(Polit & Beck, 2012). The researcher will not be able to interview those PhD students who

obtained their practice doctorate degrees in nursing from non-AACN accredited programs

such as the DNAP (Doctor of Nurse Anesthesia Practice, Doctor of Management Practice

in Nurse Anesthesia [DMPNA]) programs and hear their lived experience. The study may

not be transferable, and creditability may be questioned because in this phenomenological

study, the data that will be collected is subjective and may be difficult to replicate thus creating a second limitation. A third limitation of the study involves the research participants. The participants may only discuss and describe experiences they believed the researcher may want to hear. Since the researcher is living the experience as a DNP in pursuit of a PhD in nursing himself, his personal experience with the phenomena may inadvertently impost bias influencing the study results during both the data collection and transcription phase of the study, creating a fourth limitation. Sampling will be another limitation of this study. Although phenomenological studies focus on quality and richness of data collected, and not on number of participants, the implication of a small sample may not represent all DNPs who have returned to school and are in pursuit of a PhD degree. One final limitation of this study involves the inexperience of this novice researcher and the final findings of this study.

Chapter Summary

This chapter discussed and provided a comprehensive overview of the background and evolution of both the research-focused and practice-focused doctoral degrees. The purpose of the study is to examine and understand the essence of the lived experience of DNP-prepared clinical faculty actively pursuing the PhD in nursing. An introduction to the study was presented along with its significance to the nursing profession. The interpretist, qualitative research perspective with philosophical underpinnings were presented. The phenomenological approach was discussed with the rationale for its use in the study. Since this researcher is attempting to make meaning of the lived experience of DNP-prepared nurses in pursuit of the PhD and will focus less on his interpretation but more on descriptions of the experience, it is evident that transcendental phenomenology is the best

approach for this study. Utilizing Epoche' is important in this study and will require the researcher to spend more time with deriving inner meaning with essence. In this type of phenomenological research, intentionality is assumed to have essential structures or qualities. Without clarification from the participants, nursing will not understand the unique experience of pursuing a second doctoral degree. Therefore, this researcher's contends that qualitative methods with a phenomenological design are needed to elicit the rich descriptive data that are necessary to find meaning in the lived experience of the DNP in pursuit of a PhD degree in nursing, which has not been previously studied. Since nursing is one of the most adaptable occupations within the health care workforce, it has the potential to lead innovation strategies to improve the health care system (IOM, 2010).

CHAPTER TWO

REVIEW OF THE LITERATURE

The purpose of this heuristic, qualitative study using phenomenology was to obtain a deeper understanding of the lived experience of nurses who have completed the DNP degree and are in pursuit of a PhD in nursing. This research was aimed to give a group of DNPs a voice to express their individual experience while pursuing a PhD in nursing, to provide inductive description of the phenomenon, and to gain an understanding of the essence of the experience of returning to school for a second doctoral degree. This literature review is a summation of a systematized written presentation of publications from other researchers on the phenomenon of interest and relevant research findings. It was conducted to discover published studies and background information pertaining to this phenomenon of interest (Gray, Grove, & Sutherland, 2016). According to Moustakas (1994), a literature review is used in preparing to employ a phenomenological study to assess the research studies germane to the phenomena and distinguish designs as well as methodologies in order to generate new knowledge about the topic.

Nursing researchers have utilized phenomenological inquiry to investigate the experience of nurses undertaking a RN-BSN program but not a DNP to PhD program. There is a lack of nursing literature regarding the lived experience of clinical nurses who have completed the DNP degree and are in pursuit of the PhD in nursing degree. Chapter Two will discuss the historical context of doctoral nursing and a comprehensive review of the literature. It will present the researcher's experimental background and will seek to identify gaps in the literature as it pertains to the phenomena being studied.

In order to conduct a literature review, this author used numerous resources including journals, books, periodicals, and online sources of information. Limited articles and studies pertaining to this phenomenon were found using the following computerized database: Web of Science, PubMed, ProQuest Direct, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and Education Resources Information Center (ERIC). The literature search citations were limited to the English language and included nursing and other allied health publications. The key words used to conduct the search were: DNP to PhD, nursing education, doctoral education and Institute of Medicine, motivation, PharmD, PA, DPT, Dentistry, PsyD, and clinical doctorate and research. The articles, periodicals, and additional online sources were limited to publications between 2013 and 2018. With this limited time constraint, there were not many studies found; therefore, the search was revised to literature published since 2003. The journals and books were mixed between qualitative and quantitative in nature. A manual search of citations was also conducted to help identify primary sources used in this study. Subsequently, the search for quantitative and qualitative research conducted exhibited extremely limited results from nursing and other allied health disciplines, leading further to believe the need for a study on the lived experience of the DNP-prepared clinical nurse in pursuit of a PhD degree in nursing. Four content areas were developed from the literature review: historical context, clinical practice doctorate degrees, differentiating the DNP and PhD role, and motivation to pursue a second nursing doctorate.

Historical Context

Evidence-based clinical practice and research have provided the foundation of nursing since the beginning. The first nurse scientist can be traced back to the years of

Florence Nightingale. During these times, Nightingale raised many researchable questions about what it means to be human, to be cured, to be cared for, and to be healed (Dossey et. al., 2006). Nightingale explored environmental factors influencing patient wellness, including ventilation, noise, light, cleanliness, and therapeutic communication (Brant, 2015). She expanded her worldview by studying philosophy and explored epistemology. It is evident from the work of Florence Nightingale that she assumed the professional role as a clinician, caring for and identifying the needs of her patients as well as formulated hypothesis and asked clinical questions reflecting the skill-set of a nurse researcher. Florence Nightingale was able to couple both skills as a nurse clinician and nurse researcher driving evidence-based decisions in her care.

In the early 1960s, community health nurses were the most independent of all nurses (Smolowitz, Honig, & Reinisch, 2010). Arriving at patients' homes as the sole healthcare provider, these nurses were faced with decision-making situations regarding diagnostic and treatment modalities requiring additional knowledge and clinical education. Over the last decade, nursing practice has undergone a significant transformation aimed at ensuring mechanisms to maintain patient safety and establish evidence-based clinical practices. As the need for the nurse scientist role expands, concern exists regarding the shortage and lack of doctoral-prepared nurses practicing at the bedside or in advanced practice roles in the US. The IOM, whose aim is to achieve 90% of clinical decisions to be evidence based by 2020, recognizes the leadership of nurses to bridge this research and EBP chasm (Brant, 2015; IOM, 2010).

The decision to pursue doctoral education is based on many factors including the type of degree being sought and personal factors, which include cost, economic benefits, as

well as post-graduation job opportunities. For many DNPs practicing in the clinical setting, returning to school in pursuit of another doctoral degree is not a requirement nor expectation. The formal education of nurses can be traced back to over a century in the United States. Over the course of that time, nursing has discussed the entry to practice degree among baccalaureate, associate degree, and diploma education (IOM, 2010). In the past 70 years, doctoral education for nurses has undergone a remarkable transformational shift as the nursing profession has accepted numerous provisions of doctoral education. The terminal side of nursing is undergoing a rapid change. Moving from an era in which the only options for nurses to pursue doctoral education were in disciplines outside of the profession, to today, in which nurses decide on their degree paths between research-intensive and clinical-oriented doctoral degrees.

Preparing nurses at the doctoral level has been an evolving process. Doctoral preparation in nursing has a long history of growth with variation and is now at the forefront of discussion within the nursing community. Nurses today are expected to ensure that their patient care practices are based on clinical evidence and sound research. Doctoral program curriculum varies from those designed to focus on clinical practice and designed to supplant the master's degree to programs intended to develop and advance the nurse researcher. (Zaccagnini & White, 2017). Creating options for nurses for doctoral education has been useful, and perhaps critical, in assuring an adequate number of nursing faculties, as well as the continued advancement of nursing research and leadership in healthcare administration, policy, and practice (Ponte & Nicholas, 2015). The nursing profession has created and accepted various curriculums for nursing doctoral education. The different options and the array of nursing degree titles have created some confusion among nurses,

interdisciplinary colleagues, potential employers, and funding agencies (Ponte & Nicholas, 2015) as to what degree is suited for their practice. As more organizations attempt to reach the Institute of Medicine's goal to achieve 90% of clinical decisions to be evidence based by 2020, the number of organizational nurse scientists will likely proliferate (Brant, 2015).

The position of the transition of DNPs to the PhD degree has not been addressed in the literature, research based or otherwise. At the present time, most of the literature threads position statements on the transition of nurses to the DNP degree by nurse researchers, educators, or practitioners; however, there is a lack of true research conducted on the phenomena being researched in this study. This study will contribute to the knowledge as nurses seek to understand the essence of the lived experience of DNP-prepared clinicians actively pursuing the PhD in nursing.

Clinical Practice Doctorate Degrees

A clinical doctorate or practice doctorate degree is an entry-level degree designed to prepare the health professional with competencies required to enter clinical practice. Professional doctoral programs have no easily identifiable definition but generally seek to provide programs that combine research and advanced study with knowledge and practice in a specific profession or field of study (Kot & Hendel, 2011). Many universities criticize clinical doctorates, arguing that practice degrees like the doctor of physical therapy represent little more than degree creep and are not equivalent to the PhD (Siler & Randolph, 2006). Several clinical doctorate degrees have now become mandatory in many health professions. Clinical doctorates are professional degrees that are focused on clinical competencies required to practice. These doctorate degrees prepare students to incorporate research in clinical practice through translation. Valverde, Muller, and Paciotti (2015)

allude that PhDs allows the clinician to have a clear understanding of research and develop

mechanisms of conducting research once a clinical problem is identified. Entry-level

clinical doctorates such as pharmacy, dentistry, and physical therapy prepare students with

competencies required to enter clinical practice and/or become licensed to practice as well

as prepares professionals with advanced or specialty competencies. To clarify the focus on

practice, the American Association of Colleges of Nursing has recommended the use of the

term "practice doctorate" instead of "clinical doctorate." In contrast to a PhD degree, which

is focused predominantly on research, a practice doctorate is a degree, which focuses solely

on clinical practice. Practice doctorate degrees are not focused on conducting original

research or generating new knowledge used to further the science of the profession.

Doctor of Pharmacy. A Doctor of pharmacy (PharmD) is a professional doctorate

degree in pharmacy intended to train students for a career as pharmacists either in retail or

hospitals. In health sciences, pharmacy is a discipline that combines biology, chemistry,

anatomy and physiology as well as the other biomedical sciences. Menezes, Senkomago,

and Coniglio (2015) added that PharmD training occurs at the post-graduate level and

affords candidates a wide range of opportunities include teaching, industry, and

manufacturing. After obtaining a bachelor's degree, individuals who wish to pursue the

pharmaceutical rank enroll in pharmacy school for another 4 years.

Although there had been several early attempts in the U.S. to introduce the Doctor

of Pharmacy degree, it was formally recommended in 1950 and implemented by the

University of California that same year. Wyman and Henly (2015) claimed that there were

several debates on whether the degree should be a sole professional program for years

before education was formalized and approved by the House of Delegates in 1992.

The B.S. Pharm degree was the terminal degree in Pharmaceutical studies until 1997 when the Accreditation Council for Pharmacy Education (ACPE) evaluated the needs of entry-level pharmacists and patients.   In 2003, changes were made based on recommendations for healthcare provider competencies identified by the Institute of Medicine (IOM). These changes recognized the PharmD as the entry-level degree. The doctorate of pharmacy weighs more importance on medication management and demonstrated this importance more so when the Medicare Modernization Act was passed in 2003. Pharmacists needed to employ their cognitive skills to an expanding population in need.

Many Pharm.Ds have returned to school in pursuit of the PhD degree. One reason many pharmacists with clinical doctorate degrees are inspired to enroll for PhDs is the desire to produce original research. Most PhD candidates take 5 years to complete their course studies and dissertation work. The PhD curriculum focuses on making new discoveries in pharmaceutical science limiting interaction with patients. On an average, PharmD pharmacists are paid more than the PhD prepared pharmaceutical researcher.

Completion of any graduate education constitutes an investment. Since education is viewed as an investment, one would be expected to find a positive return on that investment. In a quantitative study conducted by Hagameir and Murawski (2011), the authors sought to investigate and perform an economic analysis of returning to school on pursuit of a PhD degree after completion of a PharmD degree. The purpose of their non-specified qualitative study was to determine the net present value (NPV) and internal rate of return (IRR) for earning a doctor of philosophy (PhD) degree and pursuing careers associated with that degree after completion of a PharmD. Income profiles were constructed based on 2008 annual salary data. NPV and IRR were calculated for careers

resulting from the PhD degree and compared to those of the practicing community pharmacist. This study did not report the *n* value representing the number of participants in this study. Trends in IRR also were examined across career paths from 1982 to 2008. Prior assumptions were developed, and sensitivity analyses were conducted to determine the variation in NPV and IRR as assumptions varied. The discount rate, length of postdoctoral work, graduate student stipend, and time to complete graduate school each varied independently. One combination of increased graduate student stipends and decreased length of time in graduate school also was examined. Microsoft Excel (2003) was utilized to assemble, analyze, and organize data. The statistical test utilized for data analysis in this study was not included in the published research study. The results of this study demonstrated the NPVs for all careers associated with the PhD degree were negative compared to that of the practicing community pharmacist. IRRs ranged from 1.4% to 1.3% for PhD careers. Longitudinal examination of IRRs indicated a negative trend from 1982 to 2008. The conclusion of this study determined that economic financial incentives for PharmD graduates returning to school for a PhD are lacking. Completion of a PhD degree and employment in an academic or industrial setting was associated with low positive or negative internal rates of return. Moreover, net present value for all PhD-related career paths was negative as compared to the practicing community pharmacist. From an economic perspective, pharmacy educators must be able to determine the benefits associated with obtaining a PhD degree and pursuing PhD-related careers. Moreover, differences in starting salary for practicing pharmacists and those who enter academia should be justifiable to potential academicians. This study illustrated the need to consider

financial incentives when developing recruitment methods for DNP to PhD degree programs as well as incentives for recruitment into these graduate programs.

Twenty percent of post-PharmD graduates decide to continue their education and training and enroll in dual degree programs to advance in both pharmacy and the healthcare industry at large (Crismon et al., 2009). Dual degree programs have emerged as alternative educational pathways for PharmD graduates (Crismon. et al., 2009). The numbers of dual degree programs offered by colleges and schools of pharmacy have been expanding. Colleges and schools of pharmacy have introduced dual or joint degrees such as PharmD/MBA, PharmD/MPH, and PharmD/PhD, PharmD/MS in geriatrics, PharmD/MS in health informatics, etc. with the goal of enriching career opportunities as well as allowing specialization in an area aligned with the clinician's interest.

In a quantitative study by Islam, Khan, Gunaseelan, and Talukder (2016), the researchers sought to discuss the current status of dual degree and graduate certification programs offered by U.S. colleges and schools of pharmacy. The aim of the research was to describe the current status of dual degree and graduate certificates programs offered by U.S. colleges and schools of pharmacy and their impact on students' career pathways (Islam et al. 2016), Conducting a thorough search of websites of 132 *(N = 132)* U.S. pharmacy colleges and schools was employed to identify information regarding dual degrees and graduate certificates programs available for PharmD students and graduates to pursue. This web-based search was conducted for 8 months and included pages within the website related to PharmD curriculum, current students, and prospective students. In some cases, it became essential to conduct an intranet search of the websites to gain further information relating to dual degrees or graduate certificate programs available. Document

analysis and data extraction from electronic documents were performed utilizing a systematic approach. All data were recorded in Microsoft Excel worksheets and were analyzed using descriptive statistics. The results of this study revealed that a total of 63 colleges or schools of pharmacy out of 132 US pharmacy colleges and schools are offering 125 dual degree programs for 2014–2015 academic year. Master of Business Administration constituted ($n = 46$) 37% of the total dual degrees followed by Doctor of Philosophy ($n = 29$) at 23%, Master of Public Health ($n = 23$) at 18%, Master of Science degrees in different areas of specialization ($n = 22$) 18%, and others ($n = 12$) at 4.0%. A total of 30 graduate certificate programs, which include regulatory affairs, clinical research design, patient safety, global health, etc., are offered by 12 colleges and schools. Each dual degree program is focused on achieving competencies as required by the respective accreditation standards for each degree component.

The decision to offer dual degree and graduate certificate programs by colleges and schools of pharmacy has increased and the areas of concentration have widened to permit graduates to broaden their employment opportunities. This proposed study will investigate the lived experience of DNP-prepared nurses in pursuit of a PhD in nursing, which is a gap that has not been addressed in the literature.

Doctor of Medical Science. In the 1960s, a shortage of primary care medical providers in the United States coincided with military servicemen returning to the United States after delivering medical care in Vietnam but were labeled "unqualified." One solution was to quickly educate these experienced men allowing them to work under the supervision of a physician. In 1965, Dr. Eugene Stead, who served as an advocate for a

new type of healthcare provider, created the first training program for physician assistants in North Carolina.

Postgraduate PA education, alternatively called fellowships or residencies, was a path that was later developed for PAs to take in order develop advanced skills in various disciplines of medicine. PA education is currently at a crossroads. The provisions of the Affordable Care Act have created a need for a substantial number of new, well-prepared clinicians to care for the large number of patients entering the healthcare system (Colletti, 2016). PAs are poised to respond to that need and are essential in all medical specialties. As the demand for physicians continues to grow faster than the supply, the PA role expands and the need to train and develop new candidates ensures.

Most physician assistant programs confer an entry-level Master's degree upon successful program completion. In 2009, the Physician Assistant Clinical Doctoral Summit was held and examined the need for a doctoral degree for PAs. Composed of 50 professionals representing a variety of health disciplines, the summit laid foundations for what a doctoral program for physician assistants should mirror. In the final report of the summit, recommendations were made for colleges and universities to explore the development of a model for advanced clinical training for physician assistants and at that time recommended a "doctorate of medical science degree."

The introduction and implementation of clinical doctorate degrees in several health disciplines have increased the debate about an entry-level clinical doctorate among the PA profession. As of today, the Doctor of Medical Science (DMSc) degree is not an entry-level doctoral program. PAs that are accepted to this innovative program must have previously completed a Master's degree as well as all of their PA professional education. The DMSc

degree equips PAs with the skills to innovate, lead, and make clinical decisions improving patient care. To date, there is a lack of knowledge of the attitudes of PA students toward obtaining a clinical doctorate.

In 2010, Menezes et al. (2015) invited 147 ($N = 147$) physician assistant programs in the United States to participate in a web-based survey. This cross-sectional quantitative study was designed to examine the attitudes of PA students toward a clinical doctoral degree. Program directors responding in the affirmative were asked to provide information about the total number of students enrolled in the program and were provided with verbiage that would be present in the e-mail to be sent to the students inviting them to participate in the study. The e-mail to students contained study-specific information including how to access the survey on the secure website. PA students enrolled in any year of an accredited PA program, regardless of their level of training, were eligible to complete the survey. The survey examined PA students' attitudes towards (a) enrolling in a clinical doctorate program, (b) extra schooling time, (c) cost, and (d) benefits of earning a clinical doctorate. Participants' age, gender, ethnicity, highest level of education completed, academic degree expected, and duration of the PA program were summarized. For continuous variables (age and duration of the PA program), the median and range were reported, and for categorical variables, the frequencies for each category were reported. All analyses were performed with SAS. Chi-square tests were used to examine differences in survey item responses and composite variables. The Cronbach's alpha coefficients were calculated to examine the internal consistency of each composite. The four composite variables with the Cronbach alpha coefficients as well as agree/strongly agree and disagree/strongly disagree categories compared using the [chi]^2 test of equal proportions were (1) overall positive viewpoints

about CDD (clinical doctorate degree)- 0.77 and agree/strongly disagree n=823 (49.8%) and disagree/strongly disagree n=829 (50.2%), would enroll despite additional schooling time- 0.63 and agree/strongly disagree n=218 (13.4%) and disagree/strongly disagree n=1414 (86.6%), would enroll despite additional costs- 0.74 and agree/strongly disagree n=262 (16.3%) and disagree/strongly disagree n=1348 (83.7%), and potential positive benefits influence desire to obtain a CDD- 0.91 and agree/strongly disagree n=925 (56.2%) and disagree/strongly disagree n=721 (43.8%). Results came from 37 states and 53 PA programs; 1815 PA students completed the survey and 1658 ($n = 1658$) were included in this analysis. Approximately half (49.8%) of the responding PA students had a positive attitude toward a clinical doctorate degree. More participants in the study favored in enrolling in a clinical doctorate program if schooling time were an additional 12 months or less (55.5% vs 29.9%, $p < .0001$) and added costs were between 20% and 29% of current expenditure (44.8% vs 36.4%, $p < .0001$). More than half (56.2%) of the physician assistant students considered the perceived benefits (composite variable) as a reason to pursue a clinical or practice doctorate degree. The study's results found that close to half of the students surveyed would be willing to enroll in a clinical doctorate degree program if added schooling time were less than 12 months and additional monetary costs were between 20% and 29% of the current expenditure. However, it was evident in this study that willingness to enroll in a clinical doctorate program declined appreciably as schooling time and economic costs increased. Conclusions developed from this study demonstrated that PA student's interest in enrolling in a clinical doctorate program might be dependent on additional school time and costs.

Although only one was study was reported in the literature addressing doctoral education for physician assistants, this study considerably adds to the literature on the perceptions of the newest generation of PAs. A greater understanding of the benefits of the DNP in pursuit of the PhD is necessary to guide future decisions by the nursing profession on this phenomena being studied.

Doctor of Physical Therapy. The doctor of physical therapy, commonly abbreviated as DPT, degree in the United States is a post-baccalaureate degree taking about 3 years to complete after an individual has successfully graduated with a bachelor's degree. The University of Southern California initiated the first doctor of physical therapy degree in 1992. At the time of its initiation, the program was aimed at equipping its student with a current level of knowledge and skills on physical therapy in a manner that they could meet the current health environment. Presently, the DPT degree is the professional entry-level degree conferred by all physical therapy professional programs preparing graduates to enter the practice as a physical therapist (Hasson, 2003).

The doctor of physical therapy degree in the U.S. equips the students with a range of skills and knowledge necessary to acquire professional success as physical therapists (PTs). Through the program, Mathur (2011) stated that students are capable of developing clinical reasoning, which is grounded in a collaborative and problem solving venture with the patients. Threlkeld, Jensen, and Royeen (1999) added that the doctorate degree in physical therapy is important in understanding evidence-based practices in the field and incorporates these finding in their practice.

Despite the ability of the doctorate degree in physical therapy to offer students great opportunities professionally as well as earn a competitive salary, many of the holders of the

doctorate degree in physical therapy still pursue PhDs. Mathur (2011) alluded to one of the reasons for this trend: the application of research in their practice. In an investigation involving the attitudes towards Master's and clinical doctorate degrees in physical therapy, Mistry et al. (2014) stated that the doctoral programs mainly focus on specialization rather than research. Many DPTs, therefore, enroll in PhD programs to expand their abilities to conduct and influence research.

Graham, Burton, Little, and Wallace (2011) performed a quantitative descriptive study to measure perceptions and outcomes of doctoral degree attainment by licensed physical therapists. One hundred and three ($N = 103$) subjects were enrolled in this study and consisted of licensed PTs who had completed one of the following degrees: the DPT in a transition format (DPT), Doctor of Health Science or Doctor of Science degree in physical therapy, or a Doctor of Philosophy (PhD) degree in physical therapy between 2002 and 2006. A questionnaire was developed using QuestionPro online software. A panel of experts established content validity of the questionnaire and test-retest reliability was established with 10% of the participants. The developed questionnaire consisted of demographic information, characteristics of the education program, anticipated and actual outcomes, perceived benefits and value, and impact on professional credibility. The questionnaire included both the Likert-scale and open-ended question formats. Subjects were recruited via an APTA Education Section listserv posting and e-mails to post professional doctoral program directors. Descriptive statistics were compiled with QuestionPro software. Pearsons Chi Square statistic was used to generate cross-tabulations between the Likert-scale items and type of doctoral degree. Most participants agreed that they valued the doctoral degree (98.06%), the benefits outweighed hardships (93.13%), and

the degree enhanced their use of evidence-based practice (87.37%). Fewer participants

agreed that the degree enhanced credibility among third- party payers (27.72%).

Relationships between type of doctoral degree and perception of employers' value of the

degree and ability to practice in a direct access setting were noted. Categories consisting of

open-ended comments included: impact on professionalism and practice roles, impact on

clinical skills, credibility of the doctoral degree, and confusion about faculty credentials.

Perceptions and outcomes of post professional doctoral degree attainment were positive

among study participants. Participants who earned the DPT in a transition format indicated

uncertainty regarding the use of the degree as a credential for a faculty position. This study

suggested information that may be useful to PTs who are considering pursuing a second

doctoral degree and to educators who conduct these programs. This study is transferable to

nursing science and can help fill the gap by assessing the transition from DNP to PhD for

those in pursuit of this nursing degree.

Doctor of dentistry. Dentistry was first taught as an apprenticeship program and

later by private trade schools. The first dental school in Harvard University was started in

the year 1867. The degrees recognized in North America for a dentist include Doctor of

Dental Surgery (DDS) and Doctor of Dental Medicine (DMD). The primary objective of

PhD programs in dentistry or oral health science is to train the provider to become

advanced research scientists in the field within oral sciences. The advanced training offered

by these PhD programs affords the dentist scientist an opportunity to take a faculty position

in dental schools and major research universities throughout the U.S. A PhD-prepared

dentist has more exposure to recent and up-to-date literature, which may be used to

advance knowledge and thus improve clinical skills and practice. Several dental school

faculty positions in the clinical disciplines are vacant or occupied by less than optimally qualified individuals. In North America, it is estimated that there are 400 unfilled positions (Mjor, 2004). The shortage of experienced faculty falls on the disparity in the income between academic positions and private practice. It is not unusual for graduates leaving dental schools to have an income more than 50%-100% that of their professors. One reason for the truncated salary for clinical faculty is the lack of academic activity leading to engagement in clinical research.

Despite all these advantages of the doctorate degree, many of the holders still enroll for PhDs in higher learning institutions in the United States. One of the motives to pursue a PhD in dentistry is to increase competitiveness and be more marketable. PhD in dental medicine affords the dental professionals the skills needed to conduct analyses of the emerging trends in dental practice as well as the new techniques in the field. Individuals, therefore, pursue the PhD with the aim of increasing their dental innovations and research potentials and improving their research skills.

Beaudin, Emami, Palumbo, and Tran (2016) conducted a mixed methods study with the purpose of assessing the views of 59 ($N = 59$) graduate students enrolled in the Dental Sciences and Craniofacial Research Graduate Programs at McGill University regarding the quality of supervision they received in the dental research setting. The study used an online questionnaire composed of 22 open- and closed-ended format items and covered five domains: student profile, supervisory relationship, conflict resolution, student progress/thesis writing, and career development. Descriptive statistics, chi-square tests, and interpretative qualitative analysis were used to evaluate students' perspectives. Fifty-nine students completed the survey (92.2%). The distribution of sample in regard to the graduate

student level was closely identical (M.Sc. level $n = 28$, Ph.D. $n = 31$). Generally, most graduate dental students appeared satisfied with the supervision they received and had similar perspectives about the surveyed domains. There was one statistically significant difference ($p < 0.05$) between MSc and PhD students when asked if their supervisors aided them in career development outside the supervisory relationship, where 77.4% ($n = 24$) of doctoral students agreed as opposed to 21.4% ($n = 12$) of Masters' students. The results of this study demonstrated satisfaction among the McGill University graduate students with the supervision and mentorship they received. The essential factors reported that contributed to a positive supervision experience were support, guidance, availability, and good communication between supervisees and their supervisors. Nurse faculty mentoring DNP to PhD students may lose sight of the need for supervision essential for conducting a successful nursing research studies. Adequate support and guidance will ensure the proper skill set required for the nurse researcher to successfully complete PhD studies.

Doctor of psychology. The growth of psychology as a large-scale profession has taken place since World War II and has accelerated rapidly during the past 25 years. The scope of practice has expanded substantially, and the number of practitioners has vastly increased. The Doctor of Psychology (PsyD) is an important degree and mainly aims at preparing its graduates for practice in psychotherapy. Graduates who hold this clinical doctorate in psychology are expected to understand the mental state of individuals, which can be identified by their behavior, provide diagnoses, and treat the mental illnesses.

According to Mathur (2011), the doctoral degrees in psychology are very involved and can take four to seven years to complete. The PsyD degree and the associated practitioner-scholar model of training were officially endorsed in 1973 at the American

Psychological Association (APA) sponsored "Conference on Levels and Patterns of Professional Training in Psychology." During this conference, it was suggested that the field of psychology warranted professional training in the practice of clinical psychology different than for research and recommended that when emphasis is on preparing students for providing clinical services, the PsyD degree should be awarded. If the focus is on faculty and research careers, the PhD should be the degree sought after (Block-Lerner, McClure, Gardner, Frank, and Wolanin, 2012).

Zimak, Edwards, and Johnson (2011) conducted a quantitative, descriptive, cross-sectional study on PhD students enrolled in a clinical psychology program with the aim to explore when students made the decision to formally pursue their graduate degree, reasons for their decisions, and associated satisfaction. Participants were 1,034 ($N = 1,034$) graduate students in APA-accredited clinical psychology PhD programs. Online surveys were collected over a 2-month period. To solicit participants for the study, e-mails were sent out to all 169 department chairs of accredited Graduate Study in Psychology programs. Follow-up e-mails were then sent to all those who did not respond to the first e-mail. Approximately 35% of the department representatives confirmed sending the message to their students, 5% declined participation in the study, and another 60% were not responsive to the researchers' email request. A decision to attend graduate school questionnaire was then completed by the study participants. This questionnaire was developed by the researchers with consultation and advisement from related literature, clinical psychologists, faculty advisors, and graduate students. Participants completed the following statement: "Immediately after completing my undergraduate degree, the next academic year I..." (a) enrolled in a terminal Master's degree program, (b) enrolled in a clinical psychology PhD

program, or (c) did something else (e.g., got a job, took time off). Depending on the response selected, participants checked a number of a list of options that matched to motives for this decision and their rationale for enrolling in a clinical psychology PhD program. This study relied exclusively on self-report data. Immediately following completion of an undergraduate degree, 10% ($n = 106$) reported enrolling in a terminal Master's program, 33% ($n = 343$) reported enrolling in a clinical psychology PhD program, and 57% ($n = 585$) reported postponing graduate school. The majority of participants reported that they attended a terminal Master's program following completion of their undergraduate degree because they believed that a Master's degree would be useful for a future career (69%) and they wanted more research experience (58%). The most frequently conveyed motives noted in the results for eventually pursuing a clinical psychology PhD were a personal desire to obtain a PhD degree (89%), next logical step in career (76%), desire to become a clinician (76%), certainty about future goals (62%), and felt prepared for the rigor of a PhD program (62%). The most common justifications reported which influences the participants to enroll immediately in a clinical psychology PhD program were a personal desire to obtain a PhD (90%), next logical step in career (85%), desire to become a clinician (73%), desire to finish studies at a young age (71%) and felt prepared for the rigor of a PhD program (70%). The most common reason reported to postpone graduate studies before attending a clinical psychology PhD program were to increase their research experience (65%) and to advance individual development (55%). On average, students postponed 3 years ($SD = 3.58$) before returning to school to pursue a clinical psychology PhD. factors for returning to school to pursue a PhD program in clinical psychology were a personal desire to obtain a PhD (86%), desire to become a clinician

(78%), felt prepared for the rigor of a PhD program (67%), next logical step in career advancement (66%), and desire to become a researcher (64%). An analysis of variance (ANOVA) assessing differences in satisfaction as a function of when participants matriculated to a clinical psychology PhD program was significant, $F(2, 1032) = 3.17$, $p <$ .05, $\eta^2 = .01$. Bonferroni-adjusted follow-up tests implied that individuals who decided to postpone their graduate school education ($M = 4.21$, $SD = 1.32$) were significantly more satisfied with their choice than individuals who seamlessly pursued terminal master's degree ($M = 3.87$, $SD = 1.36$, Cohen's $d = .25$), whereas no differences were found relative to individuals who immediately enrolled in a clinical psychology PhD program (M ¼ 4.11, SD ¼ 1.27). An ANOVA testing differences in frequency of thoughts of withdrawing from their program was significant, $F(2, 1026) = 6.71$, $p < .01$, $\eta^2 = .01$. Bonferroni-adjusted follow-up tests implied that individuals who enrolled in a PhD program immediately after completing their undergraduate education ($M = 1.97$, $SD = .97$) endorsed higher rates of withdrawal consideration than individuals who postponed graduate school ($M = 1.74$, $SD = .92$, Cohen's $d = .24$). No differences were found relative to individuals who went straight to a terminal master's program ($M = 1.73$, $SD = .87$). This study used descriptive statistics suggesting that students immediately matriculating into a clinical psychology PhD program relative to the other two groups reported a relatively stronger desire to finish their studies at a young age but describe matriculating because they were uncertain. Additionally, advisors should engage students to gain research experience. This may serve to enhance the student's enthusiasm toward research encouraging them to apply for clinical psychology PhD programs. Many students in this study who attended a terminal Master's program or postponed graduate studies reported a desire to gain more research

experience before applying to a PhD program. Data suggested that advisors can help undergraduates to evaluate their preparedness, personal and professional goals, and motivations for furthering their professional education. Furthermore, advisors may assist students when determining when this appropriate time to apply to programs for an advanced doctoral degree in clinical psychology. Other research may include the lived experience of the psychology student enrolling in a terminal PhD program.

According to Hershenberg et al. (2012) psychologists who have continued with their academic studies and pursued a PhD generally have more clinical experience and expertise than their counterparts who tend to remain in clinical practice. Clinical researchers and clinical practitioners share a goal of increasing the integration of research and clinical practice, which is reflected in an evidence-based practice (EBP) approach to psychology (Hershenberg et al., 2012). While each health care discipline above is of a unique focus, the studies in this literature review explored terminal clinical doctorate degrees and how they may be enhanced with a PhD degree. Each study was aimed at providing an understanding the essence of the terminals degree holder experience. The above studies shed some light on the lived experience of these professionals excluding the discipline of nursing. DNPs who are returning to school in pursuit of a PhD in nursing share a similarity to these other health care professionals who have obtained a terminal degree in clinical practice; however, there is a gap in the literature since limited data is found in the on the lived experience of these nurses. The studies delineated the essence of the lived experience of each of these health care providers holding a terminal practice degree; therefore, this study proposed will aim to fill the gap by explaining the essence of

the lived experiences of DNP-prepared clinical nurses who have returned to school in pursuit for a PhD in nursing.

Differentiating the DNP and PhD Role

A number of educational institutions now offer both the DNP and PhD degrees. Regardless of the multiple educational institutions making these degree choices available for nurses to pursue, the overall number of doctoral prepared nurses in the discipline remains low. The Doctor of Nursing Practice degree is the recommended preparation for an advanced nursing practice (Mancuso, Udlis, & Anbari, 2017). However, the lack of clarity surrounding the DNP degree has led to role ambiguity for the practicing DNP-prepared clinical nurse as well as for the DNP choosing to further their nursing education. Studies on the impact of graduate nursing education experience on academic careers seemed inconclusive. The development of two doctorate degrees in the same discipline coupled with multiple pathways to achieve these degrees has generated literature where the resulting confusion to role identity and differentiation is discussed.

Fang and Bednash (2016) conducted a quantitative, cross-sectional study to identify barriers and facilitators to academic careers for DNP students. This study was conducted to provide a better understanding of why the DNP degree candidates are being sought out to fill faculty positions as there is limited information threading in the literature regarding DNP students who plan to enter and pursue an academic career. One-thousand five hundred ($N = 1,500$) DNP students from various nursing schools were randomly selected to participate in the study. A questionnaire from Nettles and Millett (2006) was used on doctoral degree attainment as a framework, as well as existing literature on career decision-making and feedback from two focus groups, which included students from

doctoral nursing programs. A survey was developed with the aim of identifying key factors affecting decisions regarding their career path of doctoral nursing students. The questionnaire was then sent out to 30 DNP program directors and nursing students for comment before the survey instrument was finalized by the researchers. The questionnaire included topics related to the research questions constructed for this study: (a) nursing background and current student status; (b) doctoral study experiences; (c) faculty experiences; (d) post-graduation plans for academic or nonacademic nursing careers; and (e) demographic information. Variables in this study were measured using a series of multiple choice questions, open-ended questions, and Likert items. A national sample survey of both PhD and DNP nursing students in 2013 was conducted. This study reflected the results from the DNP population. The DNP population for this survey consisted of 11,640 students who were enrolled in a total of 227 DNP programs in 2012. From this sample 1,500 survey participants were randomly selected to participate in the study. During the data analysis, students enrolled in the study were divided into three groups based on their post-graduation career plans: (a) students who planned to pursue academic careers; (b) students who planned to seek nonacademic careers; and (c) students who had not decided on their individual career directions. A bivariate analysis using the chi-square test and *t*-test were used to examine individual characteristics and mean values comparing students with different career plans. A multinomial logistic regression analysis was also conducted and examined the association between a characteristic and a student's type of career plan while controlling for other variables. All the analyses were conducted using SAS 9.3. The findings of this study using a bivariate analysis on students' demographic and academic characteristics demonstrated that 32.1% of respondents planned to pursue academic

careers, whereas 44% wanted to seek nonacademic careers, and another 23.8% had undecided career directions. Compared with students in the nonacademic group, students in the academic group were more likely to secure a full-time faculty status (34.7% vs. 1.9%) and part-time faculty status (22.1% vs. 8.9%). In addition, they were more likely to work primarily in teaching or research positions (39.1% vs. 5.9%) at the time of this study. The findings of this study using a bivariate analysis on facilitators and barriers to academic careers demonstrated that students in the academic group participated in more teaching development activities than students in the nonacademic group (2.8 vs. 1.4). In addition, participating in these activities was more likely to influence their career interests in academic nursing (82.6% vs. 48%). More than 70% of students received financial support for their doctoral education. Students in the academic group were more likely than students in the nonacademic group to receive support covering 76% to 100% of their doctoral education expenses. Students in the academic group were also more likely to report that they had a faculty member as a mentor (82.7% vs. 69%) and collaborating with their mentors was more likely to increase their career interests in academic nursing (84.8% vs. 52.3%). The findings of this study using a multivariate analysis on facilitators and barriers to academic careers showed that many variables were significantly associated with career plans for academic nursing. However, some of the variables were highly correlated with each other and were excluded as explanatory variables from the regression models. It was found that the odds of having academic career plans for students with full-time faculty status and part-time faculty status were 52.1 times and 3.4 times, respectively, the odds for students who are not faculty. Increases in the impact of interest level in teaching on career plans for academic nursing are associated with a 1250.8% increase in the odds of planning

for an academic career (odds ratio = 13.508). having primary employment in teaching or research during doctoral education and the impact of participation in teaching, research, and/or leadership development activities did not increase the likelihood of having academic career plans. This study reported that DNP students who planned to pursue academic careers did not show significant differences in minority status and academic characteristics, except for faculty status, when compared with DNP students who planned to seek nonacademic careers. The study found that 32% of respondents planned to pursue faculty careers after graduating. Students with post-graduation intentions for academic careers, nonacademic careers, and undecided careers did not show clear differences in demographic and academic characteristics, except that students who planned to pursue academic careers were more likely to have full-time and part-time faculty status. The most significant facilitators were interest in teaching and an appreciation of the impact of nursing research contributes to patient care, and the most considered barriers were poor financial compensation and a negative perception of academia. In terms of academic preparation, a large percentage of DNP students who planned to pursue a faculty career reported that they were not confident in teaching informatics, which is a skill PhD-prepared faculty bring to the table.

In a qualitative, exploratory study conducted by Clark and Allison-Jones (2011), researchers asked 25 study participants (*n* = 25) to identify key aspects in their DNP role and practice. A computer-based qualitative research design surveyed the DNP study participants. The participants responded to questions regarding DNP graduate practice experience and questioned aspects of the role, practice changes, facilitators, barriers, goals as a DNP, and gathered spontaneous additional comments. Data analysis was performed

independently by the researchers using NVIVO in which codes and common themes emerged. Since the two researchers worked independently during data analysis, comparison of the findings with both researchers identified themes constructed from the participants' answers. Both researchers collaborated and agreed on the themes. The research findings were limited in breadth and intensity imposed by a computer response system and a small number of study participants. Many of the study participants described the DNP role as a clinical leadership role, application of evidence-based practice, clinical educator, change agent, and being an advanced practice nurse clinician. Facilitators to development included a chance to work and collaborate with other nurses holding a doctoral degree as well as a robust peer support system. Some of the barriers that were cited in the research were lack of acceptance for the DNP by PhD-prepared nurses and other advanced practice nurse colleagues. Transferability of this study was limited, as clarifying themes through member checks were not possible. The findings of this study demonstrate that existing barriers for role acceptance do exist and include a lack of acceptance by other nursing colleagues, PhD-prepared nurses, and the healthcare community. Since this degree is still in its infancy stage, it may be hard to differentiate the DNP degree from other nursing degrees as its purpose and curriculum is ever so changing as it continues to evolve.

A scoping review was undertaken by Cashin (2017) to determine progress towards the goal of moving toward doctoral level education from the Master's of Science as the point of which Nurse Practitioner (NP) certification and licensure can be applied for in the U.S. The researcher performed a scoping literature review to identify publications related to the progress toward the goal set for 2015 of moving the MSN to the DNP for NP education, report outcomes that have resulted from the introduction of the DNP and the

evolution of the discourse revealing how the DNP is conceptualized. Since this study was a scoping literature review, there is no number of participants to report. The researcher used CINHAL, Medline, and PsycINFO computerized databases and searched for peer-reviewed and editorial papers in journals, reports, and fact sheets from January 2010 though January 2017. The key words used in the search were Doctor of Nursing Practice and nurse practitioner, Doctor of Nursing Practice and learning outcomes, Doctor of Nursing Practice and evaluation, Doctor of Nursing Practice and impact, Doctor of Nursing Practice and capabilities, and Doctor of Nursing Practice and Australia. Thirty-five papers were included in the researcher's review. The findings from this review suggested that as the DNP vison has evolved since 2004; there have been many challenges facing the degree. The United States goal of moving fully to the DNP for all advanced practice nurses by 2015 was not achieved. Variance between programs and little agreement on what constitutes the degree are some of the identified challenges. The conundrum of dividing practice and research with the encompassed vision of the scholarship of discovery and those of translation and application not overlapping has proven to be troublesome (Cashin, 2017). Although progress has been made to overcome these challenges, support for continued development and implementation of the DNP degree is strong. Discussion of the DNP role threads in the literature; however, there is a lack of information regarding the role of the DNP-prepared nurse in pursuit of a PhD in nursing.

Lastly, Ares (2018) conducted a quantitative longitudinal survey to explore the transition of clinical nurse specialists (CNS) into new roles after completion of their graduate education. An online survey was sent to 113 participants from a previous national study, and these participants agreed to follow up. In addition, snowball referral, messages

posted to the National Association of Clinical Nurse Specialists (NACNS) open access

listserv, e-mail invitations to NACNS student members and recruitment at CNS

conferences were used for study recruitment. The final sample size for this study yielded 68

participants ($n = 68$). The instrument used involved a three-part survey. The first part

collected demographic information. The second part consisted of a subpart of Waugaman's

Student Nurse Anesthetist Experience Questionnaire and Clance Imposter Phenomenon

Scale instruments were used. The Waugaman questionnaire was altered for this study by

replacing the works nurse anesthetist with CNS making it applicable to the study

participants. The six Likert scale questions explored the likelihood of the individual to have

a change of mind about practicing as a CNS, to remain in a CNS career, and to continue

practicing as a CNS. Reliability of the subscales of the original questionnaire were reported

as coefficients of reproducible ranging from 0.89 and 0.94. The third part consisted of the

Clance Imposter Phenomenon Scale instrument (CIPS). The CIPS consisted of a 20 Likert-

scale items with scoring ranging from 1 to 5. Cronbach's α internal consistency ranged

from .84 to .96. Construct validity was established with factor analysis and analysis of

discriminate validity with measures of psychological wellbeing, depression, self-esteem,

self-monitoring, and social anxiety (Ares, 2018). Data were collected and downloaded from

the web platform to a computer for analysis. Two comparison groups were formed based

on the responses regarding current employment as a CNS. Statistical analyses using

independent t test, x^2 test, Mann-Whitney U test, bivariate correlations, and simple linear

regression were performed using SPSS software. Significance for all tests was set at $\alpha =$

.05. The results of this study revealed that 66.7% of the study participants held CNS

national certifications, which is great than the national average 39.7 reported in the U.S.

National Sample of registered Nurses. Almost half of the sample (48.7%) were employed as a CNS and is significantly higher than the 18.8% CNS employment reported in the U.S. National Sample Survey of Registered Nurses. Career commitment in both the CNS employed and not employed groups was weak. Subscale scores ranged from 1.0 to 3.7 out of a possible 4.0. The prevalence of Imposter Phenomenon (IP) experiences at the moderate, frequent, and intense levels was 74.6% in this sample. The cut off score was 62. Total scores for the CIPS were separated into two groups based on employment as a CNS. Croncach's α was .91 in the employment group and .89 in the not-employed group. The fact that participants not employed as a CNS experience role change, which were to positions they were not prepared to take in their graduate program may be attributed to the imposter feelings. This study has gained insight on how healthcare organizations can help facilitate role transition and minimize imposter feelings by providing quality mentorship to CNSs, access to peer support networks, and realistic feedback based on their clinical performance. Novice CNSs have the responsibility to take action for themselves. Transitioning to any role in a discipline can be a difficult and stressful time. Pursuing education on areas they feel deficient, maintain clinical competence, and discussing feelings with colleagues may reduce the stressors that accompany a role transition.

Understanding how and why nurses transition from their role as a nurse clinician to nurse scientist when they are seeking or intending to stay in clinical practice positions is essential as we strive to prepare the next generation of nurses. This proposed study will investigate the lived experience of DNPs returning to school in pursuit of a PhD degree in nursing which is a gap that has not been addressed in the literature.

Clinical Roles for PhD Nurse Scientist

Doctor of Nursing Practice programs prepare advanced practice nurses for evidence-based practice in patient care, education, policy, and executive roles. This necessitates evaluating evidence and competence in translating research in practice, applying research in decision-making, and implementing sustainable innovations to change practice within and across the life span and in healthcare systems. PhD programs have been designed to prepare nurse scholars to practice as nurse scientists in areas such as academia and other research-intensive environments. Nurse scholars provided the skills to identify gaps in nursing knowledge, setting up a research study and conducting the research, thus advancing theoretical foundations of nursing and health care. PhD programs provide for the knowledge and skills in theoretical, methodological, and systematic approaches necessary for generating new knowledge in nursing and healthcare. Presently, there are many advanced practice nurses engaging in PhD study after completing their advanced clinical training. These clinical PhDs have made a valuable contribution to the nursing community as well as to the discipline. PhD-prepared nurses have been found to have relevance for nurses not only in academia but also in the clinical setting (Wilkes & Mohan, 2008).

Dreifuerst et al. (2016) stated that most DNP nurses who enroll in PhD education do so with the motivating factor to assume academic roles upon successful completion of their education. A mixed methods, five phase, sequential explanatory, descriptive research design with different sample groups was used to address the study's research aim which was to describe the factors influencing the pursuit and completion of doctoral education by nurses intending to seek or retain faculty roles. Two of the groups studied were either enrolled in doctoral programs (PhD and DNP) or recent doctoral graduates from DNP and

PhD programs. Study participants were solicited from seven purposively selected states

using cluster random sampling accomplished through dividing the United States into six

sections by longitude and latitude to ensure national representation. Based on a power

analysis, the desired sample size was 300 participants representing three groups: 100

current PhD students, 100 current DNP students, and 100 recent graduates (50 PhD and 50

DNP). Actual numbers of participant responses were higher than anticipated. This was

attributed to high interest by potential subjects and the sampling procedures used: PhD

students = 196; DNP students = 202; PhD graduates = 75; and DNP graduates = 75. Thus,

the total sample included 548 participants ($N = 548$). This was 182% of targeted sample

size. The sampling procedure for this study required the researchers to gather contact

information including collated names, e-mail addresses, and locations for board of nursing-

accredited programs in nursing schools that offered doctoral programs in each of the seven

selected states in the study. A large list was then generated with potential study participants

contact information. The survey instrument used for this study was a 92-item, electronic

document developed by the researchers with data from 19 pilot interviews of Master's-

prepared nurse educators, current doctoral students (PhD and DNP), and recent graduates.

Face validity was established by piloting the survey with nurses who represented the

groups of interest but did not meet inclusion criteria for the study due to their physical

location. Items on the survey were ranked using a 4-point Likert scale. The survey

contained an optional area for written comments, and 58% (n = 317) of the respondents

provided one or more written narratives to the survey items. Many survey participants also

e-mailed the researchers directly to explain their responses and "tell their story." These

additional written comments paralleled findings in other phases of the mixed-methods

research study. All data were converted for analysis using SAS Version 9.3. Descriptive

statistics appropriate for measurement level were utilized to evaluate distributions of

variable values, patterns of missing data, and presence of out-of-range values. Variables

were transformed into dichotomous scales indicating endorsement of the item (no/yes),

allowing use of chi-square tests of association with calculation of exact p values for

analyses. As a result of the large number of comparisons, an adjusted significance level of

$p = .025$ was used by the researchers to evaluate each comparison. A content-analytic

summary table was developed, which organized the codes according to the themes (time,

money, program confusion, and faculty role) emerged from the survey, brief narratives

written and the questions to which they referred. Four concepts were predominant

throughout the survey responses: (a) time, (b) money, (c) program/program confusion, and

(d) faculty role. The findings regarding the concept of time had different meaning to

doctoral students and recent graduates. Time was a critical factor when choosing a doctoral

program; however, only 61% of PhD ($n = 107$) and 56% of DNP ($n = 90$) students and 52%

of PhD ($n = 36$) and 61% of DNP ($n = 39$) graduates endorsed a part-time option as having

been important in their decision. This was an interesting finding because 75% of the current

PhD ($n = 147$) and 70% of the current DNP ($n = 141$) students indicated that they were

part-time students.

Time for degree completion was relatively less important for PhD students and graduates

than their DNP colleagues. Approximately 30% of PhD ($n = 142$) and 85% of DNP ($n =$

164) students and 14% of PhD ($n = 9$) and 90% of DNP ($n = 66$) graduates said that it was

important that their doctoral program could be completed within 2 to 3 years. This is an

important finding that needs further consideration given the option for DNPs to seek bridge

programs when pursing a PhD as a second doctoral degree. Money was an equally important consideration for nurses considering doctoral education from three perspectives: (a) paying for their education, (b) (potential) return on investment, and (c) impact on their salary after graduation. Two-thirds of all participants considered cost a major factor in deciding which program to attend; however, only 42% of PhD ($n = 57$) and 58% of DNP ($n = 108$) students and 26% of PhD ($n = 13$) and 53% of DNP ($n = 26$) graduates indicated that the difference between in-state and out-of-state tuition had been a factor when choosing which program to attend. Data regarding program characteristics perceived as factors that had influenced decisions about the pursuit and completion of doctoral education were less consistent than money or time factors. There was also not a significant preference for traditional face-to-face programs versus online by any of the respondent groups. Further, 74% of PhD ($n = 137$) and 84% of DNP ($n = 161$) students and 63% of PhD ($n = 45$) and 76% of DNP ($n = 54$) graduates indicated that their preference for course delivery had been a hybrid that included some online and some face-to-face experiences. It is evident from the data collected that the popularity of online degree attainment continues to be a popular choice among doctoral students. The study results regarding faculty and teaching showed that all but four of the study participants occupied either a full-time or part-time faculty role, and a majority was teaching at the time the survey was completed. Approximately 21% of current doctoral students and 20% of graduates had a master's degree with a focus in nursing education. Further, 79% of PhD ($n = 154$) and 50% of DNP ($n = 98$) students and 86% of PhD ($n = 63$) and 46% of DNP ($n = 34$) graduates replied that they intended to become doctorally prepared nurse educators when they started their doctoral program, but almost half of the written comments associated with this question

indicated dissatisfaction with how their program was preparing them for the faculty role. The data collected from this study highlight several opportunities for change within existing doctoral programs and structures to increase both the number and quality of doctoral prepared nurses practicing in the clinical arena and the number of doctoral prepared nursing faculty.

In the United States, 72% of students who are currently pursuing their PhD plan to pursue academic careers after successfully completing their program requirements. The remaining 28% remain at the bedside practicing as either advanced practice registered nurses or clinical nurses assuming other nursing roles with a plan to venture into academics either as nurse researchers or as an educator of other nurses (Dreifuerst et al., 2016). In most doctoral nursing programs, the curriculum for both PhD and DNP programs have the minimal requirement for education preparing their students to become educators. As a result, it is evident that there is a need for curriculum improvement for these doctoral prepared nurses to become educators enabling them to disseminate knowledge generated in the clinical setting.

As the proliferation of DNP degree programs continues, little has been published about the utilization and effects on healthcare outcomes of the DNP degree. A research study conducted by Nichols, O'Connor, and Dunn (2014) explored the utilization of the DNP within health care organizations. A qualitative, exploratory, descriptive study was conducted with the aim of gathering data on DNP utilization and impact by surveying chief nursing officers (CNOs) leading Michigan's public and teaching hospital systems. This study failed to identify the number of participants involved but did mention a "small" group from a convenience sample of Chief Nursing Officers (CNO) completed the survey.

The survey titled "The Current Trends in DNP Utilization CNO Survey" was developed based on Donabedian's conceptual model to quantify the number of DNPs employed in identified organizations and to detail the DNP nurses' scope of responsibility. Three domains of inquiry were developed by Donabedian for analysis and included: (a) structure, (b) process, and (c) outcome. In the survey given to the CNO participants, structural elements included the type of DNP practice setting, including inpatient and outpatient. Process elements include the types of advanced practice RNs in various specialties that practice in the workplace. Outcome elements assessed (a) CNO's satisfaction with the DNPs' organizational impact, (b) patient-centered outcomes relevant to the identified DNP position, and (c) critical health indicators prioritized by the Michigan Department of Community Health. A 13-item survey was developed to elicit information regarding the DNP practitioner utilization and the impact on Michigan Public and Teaching Hospital systems. The survey's content validity was established through an expert panel review. The study failed to report any statistical analysis that was used to measure the data, but a table displaying the data was included in the article for the readers' review. Findings of this study included responses from the CNOs open-ended responses that knowledge of actual DNP practice and its potential impact on targeted outcomes are little known among senior administrators. A consistent lack of understanding of the role of the DNP from the CNOs particularly with understanding how the DNP may enhance the executive role within an organization was reported from this study. While the research demonstrates some level of acceptance of the DNP role and benefits to the patients, the role was not completely explored. Although this study was conducted to assess the DNP organization impact, the

findings may have varied if the research examined focused on nurses who have earned a PhD in nursing compared to the DNP.

Research conducted by Lee, Holm, Florez, Glauser, and Haswell (2013) observed the comprehension and perceptions of the DNP as the standard entry to practice from the perspective of students in an accelerated master's degree program. A quantitative descriptive design was utilized to guide this study aiming to identify and describe knowledge and perceptions of students in an accelerated Master's program in nursing regarding the DNP. Students who were enrolled in an accelerated Master's Entry to Nursing Program ($n = 45$) were recruited for the study. An email detailing the study and requesting participation was forwarded to the students from the researcher. Included in the email letter was a secure link to an online questionnaire hosted on SurveyMonkey. The survey questionnaire was designed to answer the study's research questions, which were guided by the literature. The questionnaire included three sections. The first was the demographic portion, which asked participants' age, gender, ethnicity, marital status, degrees earned, expected graduation date, and previous experience in health care. The second section was designed to assess the participants' knowledge base regarding the DNP. The third section of the questionnaire was designed to determine the participants' perceived impact of the DNP on nursing as a discipline, on his/her personal career in nursing, and on the general public. Answers to the questions on the final section were graded on a five-point Likert scale, ranging from *strongly disagree* (1) to *strongly agree* (5). Study participants were encouraged to further elaborate on responses to particular questions, either through answering additional questions or by explaining in their own words. Statistical package for the Social Sciences (SPSS) was used to analyze the data for

frequency and descriptive statistics. Results demonstrated participants perceived the DNP as an appropriate terminal degree that provides parity with health-care related disciplines and will help advance nursing research. Most survey participants, 71.1% ($n = 32$), planned to pursue a career in advanced practice with 81.3% of these students planning to pursue a career in advanced practice even if the DNP is required by that nursing discipline. The research conducted was viewed from the perspective of nursing students not currently enrolled in a PhD or DNP program. The results of this study suggest that a large number of students in the master's program in nursing are interested in pursuing advanced practice nursing careers. Participants in this study were accepting but not supportive of the transition to the DNP. Respondents reported their source of information and knowledge about the degree came from their faculty at their respective universities. This study did not look at the PhD degree as an option but focused on the role of a DNP clinician. This author has not found any studies specifically examining DNP-prepared nurses returning to school in pursuit of a PhD in nursing. This proposed study will address this gap that has not been addressed in the literature.

A descriptive, quantitative study was conducted by Swanson and Stanton (2013) and sought to investigate the applicability of the DNP degree as the degree of choice or nurse executives and how the expanded role may be appropriate to the acute care environment. Perceptions of nurse executives were analyzed regarding the validity of the DNP degree as the terminal degree option for current and future nurse leaders. This study utilized a convenience sample of the CNOs at the researchers' collaborating agency. Sixty-eight ($n = 68$) nurse executives completed the survey questionnaire. The web-based survey was designed to obtain self-reported data from a significant number of CNOs working at

the collaborating agency's hospitals. Descriptive statistical analysis of response rates for each perception item and demographic questions were used as a means of data analysis and secondary inferential analysis of Master's of Science prepared executives to identify tends based upon subset data. Chi-squared tests were conducted to test the null hypothesis that no relationship exists between master's discipline and response selection, as well as years of CNO practice and response selection.

The researchers identified nurse executives' perceptions of the how the DNP degree could assist the nurse executive. Although the DNP degree was not viewed as the only terminal degree option, the participants viewed the DNP as an appropriate, relevant degree option for nurse executives. Researchers have not conducted studies to date looking at the role of a PhD clinician and its applicability to the nurse executive role.

A phenomenological, qualitative study by McDermid, Peters, Daly, and Jackson (2013) explored the experience of role transition of seasonal faculty to permanent faculty roles in Australia. The aim of the research was to explore the transition experience of seasonal teachers within a university setting transitioning to a permanent teaching role. Using purposive and snowball sampling, participants were recruited by the researcher from two major metropolitan universities that are large providers of undergraduate nursing education. Demographically, the participants comprised 13 females and one male ($N = 14$), which is consistent with gender ratios and representation in these nursing facilities. Data collection methods included of face-to-face, semi-structured conversational style interviews and were employed as a strategy to elicit storied accounts. Participants were initially asked to "tell their story" of their transition from a sessional to permanent academic position. Thematic analysis was used to draw meaning from the stories and a systematic approach to

uncovering ideas and identifying themes from the text was applied. The texts obtained from the interviews were examined by the research by comparing the emergent themes across and within groups to discover common and shared ideas, which required an examination of identified themes and their relationship to each other. Analysis also included listening and reviewing the audio recordings and accurate context and meaning was reflected in transcripts. Common themes were uncovered from the participants' significant statements. The theme of uncertainty and confusion of role emerged strongly from the analysis and focused on the expectations of sessional staff themselves in relation to assuming a continuing academic role. Findings from this study demonstrated that participants had limited understanding of the requirements of the permanent academic role. This study demonstrated that new faculty transitioned and navigated to the academic role without clarity and an understanding of the role. The research demonstrated that academic PhD roles are presumed to be understood. In fact, roles are complex and entail formal guidance and mentoring related to job expectations and the educational process. There is a gap in the literature, which limits us from gaining understanding of the role of a clinical DNP-prepared nurse from a PhD prepared nurse working in a clinical practice role.

Research about the roles of the PhD-prepared doctoral nurse practicing clinical nursing is necessary to provide new knowledge and provide key information regarding the lived experience of the clinical DNP returning to school in pursuit of a PhD in nursing degree. A nurse returning to school in pursuit of higher education is a phenomenon that has been studied and is present in the literature. However, the present literature lacks evidence of the lived experience of these nurses returning to school to further their nursing education to a doctoral level, let alone pursuing a second nursing doctoral degree. Specifically,

seeking to identify the lived experience of DNP-prepared nurses who practices clinical nursing and in pursuit of a PhD in nursing may lead to better understanding, thus advancing nursing science.

Motivation to Pursue a Second Nursing Doctorate

Nurses who have obtained their DNP may be reluctant to enroll in a PhD in nursing program if they do not recognize or understand the reasoning behind obtaining a second doctorate degree. Threading in the literature, nurses returning to school report a variety of motivators including personal and professional growth, improving self-esteem, timing, lack of creditability with a lesser degree, and increased salary (Broussard & White, 2014). According to Pink (2012), one of the most important concepts in education is motivation. Motivation and barriers to continuing education have been primarily examined individually and descriptively, although there is evidence that they are multidimensional (Harris & Burman, 2016). Motivation deals with forces that direct and sustain behavior toward the attainment of an individual's goal. Intrinsic refers to internal factors as they relate to individuals and extrinsic refers to external factors. Intrinsic motivators are internal needs that satisfy a person, whereas external motivators are considered environmental factors that motivate an individual (Knutsen, 2011). According to Tarvid (2014), students who have completed their nursing doctorate degrees have pursued higher education for personal satisfaction. This allows them to be positioned in challenging areas to handle merging issues in the field of nursing.

Agger, Osermann, and Lynn (2014) conducted a descriptive study with the purpose of gathering deans' and directors' perceptions and experiences regarding the hiring, incorporation, and utilization of new DNP- and PhD-prepared faculty members and to

consider the similarities and differences that might exist in each of these areas when looking at applicants and then faculty of each educational preparation. The study utilized nonprobability convenience sampling and selected 15 deans ($N = 15$) and directors from around the United States to interview. Semi-structured interviews were carried out with the deans and directors to identify (a) educational advancement and mentoring of DNP faculty, (b) differences and similarities in roles of the DNP and PhD faculty, (c) recruitment of doctorally prepared nurse faculty, and (d) shortages of DNP and PhD nurse faculty. Descriptive analysis was used for the study. Content analysis with the intent of establishing baseline information for an ongoing study was used by the authors to analyze the results. The results reported from this study demonstrated that deans of an associate degree nursing program found similarities in faculty roles for the DNP and PhD. However, the deans of the baccalaureate and higher schools noted the DNP and PhD are hired for different roles and responsibilities, including the DNP, are teaching in pre-licensure and DNP programs while PhD prepared nurses assumed more research responsibilities and is expected to engage in service in nursing organizations and associations. Responses regarding educational preparation from the deans and directors included that the DNP faculty is adequately prepared if the focus is on clinical nursing or teaching is taking place in a community college. Two of the deans responded by stating that the educational preparation for their DNP faculty member was not adequate for their current teaching roles. The authors concluded that the primary DNP role as faculty encompasses both clinical and teaching expertise and not research and professional nursing organization participation, which is required of the PhD faculty member. Overall, deliberations for DNP faculty were encouraging and positive. The authors of this study noted that ongoing evaluation of

organizational structures, collaboration between DNP and PhD in academia, and a description of roles and responsibilities between both DNP and PhD faculty are necessary. In addition, the tenure process for DNP faculty was not addressed. The study addressed tenure tracks for PhD faculty and found that financial increases in academia were based on scholarship and nursing publications. By being placed on the clinical-track compared to the tenure-track, the monetary extrinsic reward for the DNP holding a practice doctorate in nursing may motivate the clinical DNP faculty to pursue a PhD in nursing.

Clark, Draper, and Rogers (2015) sought to investigate the process that key stakeholders perceived to be the most important in facilitating a positive impact of continuing professional education (CPE) has on clinical practice. Participants involved in this study consisted of representatives from four stakeholder groups: students, managers, educators, and members of eight healthcare organization's governing board. A qualitative design was selected and used two rounds of semi-structured interviews that were recorded and then transcribed by the researches. Semi-structured interviews were developed to explore the factors that the different stakeholders perceived to affect the processes influencing the impact of CPE on practice. Sixty-six interviews ($N = 66$) were conducted: 35 in the first round followed by 31 in the second round. Data analysis was performed with an analysis of the transcription using NVivo, which assisted in discovering emerging themes, which illuminated stakeholders' views about issues affecting the process of continuing professional education and contributed to our understanding of the factors that influence the impact of CPE has on clinical practice. The four themes discovered were: (a) organized culture and the importance of a positive, supportive organizational culture in maximizing the impact of CPE, (b) importance of forming a partnership and working with

educators who are key in developing and delivering the CPE education, (c) changing

practice to improve clinical delivery by developing new knowledge and skill, and (d)

maintaining a supportive and conducive learning environment. The study revealed insights

regarding the processes that facilitate the impact of continuing professional education has

on clinical practice. There is a lack of information of the impact of how nurses motivated to

seek a PhD in nursing enhance clinical practice for those clinicians choosing to practice at

the bedside.

Biddle (2013) conducted a mixed methods study to analyze the differences in

doctoral programs within the College of Education at a university in the U.S. and the

factors influencing student choice of a doctoral program. These doctoral programs consist

of the traditional PhD, Education Leadership Doctor of Education (EdD.), and the

Professional Practice Doctor of Education (EdD). All three programs offer a unique

curriculum based on the educational track chosen for doctoral studies. Using a

convenience sample, a survey developed by the researcher was administered to 240

students currently enrolled in a doctoral program in the College of Education at a

university. The methodology used for creating the survey by the researcher was based on a

research study conducted by Wellington and Sikes (2006). This study had as a target

population a doctoral program in the United Kingdom with the purpose of identifying the

motivation of students who chose to enroll in a professional doctorate program. To collect

data for their study, a survey was created that asked each study participant four open-ended

questions. These exact questions were repeated in Biddle's study and were included in the

survey represented as questions 5, 6, 9, and 10. Demographic data was gathered in

questions 1 through 4, and open-ended questions 7 and 8 were included to help further

define differences as why each student chose their particular program and their

expectations. Answers to each question were coded using a grounded-theory approach and

themed categories related to specific responses were created. Answers that represented less

than 10% of the respondents were considered outliers and were not reported on by the

researcher. A total of 76 ($n = 76$) surveys (31%) were completed and returned. Responses

were analyzed to determine if differences between respondents could be identified across

each program. This study failed to report on how the data were analyzed. Of the 76

respondents, 17 were enrolled in a PhD program, 45 in the Education Leadership EdD

program, and 14 in the CPED EdD program. Twenty-four of the respondents were male

(32%) and 52 female (68%). The percentage of male and female respondents represents

approximately the same gender ratio as those enrolled in a doctoral program. Their

responses did not show a significant variance so differences in gender were not pursued as

a factor that required further analysis. Differences in age and work experience were

deemed to be significant between programs. Questions five through 10 in the survey

required the participant to respond with short answers. Question five asked: Why are you

pursuing a doctoral degree? For PhD students, the overwhelming reason to pursue a

doctoral degree was to become a college professor and to conduct research. For both of the

EdD programs, the major reasons respondents choose to pursue a doctorate was to advance

their careers, increase their knowledge, and for personal or professional growth Question

six asked: Why did you choose your current doctoral program? The majority of the PhD

students selected their program of study to learn more about their specific field of study.

This correlated to the fact that there are 14 tracks allowing the students to choose a specific

subject area. The respondents for both EdD programs stated that it did not require full-time

status and class schedules allowed them to continue working were very important factors. The CPED EdD students felt that the focus on professional practice and industry-related knowledge that could be used on the job was most significant. Question seven queried on how the degree will help. All three groups stated that improved career opportunities were a main factor in pursuing a doctoral degree. Question eight asked what do you plan on doing after graduation? The responses to this question demonstrated a distinct variance as the majority of the PhD respondents (88%) planed on obtaining a faculty position at a college or university while the EdD respondents either hope for a promotion in their current job, obtain a new position (in the education field) or planed on continuing their current job. Question nine: What impact, if any, has working on your doctorate had on your professional life? The results of this question showed the difference of completing a PhD that requires full-time enrollment compared to the EdD programs that are designed for students to be able to work while completing the program as 29% responded that they were forced to "place their career on hold" while none of the EdD partcipants identified this as an impact. The 64% response rate from PhD students who voiced the program has "changed my way of thinking" was the most interesting of the responses received. Also of interest was the response by the CPED EdD students who felt the program had "increased my knowledge." Question 10: What impact, if any, has working on your doctorate had on your personal life? This question provided by far the most consistent answers across programs with all respondents stating the impact on their personal lives as being time away from family or that they "have no personal life." These responses emphasize that working toward a doctorate in any field requires a major time commitment. The responses were also consistent in stating that they had "grown as a person" as a result of their program. The

results of the study demonstrated that the PhD. and redesigned EdD programs are significantly different and that EdD students are older, have more work experience and choose their program of study for personal growth and career advancement compared to PhD students whose main goal is to teach at a research university. This research study is important in order to aid in the development of program marketing, recruitment, and motivation of PhD students across all programs.

Harris and Burman (2016) studied the impact of motivators (professional and personal), time constrictions, and job satisfaction on intent to return to school in pursuit of advanced nursing education. A stratified random sample of RNs based in six regions throughout Wyoming were selected for a survey sample of 2,086 ($N = 2086$). Each of the study participants received a questionnaire in the mail. The response rate of these questionnaires that were returned were as follows: 50.6% of participants completed the survey questionnaire during the first mailing, 35.2% completed it during the second mailing, and 14.3% completed the questionnaire during the third mailing. The majority (99.5%) returned their completed questionnaire via mail. This specific study was part of a larger study that focused on educational background and mobility of nurses. Of the 796 nurses in the original study, 15.3% of the 5,212 RNs working in Wyoming in 2014 were represented when the survey was completed. The Factor Descriptions and First-Order Factor Loadings for the Motivator and Inhibitor Measurement Model was used as the tool to assess motivation. The results from the questionnaire suggest that motivation and job satisfaction are significant regarding nurses' intent to return to school.

These results indicate that even though motivation and job satisfaction play a role in overcoming perceived employer discouragement and time constraints, the intent to return

to school is still directly affected by those perceived barriers. This study aimed to fill the gap by uncovering the impact of professional and personal motivators as well as inhibitors nurses influencing nurses' decision to return to school for advanced nursing education. As the demand for PhD-prepared nurses continues to increase, understanding factors that motivate or inhibit DNPs returning to school in pursuit of a PhD in nursing is critical to development of streamlined processes for academic progression, one of the key priorities of the Institute of Medicine *Future of Nursing* report.

One study that was found during the literature search that addressed motivated strategies for learning in accelerated, second-degree nursing students. El-Banna et al. (2017) examined the relationships among self-esteem, motivation, learning strategies, demographic characteristics, and academic achievements. A cross sectional, descriptive, and correlational study was conducted on 82 participants ($n = 82$) from four different cohorts who were enrolled in a 15-month accelerated BSN program in the United States. Self-report data were collected on each study and included age, gender, ethnicity, marital status, parenthood status, language spoken at home, income, and present semester level. A Motivated Strategies for Learning Questionnaire (MALQ) was used to assess the students' motivational orientations and their use of different learning strategies for various courses that they were enrolled. This 81-item questionnaire was scored on a 7-point Likert scale. The total MSLQ scores were calculated for each research participant. Data were analyzed using IBM SPSS Statistics, version 22. Descriptive statistics examined the demographics characteristics and educational background of the study participants. Rosenberg Self-esteem Scale and total MSLQ scores were calculated for each study participant. Descriptive analyses and Cronbach's α were calculated for RSES and MSLQ total scores and for each

subscale to assess reliability of the instrument in the study's sample population. For

bivariate analyses, 1-way analysis of variance was computed to examine the relationships

between RSES and MSLQ total and subscale scores and between semester level and

previous degree type. The independent *t*-test analyses were conducted to examine the

relationships between RSES and MSLQ total and subscale scores and dichotomous

demographic and educational variables (El-Banna, Tebbenhoff, Whitlow, & Wyche, 2017).

Eight-two students completed the demographic information sheet. Cronbach's α coefficient

for the internal reliability of RSES and MSLQ total and subscales were calculated. The

RSES' Cronbach's α coefficient was found to be high (10 items, α = .93). The reliability of

MSLQ total in this sample was also high (81 items, α = .92); however, the MSLQ

subscales' Cronbach's α coefficient varied from low to high. The lowest and highest

reliabilities were recorded in the motivation scales: control of learning beliefs scale was the

lowest (4 items, α = .42), and self-efficacy for learning and performance scale was the

highest (8 items, α = .89). There were no differences among students in RSES (mean [SD],

32.8 [5.3]) and total MSLQ scores (mean [SD], 5.4 [0.5]), indicating that RSES and MSLQ

did not affect students' GPA and were not different between cohorts. The results of the

motivation section scales of the MSLQ indicated significant differences by demographic

characteristics in intrinsic and extrinsic goal orientation, task value, and test anxiety across

demographic and educational variables. Some demographic differences were found in the

type of motivation endorsed by the students to achieve academic success, but nevertheless,

students did well academically. Older compared with younger students were intrinsically

motivated for learning—students with higher previous GPA and students with previous

social sciences majors felt that courses were interesting and worth learning, and minority

students were more likely to express test anxiety. These findings support that students exhibit various motivations to learning; however, their academic performance was not negatively influenced.

Motivating nurses to be receptive and committed to learning continuously presents a challenge. Many people fail to recognize the importance on continual training and knowledge development needed to effectively respond to the growing needs of patients and society (Cummings & Worley, 2005). To date, most research conducted on motivation has been studied within the discipline of education and business. While a variation of motivators and inhibitors have been found in the literature impacting nurses' decisions to return to school, the experience of DNPs returning to school in pursuit of a PhD in nursing has not been studied. This study will allow the voices of those DNPs returning to school to be herd as they describe motivators and inhibitors they may or may not have faced during their educational process. The themes generated from the participant's voices could provide areas for research regarding motivation and/or support for PhD students.

Experiential Context

This researcher became interested in exploring the lived experience of a DNP in pursuit of a PhD in nursing while enrolled in a PhD program and noted the surge of DNPs like himself experiencing this phenomenon as they lived this experience. After working in academia and practicing in the clinical setting as a Certified Registered Nurse Anesthetist, it became apparent that when a clinical question presented itself during faculty practice, the skill set required to design a formal research study and collect its data was lacking. The American Association of Nurse Anesthetists Council on Accreditation mandated that as of 2025, the entry to practice degree for all new nurse anesthetists completing a program of

study will be the DNP. Many nursing colleagues who practice clinical nursing and possess DNP degrees have voiced opposition to return to school in pursuit of a PhD degree in nursing, discoursing that a PhD would make no difference to the quality of nursing care delivered and the time or financial investment has no added value to their practice. It is the belief of this researcher that clinicians should not be pigeon holed into one degree, the DNP, because the nursing organization has designated that particular degree as the terminal degree in practice. The decision to choose the terminal degree, whether the PhD or DNP, should be the individual nurse's decision. As a result of the choice of terminal degree not being up to the many graduating clinicians, many providers are deciding to return to school to gain the skill set required to conduct research and complete a PhD in nursing program. Upon enrolling in a traditional PhD program in 2015, the researcher had identified and conversed with other DNPs who either were enrolled in DNP-PhD in nursing bridge programs or decided to enroll in traditional programs without any advanced credit being awarded.

Husserl's concept of bracketing or epoche' involves setting aside or "putting in parentheses" any knowledge or understanding the researcher may have had with the phenomena being studied. Moustakas (1994), a transcendental phenomenologist, focused on Husserl's act and ideas of exclusion or epoche'. The researcher must be free from all superstitions and views the phenomenon through a clear lens not permitting his or her aforementioned knowledge impacting the study. Objects, ideas, events, and emotions can only be felt to be known in advance or felt to be known without reflection and meaning (Moustakas, 1994). The truth can only be identified through an individual's perception.

With my strong connection to the DNP in pursuit of a PhD in nursing, I will bracket

my experience as a DNP-prepared nurse in pursuit of a PhD in nursing degree in order to truthfully hear and grasp the experiences of my study participants. To achieve this, I will rely on reflexive journaling, both before participant interviews and afterwards. Polit and Beck (2012) provided 10 steps to assist qualitative researchers with bracketing in a reflexive journal:

1. Make note of interests that, as a researcher, you may take for granted.

2. Clarify your personal values and identify areas in which you know you are biased.

3. Identify areas of possible role conflict.

4. Recognize gatekeepers' interest and make note of the degree to which they are favorably or unfavorably disposed toward your research.

5. Identify any feelings you may have that may indicate a lack of neutrality.

6. Describe new or surprising findings in collecting and analyzing data.

7. Reflect on and profit from methodologic problems that occur during your research.

8. After data analysis is complete, reflect on how you write up your findings.

9. Reflect on whether the literature review is truly supporting your findings, or whether it is expressing the similar cultural background you have.

10. Consider whether you can address any bias in your data collection or analysis by interviewing a participant a second time or reanalyzing the transcript in question. (p. 495-496).

Chapter Summary

This chapter provided a review of the literature germane to this study. Beginning

with the historical background of doctoral education, this chapter discussed and

synthesized content area of clinical practice doctorate degrees, differentiating the DNP

from the PhD doctoral degree, clinical roles for PhD nurse scientists, as well as motivation

to pursue a second doctorate degree. The chapter concluded with a description

of the researcher's experiential context. Chapter Three will provide discussion of the

methods.

CHAPTER THREE

METHODS

The purpose of this qualitative study using descriptive phenomenology was to examine and understand the essence of the lived experience of DNP-prepared clinical faculty actively pursuing the PhD in nursing degree. The researcher sought to identify common experiences voiced by the participants as they shared and described the experience of returning to school for a second nursing doctoral degree. The researcher sought to uncover the essence of meaning of the DNP-prepared nurses' experience and provided detailed, rich, and descriptive information as well as uncovered the essences that will gave rise to a greater understanding of the phenomenon using a phenomenological approach.

Research Design

A research design is a logical model that guides the researcher through the research process. Qualitative research allows the researcher to be part of the research process, as data is collected from the study participants and then described. The research approach that was applicable for this study was a qualitative approach using phenomenology. Phenomenological research studies the meaning that a number of persons ascribe to a particular concept or life experience (Creswell, 2009). Phenomenology was first used by Johann Heinrich Lambert and later used by Immanuel Kant (Moustakas, 1994).

Phenomenology is a qualitative methodology used in the gathering and analysis of data. The objective of phenomenology is to learn about humans' experience in the world they live in, thus finding themselves in an experience and sharing that with the researcher.

German philosopher Martin Heidegger described a phenomenon as that which becomes manifest for us; he suggested that phenomena are brought into being though our living in the world (Vagle, 2014). The aim of the phenomenological approach is to identify and describe the experience of the study participants. It is a matter of studying everyday experience from the point of view of the subject, and it shuns critical evaluation of forms of social life (Schwandt, 2007). This approach is useful for nursing practice as it can help to explain the factors that motivate the DNP-prepared nurse to return to school to further pursue a PhD in nursing by explaining individual behavior within a specific communal setting. A lack of theory to fully understand the lived experience of DNP-prepared nurses returning to school for a PhD in nursing can best be uncovered though research methodology in the qualitative, interpretivist perspective, specifically phenomenology. After an extensive literature review in quest of answers to what is the lived experience of DNPs returning to school for a PhD in nursing, it was determined the literature was limited and had no clear variables about the lived experience. As a result, it became evident that this phenomenon needed to be explored though a qualitative investigation.

The researcher used a transcendental phenomenological approach to discover the lived experience of DNPs returning to school for a PhD in nursing. Transcendental phenomenology studies how objects are created in pure or transcendental consciousness, setting aside questions of any relation to the natural world around us. The transcendental approach systematically guides the researcher to concede all prior practices, biases, and judgements and encourages them to view the phenomenon though a clear lens revealing a new perspective. The descriptive phenomenological process set forth by Moustakas (1994),

involves the following four steps process: bracketing or epoche, phenomenological reduction, imaginative variation, and synthesis (Moustakas, 1994).

Epoche, a Greek word meaning to stay away from or abstain, is used to set aside prejudgments, biases, and preconceived ideas about things (Moustakas, 1994). Moustakas (1994) asserted that researchers must be systematic in their observation of epoche to be free of preconception and knowledge of the phenomenon from aforementioned experience and professional studies to be exposed, interested, and trusting to listening to and hearing the study participants describe their experience.

During the subsequent process of transcendental phenomenological reduction, the researcher examines the descriptions given by the participants by revisiting the experience in attempt to reduce them down to their singularity and to derive the inner meaning in and of itself. This process is considered transcendental because "it moves beyond the everyday to the pure ego in which everything is perceived freshly" (Moustakas, 1994, p. 34). Through transcendental phenomenology reduction, each experience is unique and described in a new and open way. Eventually, meaning is derived from descriptions and the existence of the phenomenon.

The third process is that of imaginative variation and aims to grasp the structural essences of experience (Moustakas, 1994). In this step, the researcher opens his imagination run and cogitates all conceivable meanings of the experience. This process can be viewed as conceptualizing during a meeting where ideas are expressed and articulated for soundness. The aim of this process is to build a structural description of an experience and discover factors that might hold responsibility for the way in which a phenomenon was experienced and connect with that experience (Moustakas, 1994). The structural qualities

of the experience can then be outlined into themes.

The final step of the phenomenological research process is the synthesis of meanings and essences. This practice represents an "intuition integration of the structural themes into a unified statement that describes the essence of experiencing the phenomenon as a whole" (Moustakas, 1994, p. 100). The essence extrapolated from the study should resemble that of the final truth. It should be reflective of the experiences of all the participants and should disclose the absolute essence of the overall lived experience.

This study's four research questions were: What is the lived experience of a practicing DNP returning to school in pursuit of a PhD degree in nursing? How do DNPs who have returned to school on pursuit of a PhD in nursing explain their motivation? What factors do participants perceive have influenced their decision to pursue a PhD in nursing? Is there a differentiating taxonomy explicating the transition from the DNP to the PhD in nursing? Limited studies threading in the literature have listed some attributes; however, a list of factors void of understanding this phenomenon is not adequate to get a complete picture. A qualitative approach was appropriate, as not much is known about these attributes. Specific to phenomenology, the essence of the lived experience of a practicing DNP returning to school in pursuit of a PhD degree in nursing. There is a need for a qualitative study in order to hear from these DNPs in their own words.

Sample and Setting

Successful participant recruitment is an important aspect of conducting qualitative research (Munhall, 2012). Purposive and snowball of chain sampling will be used in this phenomenological study. Purposive sampling was used by selectively choosing participants

who have earned a DNP degree from an AACN-accredited program and are currently

enrolled or have graduated with a PhD in nursing. Purposive sampling uses participants

selected based on the study's inclusion criteria and on the research purpose (Patton, 1990).

Since this method accompanies low levels of reliability and high levels of bias, the addition

of snowball of chain sampling will be employed. The purpose of snowball sampling

method is to identify cases of interest from people who know people and who are aware of

what cases are information rich (Creswell, 2013, p. 158). This type of sampling works like

a chain referral. After conducting interviews with initial study participants, the researcher

asked for assistance from the study participants to help identify other DNP nurses who are

experiencing or have undergone the same academic experience and returned to school in

pursuit of a PhD in nursing. Data saturation occurred when numerous participants were

interviewed and the researcher reached a point in the analysis of data that sampling more

data did not reveal more knowledge related to the proposed research questions.

Participants were recruited through flyers distributed to the researcher's known

network of DNP-prepared nurses who have graduated from or are presently enrolled in a

PhD program in the United States. From this purposive sample, snowball sampling will

ensue as study participants may know other DNPs who are sharing a similar experience

central to this study's aim and refer them to the researcher. Study participants voluntarily

contacted the PI and expressed interest for inclusion in the study. There are no set rules for

sample size in qualitative research (Polit & Beck, 2012). Sample size in qualitative research

is not only to study a few individuals but also to collect broad details about the individuals

being studies (Creswell, 2013). Since the guiding principal is data saturation, the sample

size should then be based on informational needs. Data saturation is collecting data to the

point where no new information is learned and redundancy is achieved (Polit & Back, 2012).

Phenomenologists tend to utilize small sample sizes. One core principle used in selecting the sample is that all participants must be able to clearly articulate what it is like to have lived that experience (Polit & Beck, 2012). In conducting phenomenological research, participants have ranged from 1 to 325 (Creswell, 2013). The sample for this study included a maximum of 25 DNPs who have graduated or are presently enrolled in a PhD program in nursing.

The setting for this study was throughout the United States of America. Data collection took place throughout the United States in a quiet and safe location mutually agreed upon by the researcher and each participant or via computer utilizing Skype. As this researcher is a DNP and is presently enrolled in a PhD in nursing program, he has a network of colleagues who is known to him and either has or is traveling the same academic path in pursuit of a nursing PhD.

Access and Recruitment of Sample

After Institutional Review Board approval was granted from Barry University (Appendix A), recruitment strategies were undertaken to help identify potential study participants. The researcher recruited a purposive sample of participants for this phenomenological study. The researcher shares the same experience of the phenomena and had preexisting, professional relationships with participants who were recruited for this study. To avoid the potential study participants who may be known to the researcher to feel obligated to participate in the study when asked by the researcher, an information flyer was

sent via email to the participants asking for participation (Appendix E). Requests were made asking the known DNP participant to distribute the flyer to DNPs who are known to him and those who are pursuing a PhD or who have pursued a PhD who may want to participate in the study. The flyer included the purpose of the study coupled with the study's inclusion criteria. The researcher's contact information was indicated along with contact information for the study participants to inquire about taking part in the study as well as respond. Since more participants were required for the study, the researcher recruited a purposive sample of participants through universities and colleges that presently have a DNP to PhD bridge program here in the United States. Additional flyers were emailed to the program directors of these known DNP to PhD bridge programs in the United States (Appendix D & E). A token of appreciation was presented to the study participants and was noted on the flyer. The token of appreciation, a $10 Visa gift card, was given to the participant after consent was obtained even if they decided on withdrawing from the study.

Further recruitment was achieved after the initial sample though the snowball sampling technique. Assistance was requested from the study participants helping to identify other DNP nurses who are experiencing a similar career trajectory. These participants were accessed via telephone and/or Internet (Appendix C). Inclusion criteria remained the same as the criteria of the initial purposive sampling.

The following recruitment measures was utilized:

1. Verbal introduction to known DNPs pursuing or who have earned a PhD in nursing.

2. Flyers sent through email to researcher's network of DNPs.

3. Snowball sampling

After participants interested in partaking in the study contacted the researcher from either the email or telephone number listed on the flyer, they were provided with additional information pertaining to the study. Those who meet the inclusion criteria and expressed interest in participating in the study were asked to schedule the initial face-to-face or computer-based Skype interview once the researcher and the participants mutually identified if the interview will take place face to face or via Skype. A mutually agreed upon time was scheduled for face-to-face interviews, and a safe location, such as a public library, college or university campus, researcher's office, or the participant's home, was designated.

Inclusion Criteria

Inclusion criteria for the purposive sample was as follows:

1. Registered Nurses who have graduated from an AACN accredited DNP program.

2. DNPs enrolled in a PhD in nursing program and have successfully completed one semester of study or has earned a DNP degree as well as successfully completed PhD in nursing degree requirements.

3. Participants who can read, write, and speak English.

4. All participants resided within the continental United States.

5. Participants choosing to interview via Skype were skilled in the use of video conferencing with access to a computer equipped with a camera and microphone.

Exclusion Criteria

Exclusion criteria for the purposive sample will be as follows:

1. Registered nurses who hold a clinical/practice doctorate other than an AACN accredited DNP degree.

2. Registered nurses who hold a DNP degree and are enrolled in a PhD in a discipline other than nursing.

3. Registered nurses who hold a DNP who have earned a PhD in another discipline outside of nursing.

4. Participants who cannot read, write, and speak English.

5. Participants living outside of the continental United States.

6. Participants who are not skilled in the use of video conferencing and and/or lack access to a telephone, computer with a camera, and microphone.

Ethical Considerations/Protection of Human Subjects

In any research study, ethical issues relating to protecting the research study participants are of vital concern (Berg, 2004; Bloombery & Volpe, 2012; Marshall & Rossman, 2011; Merriam, 1998, 2009; Pring, 2000; Punch, 1994; Schram, 2003). Respect for human subjects remained present throughout this research study. Ethical behavior aids in protecting individuals, communities, and environments and offers the potential to increase the sum of good in the world (Israel & Hay, 2006). As per Munhall (2012), ethical considerations are critical elements when conducting an efficient qualitative study. A social science researcher is responsible for informing and protecting participants. Research participants are treated in an ethical manner by protecting them from potential harm and respecting their decisions by safeguarding their well-being. This study was

conducted in an ethical manner ensuing the rights and privacy of all research participants remain intact.

Approval from Barry's Institutional Review Board (IRB) prior to accessing participants, recruiting participants, and collecting data was sought and served to protect the rights and welfare of the study participants (Appendix A). After approval and permission was obtained, recruitment for the study began. The researcher, via email or telephone, communicated to the participants that responded to the flyer with specific information pertaining to the study. Those who met the inclusion criteria and demonstrated interest in taking part in the study were enrolled and a mutually arranged time, place, and interview approach, face-to-face or computer-based using Skype, was scheduled for data collection.

In an effort to protect the study participants' identity, they had the opportunity to select a pseudonym for the study. The chosen name selected did not appear on the informed consent form. If the participant chose not to select a pseudonym, the researcher assigned one accordingly. Confidentiality was maintained by limited access to data stored on the principal investigator's password-protected personal computer to solely the researcher and through the restriction of access to hard copy data by storing in a locked file cabinet located in the researcher's home office. The informed consent was stored in an additional locked, file cabinet separately from the demographic form and other interview data. The pseudonyms are only be known to the researcher, and any statements published in the final report or later publications will be reported using the participants' pseudonyms.

Once the study was approved from Barry University IRB, informed consent became a priority and remained a priority throughout the study. Written consent to voluntarily

proceed with the study was offered to each participant. Obtaining informed consent (see Appendix B) is essential to respecting participants and their right to privacy. Participants were informed as this is a no known risk study. Although there are no known direct benefits to the participant, their participation in the study helped the researcher's understanding of DNP prepared nurses pursuing a research-focused doctoral degree. The informed consent provided an understanding of the study and served as permission to the audio recording of face-to-face and Skype interviews. Once informed, the participants then signed the consent form. Audio recording were started only after the participants' pseudonym had been determined and approval was granted. Two Dictopro Digital Voice Recorders were used to capture the participants' voices. Only the audio portion of the Skype interview was recorded. The audio recordings were destroyed once the initial member check was completed. Skype is an Internet-based video conferencing system that allowed the participant and the researcher to converse and conduct the interview via a webcam. Informed consent was collected in person for the face-to-face interviews and via DocuSign® for Skype participants. DocuSign® is a secure, web-based electronic signature service that allows consent forms to be sent, signed, and returned over the Internet. Documents sent via DocuSign® were encrypted and validated by DocuSign® and are only available to the researcher. Hard copy data is kept in a locked file cabinet and electronic data is kept on a password-protected computer in the home office of the researcher. Data will be retained for a minimum of 5 years from completion of this study and indefinitely thereafter.

Participants were informed that the study is voluntary and that terminating participation at any time is acceptable without any negative consequence or repercussions.

Study participants were informed of the right to choose not to answer any research question as well as the right to request that audiotaping be suspended at any point in time during their interview. Transcription of the data was prepared by a transcriptionist, who signed a third-party agreement (see Appendix I). The token of appreciation, a $10 Visa gift card, was given to the participant after consent was obtained even if they decided on withdrawing from the study.

Data Collection Procedures

In a phenomenological study, the principal method of data collection is unstructured interviewing as it tends to be the most dialogic, open, and conversational technique (Vagle, 2014). Data collection began after IRB approval from Barry University. A safe and convenient location was identified as well as a mutually agreed upon time was decided on for the face-to-face interview or Skype video conferencing to take place. The researcher's contact information including his Barry University email address and cell phone number, dissertation chairperson contact information, and IRB point-of-contact at Barry University was used as a resource to communicate with the study participants. Interviews were recorded using two digital voice activated recorders by Dictopro and were transcribed precisely following each interview. Utilizing two digital voice recorders guarded against any potential equipment failure, leading to an interrupted interview. The participant was informed of the measures taken to safeguard all digital recordings and any additional notes that were taken by the researcher during the interview. Study participants were made aware that all data collected during the interview was used for the study. An interview guide was used to conduct and direct this study (Appendix H).

The researcher began the interview by explaining the purpose of the study and how the participant's response would be used in the study. The extent of how confidentiality and the rights of the participant will be protected was explained during this time. Study participants were made aware their right to withdraw from the study at any time as well as the right to abstain from answering any specific research question. Participants were also informed that upon request, audiotaping could be suspended at any time during the interview.

The face-to-face interview began with a welcome and thanked the participant for taking part in the study. An opportunity was provided for the participants to ask any questions or voice any concerns that they had concerning the study. The researcher addressed concerns and answered questions posed by the participant before obtaining the consent. After the consent form was endorsed, a $10 Visa gift card was given to the participant as a token of appreciation for participating in the study. Participants were informed that the token of appreciation was theirs, even if they decided to withdraw from the study at any time. The participants were then asked to provide a pseudonym that was used to identify them throughout the study aiding to safeguard their identity. A demographic questionnaire (Appendix G) was completed after receiving consent from the participants and should took no more than 10 minutes to complete. For those participants taking part in the study via Skype, the informed consent form was submitted through DocuSign® following any questions and concerns presented to the researcher from the participants. The demographic questionnaire was then be completed by the participant and emailed to the researcher. Completion of the demographic questionnaire took no more than

10 minutes to complete. The interview was then scheduled upon receipt of the signed

consent and demographic form.

The data collection method designated for this research study was interviews

consisting of semi-structured, open-ended questions which was asked by the researcher

encouraging the participant to share his or her educational experience and was recorded via

electronic digital recorder. These questions were developed by the researcher and served to

guide the interview (Appendix F). The interview was coordinated to take a maximum of 60

minutes. Permission to start the digital recorder was requested. At the end of the interview,

the researcher thanked the participant and asked if there is anything else he or she would

like to add to the interview. The maintenance of confidentiality was reinforced as well as

how the data would be stored, transcribed, and used. The researcher asked the participant if

he or she knows other DNPs in pursuit of a PhD in nursing or who has been awarded a PhD

in nursing and may be interested in participating in the study. The researcher then made

arrangements for a date and time for the two member-check interviews via telephone calls

to take place. The transcriptionist performed the interview transcriptions, and a member

checks were executed to confirm veracity of the data collected. The estimated time allotted

was no more than 20 minutes each. The digital recordings were destroyed after the initial

member check was complete. The researcher took time to engage in self-reflection and

journaled thoughts and feelings immediately after the first interview. Reflective journaling

was instituted keeping the researcher in the compliance while following the process of

Epoche'. Epoche' is used to suspend all prior knowledge, feelings, judgments, and

experience about the existence of the world and set aside existential assumptions made in

everyday life (Schwandt, 2007). This process took place so that the voices of the study participants were heard as fresh and new with prior bias.

The Skype interviews were conducted for those located in remote areas from the researcher. A maximum of 60 minutes in duration were assigned to this process, and the format will mirrored the in-person interview process consisting of semi-structured interviews with open-ended questions. The interview questions were developed by the researcher and served to guide the discussion (see Appendix F). Permission to start audio recording at the start of the interview was requested. At the end of the interview, the researcher thanked the participant and asked if there was anything else the participant wanted to add to their interview. The maintenance of confidentiality was reinforced as well as how the data would be stored, transcribed, and used. The researcher asked the participant if he or she knew other DNPs in pursuit of a PhD in nursing or who has been awarded a PhD in nursing that may have been interested in participating in the study. The researcher then arranged for a date and time for the two member-check interviews via telephone calls to take place. The participants were informed of how the data would be stored, transcribed, and used. The audio recordings were destroyed upon completion of the initial member check. The total time commitment by the participant was estimated to be 120 minutes. At the end of the first interview, the researcher took time to engage in self-reflection and journaled thoughts and feelings immediately after the interview. Reflective journaling was instituted to keep the researcher in the compliance while following the process of bracketing. Bracketing was used to suspend all prior knowledge, feelings, and experience so that the voices of the study participants were heard as fresh and new without prior bias.

Observations that were made over Skype in addition to noting any nonverbal and verbal

communication as well as the participants' body language were entered in the journal.

Following each interview, the transcriptionist transcribed the data, and following its

review by the researcher, the transcription was emailed to the participant. A 20-minute

telephone call was scheduled with the participant to review the transcript for accuracy.

This phone call was not recorded, as it served the purpose of member checking. Member

checking is a sociological term for soliciting feedback from participants in the researcher's

findings. This is an important procedure for corroborating or verifying findings or of

reassuring they are valid and meet the criterion of confirmability (Schwandt, 2007). A

second telephone member check lasting no longer than 20 minutes was scheduled with the

participant to enhance credibility by confirming the relevance of the findings. Data was

continuously be collected until saturation was met. The completed demographic forms will

be retained for five years then shredded and disposed of accordingly. All transcribed data

will be kept for a minimum of 5 years from completion of the study and indefinitely

thereafter.

<div align="center">Interview Questions</div>

Interviews are an essential part of data collection in qualitative methods of inquiry.

They are conducted as an effort for the researcher to grasp the meaning of an experience as

described by those being studies. The aim of the interview is to attain rich, thick,

descriptions of the phenomena. Qualitative research aims to elicit the thoughts and

mindsets of the study participants. Phenomenological interviews begin with a social

conversation aimed at creating a relaxed and credulous environment. It is the responsibility

of the researcher to create a climate where by the study participant will feel comfortable to

respond to questions asked in an honest and comprehensible manner. Unstructured and structured questions were used to collect data. Unstructured questions allowed the research to guide the conversation and focused on the important elements and information extrapolated during the conversation. Structured questions lead the participant to provide specific information pertinent to the phenomenon of interest. Open-ended questions were used to encourage and promote dialogue that encouraged the participants to expose themselves as needed.

Once all paperwork formalities were completed and the audio-tape was turned on, the participant will was asked the grand tour question by the researcher: What is it like to return to school for a PhD in nursing after already completing the DNP degree? (Appendix F). Follow-up questions were then asked to seek clarity and to confirm responses. A list of interview questions can be found in Appendix F.

Demographic Data

A demographic questionnaire was developed by the researcher and included basic identifying information from the study participants (Appendix G). Participants were asked to complete this questionnaire after they signed the required consent form. Pseudonyms were used to identify the participants. The demographic data collected from the study participants was comprised of questions pertaining to age, gender, ethnicity, year DNP degree was completed, year PhD studies were started, and type of PhD in nursing program enrolled or graduated (traditions, DNP-PhD bridge, online). This data served as useful information to the researcher for identifying commonalities between the lived experience of the participants and describing the population under study. The completed demographic

questionnaire is securely stored in a locked file cabinet located in an office at the researcher's home.

Data Analysis

Once data was collected though face-to face and Skype interviews with the study participants, the data was analyzed using Clark Moustakas' (1994) transcendental phenomenological data analysis steps. The data analysis began with epoche' or bracketing allowing the researcher to investigate what is perceived and thought about without existential assumptions. A subjectivity statement was read consisting of personal experiences allowing prejudgments and biases related to the phenomenon being investigated to be set aside (Moustakas, 1994). This process included preparing data for analysis, reducing the data phenomenologically, engaging in imaginative variation, and exposing the essence of the participants' experience. Procedures for summary and outcome included relating the findings of the study and differentiating it from findings revealed in the literature review. The researcher utilized the following data analysis process identified by Moustakas (1994):

1. Listing and Preliminary Grouping

   a. Horizonalization: List every expression relevant to the experience

2. Reduction and Elimination: To determine the Invariant Constituents, each expression is tested for two requirements:

   a. Does it contain a moment of the experience that is necessary and sufficient constituent for understanding it?

   b. Is it possible to abstract and label it?

If so, it is a horizon of the experience. Expressions not meeting the above requirements are eliminated. Overlapping, repetitive, and vague expressions are also eliminated or presented in a more exact descriptive terms. The horizons that remain are the invariant constituents of the experience.

3. Clustering and Thematizing the Invariant Constituents:

    a. Cluster the invariant constituents of the experience that are related into a thematic label. The clustered and labeled constituents are the core themes of the experience.

4. Final Identification of the Invariant Constituents and Themes by Application: Validation. Check the invariant constituents and their accompanying theme against the complete record of the research participant.

    a. Are they expressed explicitly in the complete transcription?

    b. Are they compatible if not explicitly expressed?

    c. If they are not explicit or compatible, they are not relevant to the co-researcher's experience and should be deleted.

5. Using the relevant validated invariant constituents and themes, construct for each co-researcher an Individual Textural Description of the experience. Include verbatim examples from the transcribed interview.

6. Construct for each co-researcher an Individual Structural Description of the experience based on the Individual Textural Description and Imaginative Variation.

7. Construct for each research participant a Textural-Structural Description of

the meanings and essences of the experience, incorporating the invariant

constituents and themes.

From the Individual Textural-Structural Descriptions, develop a Composite

Description of the meanings and essences of the experience, representing the

group as a whole. (Moustakas, 1994, p. 120-21)
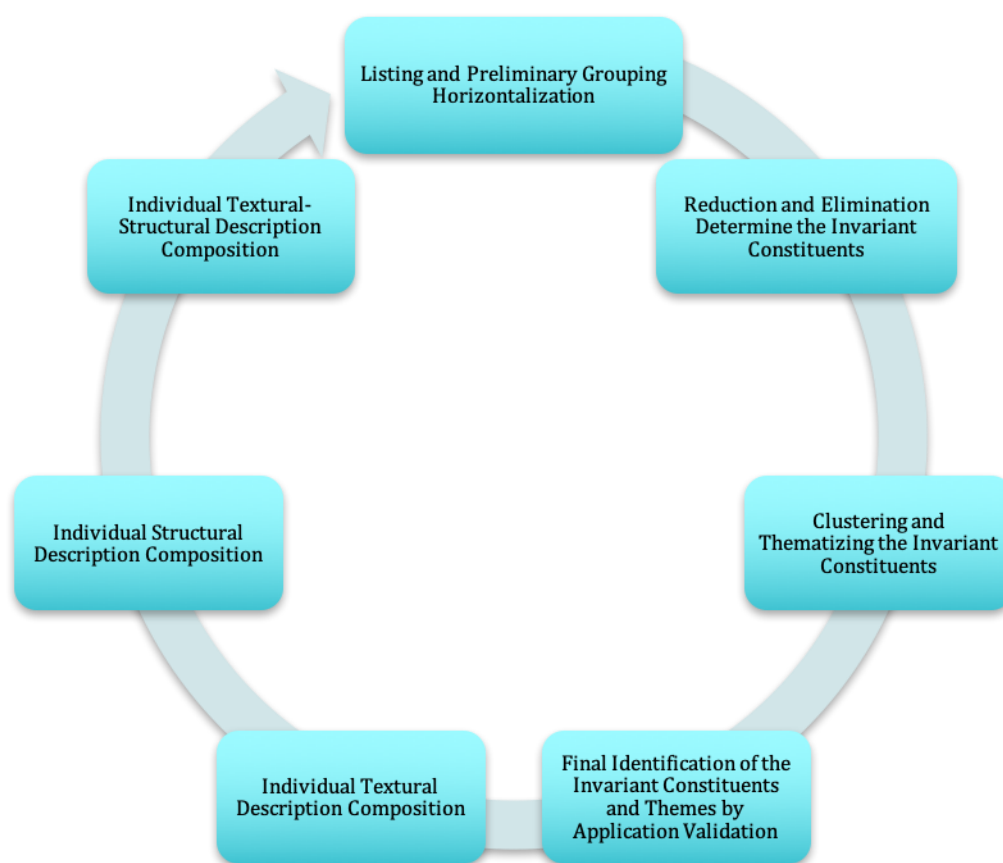
Figure 2. Transcendental phenomenological data analysis adapted from Moustakas, 1994).

Research Rigor

In order to achieve suitable rigor for the study, trustworthiness must be established in the qualitative research. Researchers must seek to control potential biases that might be present during the study, affecting the study's outcome. Trustworthiness is defined as the value of the research investigation, making it noteworthy to audiences (Schwandt, 2007). It mirrors the terms reliability and validity, which are used in quantitative research studies (Munhall, 2012). When evaluating qualitative research, the focus is on how well the researcher provides evidence that the descriptions and analysis presented truthfully characterize the reality of the study participants. Lincoln and Guba (1985) describe a set of criteria and procedures suitable for demonstrating the trustworthiness of naturalistic investigations. Four easily identified criteria used to serve as the naturalistic inquirer's equivalent to conventional criteria include: creditability, transferability, dependability, and confirmability. Goodness of the qualitative research demands critical attention to trustworthiness and authenticity throughout the design, implementation, and analysis of the study (Tobin & Begley, 2004).

Credibility

Credibility of a study refers to the participant's perceptions matching up with the researcher's portrayal of them. It answers the question of how accurately the researcher has represented what the participants think, feel, and do. Credibility was demonstrated in this research study using several strategies and procedures. In deriving scientific evidence in phenomenological investigations, the researcher established and carried out a series of methods and procedures for conducting human science research. Adopting the established research methods and operational procedures of Clark Moustakas ensured appropriate

procedures were followed. A method offers a systemic way of achieving something orderly and disciplined, with care and rigor (Moustakas, 1994).

Credibility of the study was accomplished by clarifying up front that the researcher brought bias to the study. The researcher himself is a DNP who was in pursuit of a PhD in nursing. This bias was revealed though self-reflection, journaling and note taking which was communicated to this study's readers. Credibility was be confirmed by having each participant in the study take part in "member checking." This was accomplished by allowing the study participant to review the transcript summary obtained from the interview for accuracy.

Dependability

Dependability deals with the consistency of the data in qualitative research. Reliability in the conventional sense refers to the degree that research findings can be replicated by other comparable studies. Within a qualitative study, consistent and stable methods ascent dependability. Dependability is the ability to trust the collected data over time, demonstrating that if this study was replicated later in time within the same context, with the same participants, and in the same setting, similar results would be found (Polit & Beck, 2012). Dependability refers to the ability to track the processes and procedures used to collect and interpret the data. The researcher provided detailed and complete explanations of how the data was collected and analyzed by an external party to increase the consistency of this study. The use of the audit trail served as a "transparency of method," served to improve dependability and was used for this study. This included recorded memos with detailed accounts of how the data was analyzed and interpreted, as well as journaling and the taking of notes.

Confirmability

The concept of confirmability relates to the concept of objectivity in quantitative research. Confirmability implies that findings are the result of the research, rather than an outcome of the biases and subjectivity of the researcher. This can be demonstrated that the researcher is not interjecting bias into the study as the results will mirror that of the participants' views. Confirmability is achieved when the researcher hears the same descriptions of the experience repeatedly from participants who have had experienced the phenomena**.**

Working to achieve confirmability, this researcher used reflective journaling of his own experiences and self-disclosure of beliefs to recognize possible biases and will take took notes before and after participant interviews. The journal kept by the researcher can was reviewed to validate confirmability. Although qualitative researchers realize the ineffectiveness of attempting to achieve objectivity, it is essential nevertheless to be reflexive and illustrate how the data can be traced back to its origins (Lincoln & Gruba, 1985). As discussed earlier in the chapter, privacy is of utmost importance when conducting human subject research. The interviews were recorded, and after transcription was completed, all recordings were deleted. The interview transcripts are stored in a locked file cabinet located in this researcher's home office. These data transcriptions will be destroyed after a period of 5 years. Demographic data sheets, pseudonym choices, and consent forms are stored separately from the transcripts. These will be retained in a locked file cabinet located in the researcher's home office. No other individual has permission to access these data files.

Transferability

Transferability is the extent to which the outcomes of a qualitative study can be effortlessly conveyed to another setting (Polit & Beck, 2012). This is accomplished through communicating clear descriptions of the findings. This allows the readers to draw their own conclusions of the applicability of the findings and transfer the outcomes to their own discipline. This researcher provided concise, thick descriptions of the lived experience to the readers. The depth, richness and detailed descriptions included in the study gave the discussion an element of shared or vicarious experience and allowed the readers to conclude the applicability of this study to their own setting (Denzin & Lincoln, 2011).

Chapter Summary

This chapter discussed the research design, reflecting the purpose of the study, design, sample, and research setting and provided a framework that was used to gather data regarding the lived experience of DNP who have returned to school in pursuit of a PhD in nursing. The methodology of transcendental phenomenology was presented following Clark Moustakas' seven steps as compatible with this researcher's goal because the study sought to understand the lived experience of the phenomenon. The current study will draw upon the elements of phenomenology research methods in an effort to gather information about the lived experience of DNPs returning to school in pursuit of a PhD in nursing degree.

CHAPTER FOUR

FINDINGS OF THE INQUIRY

The purpose of this qualitative study using transcendental, descriptive phenomenology was to examine and understand the essence of the lived experience of DNP-prepared nurses in pursuit of the PhD in nursing degree. The researcher sought to identify common experiences voiced by the participants as they shared and described the experience of returning to school for a second nursing doctoral degree. Beginning on July 16, 2018 and ending on August 24, 2018, 12 participants were interviewed over a 6-week period. Data saturation was achieved after interviewing 10 participants; however, two additional interviews were conducted to ensure that no additional information would be disclosed or discovered from the participants' interview. This chapter includes demographic information of the study participants, the exploration and descriptions of the findings of the study including themes, individual textural and structural descriptions, and a composite of overall textural and structural descriptions. A taxonomy of transformational learning developed will be included in this chapter. The themes were linked to Mezirow's transformational learning theory, and a synthesis was provided of the essence of the experience as they connected with the literature.

Sample Description

Purposeful sampling was used to select participants who have experienced the

phenomenon. In addition, the use of snowball sampling, which involved asking

participants to refer other DNPs known to them who are either in pursuit of a PhD in

nursing or have completed this degree, was utilized. The researcher recruited and

interviewed participants who are DNPs actively in pursuit for a PhD in nursing or DNPs

who have completed a PhD in nursing until data saturation was achieved. The sample size

in this study was 12 DNPs who are in pursuit of a PhD in nursing. The selection of

participants for this study was based on the following inclusion criteria: registered nurses

who have graduated from an AACN-accredited DNP program or DNPs enrolled in a PhD

in nursing program who have successfully completed one semester of study or earned both

a DNP and PhD in nursing degree. Study participants read, write, and speak English,

reside in the United States, and if the participant chose to interview via Skype, he or she

must be skilled in the use of video conferencing with access to a computer equipped with a

camera and microphone. All participants who met the inclusion criteria and voiced interest

in the study were interviewed.

Demographic Representation

This study encompassed a diverse group of DNP participants who have returned to

school in pursuit of a PhD in nursing or those DNPs who completed coursework for the

doctor of philosophy in nursing degree. The study participants were screened and selected

based on the following inclusion criteria: registered nurses who have graduated from an

AACN-accredited DNP program or DNPs enrolled in a PhD in nursing program who have

successfully completed one semester of study or earned both a DNP and PhD in nursing

degree. Study participants read, write, and speak English, reside in the United States, and if the participant chose to interview via Skype, he or she must be skilled in the use of video conferencing with access to a computer equipped with a camera and microphone. The demographic information presented in Table 1 discloses the demographic data that was collected from all study participants after informed consent was obtained.

Table 1

Demographic Characteristics of Study Participants (n = 12)

Demographic Characteristic	Response	Number	%
Gender	Male	6	50%
	Female	6	50%
Age	23-33	0	0%
	34-44	0	0%
	45-55	9	75%
	56-66	3	25%
	67 or >	0	0%
Race	White	8	66.7%
	African American	1	8%
	Asian	2	17.3%
	Hispanic	1	8%
	Native- American	0	0%
	Other	0	0%

DNP Completion Year	2009	1	8%
	2010	1	8%
	2011	3	25%
	2012	1	8%
	2013	1	8%
	2014	1	8%
	2015	1	8%
Type of	DNP-PhD Bridge	6	50%
PhD Program	Traditional	6	50%
Year PhD Studies Began			
	2013	2	17%
	2014	1	8%
	2015	3	25%
	2016	3	25%
	2017	3	25%
PhD Degree Completion Year	2015	2	17%
	N/A	10	83%

APRN	Yes	10	83%
	No	2	17%
APRN	ACNP	1	10%
Specialty	AGNP	1	10%
	CRNA	6	60%
	FNP	1	10%
	MHNP	1	10%
Holds An Academic Appointment	Yes	9	75%
	No	3	25%
Holds A Clinical Practice	Yes	10	83%
	No	2	17%

Table 1 represents the demographics data that was collected of the study participants, which included, gender, age group, race/ethnicity, year DNP program was completed, type of PhD program attended, year PhD studies began, year PhD studies were completed, advanced practice registered nurse (APRN) status and specialty, academic affiliation with either a college or university, and if the participant holds a clinical practice in a healthcare facility. The sample size included 12 DNPs who resided in the United States and either are actively in pursuit of a PhD in nursing or have completed the PhD program requirements.

Fifty percent ($n = 6$) of the sample population were males and 50% ($n = 6$) were females. Seventy-five percent ($n = 9$) were between the ages 45-55, and 25% ($n = 3$) were in the 56-66 age group. The race and ethnicity of the study participants were White at

66.7% (*n* = 8), African American at 8% (*n* = 1), Asian at 17% (*n* = 2), and Hispanic at 8% (*n* = 1). Eight percent (*n* = 1) of the study participants completed their DNP program in 2009, 8% (*n* = 1) completed their program in 2010, 25% (*n* = 3) in 2011, 8% (*n* = 1) in 2012, 8% (*n* = 1) in 2013, 8% (*n* = 1) in 2014, and 8% (*n* = 1) in 2015. Fifty percent (*n* = 6) of the participants presently attends or attended a DNP - PhD bridge program, and 50% (*n* = 6) attends a traditional PhD program. Seventeen percent (*n* = 2) of the participants began their PhD studies in 2013, 8% (*n* = 1) in 2014, 25% (*n* = 3) in 2015, 25% (*n* = 3) in 2016, and 25% (*n* = 3) in 2017. Eighty-three percent (*n* = 10) of the DNP participants are presently enrolled in a PhD in nursing program, while 17% (*n* = 2) successfully completed the PhD degree in nursing requirements. Seventeen percent (*n* = 17) of the sample population were not advanced practice registered nurses. Of these advanced practice registered nurses, 60% (*n* = 6) were certified registered nurse anesthetists (CRNAs), 10% (*n* = 1) were adult and geriatric nurse practitioners (AGNPs), 10% (*n* = 1) were mental health nurse practitioner (MHNPs), 10% (*n* = 1) were Family Nurse Practitioners (FNPs), and 10% (*n* = 1) were acute care nurse practitioners (ACNPs). Academic appointments at either a college or university are held by 75% (*n* = 9) of the participants, while 25% (*n* = 3) do not hold an appointment. Eighty-three percent (*n* = 10) of the DNPs interviewed hold a clinical practice while 17% (*n* = 2) do not.

Characteristics of Participants

All participants met the inclusion criteria in order to participate in the study. Confidentiality was maintained as all participants chose their own pseudonym, which served to conceal their identities and wrote the selected name in the space provided on the demographic form. All participants hold an AACN-accredited DNP degree and are either

enrolled in a PhD in nursing program or successfully completed the PhD in nursing course of study. Participants were selected on a voluntary basis, consent for participating in the study was obtained, and the demographic questionnaire was completed prior to starting the audio-recorded interviews. The following descriptions of the study participants were obtained from the demographic questionnaire populated with information by the participant as well as from the audio-recorded interviews and transcriptions.

Alex

Alex is a White male who is between 45-55 years of age. He has been a DNP since 2010. He began his PhD studies in 2013 and graduated from a traditional PhD program in 2015. Alex returned to school for the PhD in nursing because he felt that he wanted more from doctoral education that he did not receive in his DNP program. He is a CRNA and holds a clinical practice. He does not hold an academic appointment at a college or university.

Ashley

Ashley is an Asian female who is between 45-55 years of age. She has been a DNP since 2012. She began her PhD studies in 2017 and is presently enrolled in a traditional PhD program. Ashley returned to school for the PhD to attain her goal of being able to conduct research and possibly do grant writing in the future. She is not an APRN (advanced practice registered nurse) and practices as a case manager in a hospital. She holds an academic appointment at a college or university.

Bonita

Bonita is a White female who is between 56-66 years old. She has been a DNP since 2013. She began her PhD studies in 2015 and is presently enrolled in a DNP-PhD

bridge program. Bonita is a family nurse practitioner (FNP) and holds both a clinical practice and academic appointment at a college or university.

Cher

      Cher is a White female who is between 45-55 years of age. She has been a DNP since 2012. She began her PhD studies in 2016 and is presently enrolled in a DNP-PhD bridge program. Cher decided to return to school for a PhD in nursing because she was passed over a position as program director because administration was seeking a nurse with the PhD credential. Cher is a CRNA and holds both a clinical practice and academic appointment at a college or university.

Cyndi

      Cyndi is an Asian female who is between 45-55 years of age. She has been a DNP since 2011. She enrolled in a DNP-PhD bridge program in 2013 and successfully completed her PhD in 2015. Cyndi returned to school for her PhD because she wanted tenure at her university which is only offered to PhD faculty. Cyndi is a mental health nurse practitioner and holds both a clinical practice and an academic appointment at a college or university.

Diddy

      Diddy is a White male who is between 45-55 years of age. He has been a DNP since 2015. He began his PhD studies in 2016 and is presently enrolled in a traditional PhD program. Diddy is a CRNA and holds both a clinical practice and academic appointment at a college or university.

Ethan

  Ethan is a White male who is between 45-55 years of age. He has been a DNP since 2011. He began his PhD studies in 2017 and is presently enrolled in a DNP-PhD bridge program. Ethan is a CRNA and holds both a clinical practice and academic appointment at a college or university.

Liam

  Liam is a White male who is between 45-55 years of age. He has been a DNP since 2011. He began his PhD studies in 2014 and is presently enrolled in a traditional PhD program. Liam is an acute care nurse practitioner and holds both a clinical practice and academic appointment at a college or university.

Maxwell

  Maxwell is a White male who is between 56-66 years of age. He has been a DNP since 2016. He began his PhD studies in 2016 and is presently enrolled in a DNP-PhD bridge program. Maxwell returned to school for a PhD because he wanted to have a better understanding of research methods and the entire research process, which he will use to better serve the students he advises. Maxwell is a CRNA who does not hold a clinical practice but holds an academic appointment at a college of university.

Nicholas

  Nicholas is a Hispanic male between 45-55 years of age. He has been a DNP since 2013. He began his PhD studies in 2017 and is presently enrolled in a DNP-PhD bridge program. Nicholas decided to return to school to have a better understanding of interpreting research studies, which will impact and improve his clinical practice. Nicholas

is an adult and geriatric nurse practitioner who holds a clinical practice. He does not hold an academic appointment with a college of university.

Misty

Misty is a White female between the ages of 45-55 years of age. She has been a DNP since 2014. She began her PhD studies in 2015 and is presently enrolled in a traditional PhD bridge program. Misty is a CRNA and holds a clinical practice. She does not hold an academic appointment at a college or university.

Queen

Queen is an African-American female between the ages of 56-66 years of age. She has been a DNP since 2014. She began her PhD studies in 2015 and is presently enrolled in a traditional PhD program. Queen decided to go back to school because she wanted to have the skills offered by both the DNP and PhD making her more marketable. Queen is not an APRN and does not hold a clinical practice. She is employed as regional director of clinical services at a healthcare facility and holds an academic appointment and title of dean at a college or university.

<div align="center">

Data Themes

</div>

Transcendental phenomenology was the method chosen in this study to explore the essence of the lived experience of DNP-prepared nurses actively pursuing the PhD degree in nursing. Moustakas' transcendental phenomenology is focused more on the description of the experiences of the participants and less on the interpretations of the researcher. Data collection began on June 16, 2018 following approval from Barry University's IRB. Interviews were conducted with 12 participants. The researcher identified if the interview

would be face to face or via Skype depending on the distance between the participants and the researcher as well as the preference of the participant. Participants were informed about the purpose of the study, the meaning of informed consent, risks and benefits, as well as the process established for signing consent, completing the demographic questionnaire, and recording the interview. The researcher answered all questions the participants had regarding the study. Two interviews were conducted in person with the additional 10 done on Skype. For those that interviews were conducted in person, the consent form was signed, and the $10 Amazon gift card was presented to the DNP participant with the instructions that the gift card was theirs to keep whether they chose to continue participating in the study or withdraw. The demographic questionnaire was then completed and filed as per protocol. Ten interviews were conducted over Skype. The informed consent and demographic questionnaire were completed by the participants via DocuSign before the scheduled interview. Once informed consent was obtained, a $10 Amazon gift card was mailed to their provided address with instructions that the gift card was theirs to keep whether they decided to partake or withdraw from the research study.

All interviews began with an introduction and purpose of the study explained. The researcher addressed any last-minute questions, and the audiotapes were turned on after receiving permission from the participants. At the end of the interview, a member check interview was scheduled. The researcher than reflected and journaled, which enabled him to make his experiences, thoughts, and feelings visible as well as observations of behaviors of each participant in the study. All interviews were sent to a transcriptionist who signed a third-party confidentiality form (Appendix I).

All transcripts were analyzed and coded according to the systematic procedures

explicated by Moustakas (1994). The researcher utilized the Epoche process to set aside

his biases, prejudgments, and preconceived ideas about the phenomenon so that a fresh

perspective about the DNP to PhD experience was gained. During Epoche, all

commitments with reference to previous knowledge and experience were invalidated,

inhibited, and disqualified (Moutaskas, 1994). The researcher than entered all the

interview transcriptions into NVivo for MAC 11.4 computer software for reduction. Each

participant's experience was then coded to make meaning and linked the transcribed data to

the idea, which was then clustered into categories leading to emerging themes. Powers and

Knapp (2011) defined themes as "recurrent units of meaning that may be discovered at

different levels in data" (p. 83). Individual textual and structural descriptions were

combined to reveal the overall essence of the lived experience of DNPs returning to school

in pursuit of a PhD in nursing.

Data analysis in qualitative research involves preparing and organizing the data and

then reducing the data into themes (Creswell, 2013). Most importantly, reduction of data

must be performed inductively rather than deductively. The researcher must come to the

transcripts with an open attitude, seeking what emerges as important and of interest from

the text (Seidman, 2013).

Themes in qualitative research are outcomes of coding, categorizing, and analytic

reflection, not something that is coded (Saldana, 2016). They are broad units of

information that consist of several codes aggregated to form a common idea (Creswell,

2013). The themes represent the research participants' lived experience as they navigated

though a PhD in nursing curriculum as they transformed into the role of a nurse scientist

following their PhD educational process. They represent commonalities across

participants' accounts. The following three themes were uncovered from the analysis that conveyed the experience of these DNP nurses returning to school in pursuit of a PhD in nursing and clearly grounded the data: *wanting to know something more*, *social-individual tension, and challenges faced to transformational learning* (see Figure 2).

Figure 2. Conceptual presentation of the themes of the lived experience of DNPs returning to school in pursuit of a PhD degree in nursing (Greco, 2018).

Theme: *Wanting to Know Something More*

Wanting to Know Something More can be described as a concealed mean to have a

longing for. The adjective, wanting, can be defined as not being up to standards or

expectations. The desire emphasizes the strength of feeling and suggests a strong intention

or goal. Wanting to know something more presents a discrepancy between the actual state

and the desired state and such progress is rewarded by positive affect. According to

Hajbaghery and Salasli (2005), professional empowerment is a dynamic process that results

from mutual interaction between personal and collective traits of nurses as well as the

culture and structure of the organization. In the following excerpt, participants describe

wanting to know something more from returning to school for a PhD in nursing.

Alex describes *wanting to know something more* from the DNP degree that his

curriculum did not offer. He described further:

> There was a sense of a void when I graduated with my DNP degree. I'm the type of
>
> person that always like to be on top of my profession but when I graduated with my
>
> DNP degree, I wasn't really able to translate research to practice. I lack
>
> statistical knowledge to critically appraise a study and decide if there was
>
> significance to the study. There were many conversations about anesthesia studies
>
> that were being carried out during grand rounds that I was not able to participate in
>
> because I simply didn't understand the entire research process or methods.
>
> I didn't really feel that I understood research methodology and the proper way to do
>
> research and I thought that if I was going to appraise this study and really look to
>
> see if the study was indeed something that I could apply to clinical practice, I really
>
> needed to know the methodology. I just felt the DNP curriculum was kind of being

dumb dumbed down and I knew that I really wanted in a little bit more than I

received from the DNP. I also knew that I wanted to be able to conduct research, I

didn't have that skill set and I wanted it. I also noticed that a lot of the promotions

that were going on in my academic institution were being given to PhDs. Anyone

that was being promoted in the academic institution had a PhD degree.

Ashley explained her lack of statistical testing knowledge. Her description, which

demonstrates *wanting to know something more,* is reflective in the following description:

I felt that I didn't have an adequate amount of research information you know,

from the DNP program that would be needed to conduct a study, even after I

graduated I had a general understanding of research, but I wanted to delve into it a

little deeper. I wanted more than the DNP had offered me. My goal is to conduct

more research and possibly do grant writing in the future so that was one of the

reasons that I went back to school.

Bonita elaborated on *wanting to know something more,* which led her to return to

school in pursuit of her PhD degree. She describes what she wants from her PhD program:

The research that I did during my DNP led me to be involved in further research

and I thought the PhD would be beneficial in assisting me with my research and

also to further my career in academia.

Cher spoke about how she was returning to school for a PhD so that she would not

be passed over for a promotion a second time. She shared her experience:

The university where I was working was conducting a search for a Program

Director for the Nurse Anesthesia Program. They were not looking for DNPs to fill

this role. They would only interview PhDs. So those of us who were there with a DNP realized that the opportunity for advancement was not going to be there. So I decided, "well, I'm going to go back for a PhD so I will have those opportunities too."

Cyndi spoke about not feeling complete after graduating from her DNP program. She decided to enroll in a DNP-PhD bridge program to expand her nursing knowledge and have skills that would develop her as a nurse educator in her role as a university appointed faculty member. She explained her quest of *wanting to know something more*:

> After my DNP degree was complete and I had walked at graduation I wasn't quite satisfied what with I was leaving with. I honestly still felt deprived of nursing education. I'm not sure if this was because my program focused specifically on vulnerable populations rather than comprehensively looking at a population at large. Since I hold a clinical practice and I do teach at a university, I thought that the PhD would bring more substance to my academic community. I enrolled in the PhD in nursing program to have the skills to be able to originate research and contribute to nursing by publishing with my colleagues.

Diddy verbalized how he felt his DNP limited him and did not offer him what it was he needed to *know* to implement research findings. He shared his experience:

> Well let's just say I was interested in research. I knew the DNP would not offer me research skills but I at least the program would cover what was needed to translate the evidence to practice. In order to embark on transitional research, you definitely need to understand research. I didn't have this skill when I finished the program. I

didn't get enough.. I didn't get enough. My point is simply this, the PhD degree will

take you to the next professional level. I did think though, the DNP program was

going to offer me more than what it did. My goal ultimately was to get involved in

research and the DNP really truly only focuses on translational research. And when

I say truly focuses, I mean, like very barely focuses on translation on research. I

think that the only one class in translation and research. But what they don't do was

it really going into the complexities of the different type of research in

methodologies, and that's what I want it. And the literature, you have to understand

the research methodology which I don't think is done very well in the DNP

program.

Ethan voiced a gap in his ability to make meaning from large data sets he would

come across while reading scholarly journals. He described:

What I did in my PhD program that I didn't do in my DNP program was really

gaining experience working with data sets. I really had no involvement with

working with large amounts of data until I got into my PhD bridge program where I

worked on the quantitative side with large data sets. There's a lot of fluff being

publish without real sound scientific nursing evidence. Looking at a study that uses

a large amount of data and making meaning of those numbers was an area that I can

honestly say that I lacked the knowledge to translate the evidence to apply to my

clinical practice. This foundational knowledge is what I was missing when I left my

DNP program. And that knowledge I felt was very important to me, my practice

and my professional development. This was one of the main reason I decided to

enter the DNP-PhD bridge program. I found this skill to be essential in the

translation of evidence practice and sought out a PhD program to fill the educational gap I had limiting my ability to utilize sound evidence. This content should or maybe is incorporated in all DNP program but in in my DNP program it was not.

Liam described how he *wanted to know something more* that was different from the clinical nurses who practiced around him. He explained:

My clinical practice includes 40 hours a week in a hospital. I am a manager of a CV Intensive Care unit. As you know, I am a nurse practitioner. I also hold a part-time clinical appointment at one of the local universities. The reason what made me decide to really go from the DNP to the PhD is when I started to notice that my chief nursing officer who has the PhD kind of look down on the DNP. Since it had been around for a long period of time, when I first got it I was very new and I was really recognized for having this degree because of a something unusual for the units to have and I think that is what gave me the promotion to the position I am currently in. I knew that having skills require to conduct research were important and I lacked these skills. So I decided to go back to the PhD program so I can be a step above by nurses. I guess that was the motivation was that I wanted to be on top of the nursing profession so I'm returning for the Ph.D. so that I could be – I could have a little bit more lead way, I guess, in terms of promotions and I guess get that respect that I needed.

Maxwell verbalized *wanting to know something more,* enabling him to better mentor his students enrolled in his program. He describeed his experience:

I thought it would help me do my job better. And many times I've gone to advise a

student, especially a DNP student about their project, or I'd been reading an article

or something, and you get to the method section, and I think "You know, if I had a

PhD, I would be able to advise the student better about methodology or whatever. I

wanted to have more understanding of the research process and methods" And as

I'm reading an article, I think I would understand the article better if I had a research

background." And then the Bridge program started to pop up a few years ago, and I

thought, "You know, this I might be able to do."

Misty spoke about occupying a different nursing role and needing additional skills

to attain this goal. She shared her plan as:

I was interested in health policy. I was also interested in possibly working for the

Centers for Disease Control (CDC) or the National Institute of Health (NIH) at

the time I decided to enroll in the PhD program. I recognized the fact that I

probably needed that PhD, that heavy research-based degree, in order to be

appropriately prepared for that kind of role.

According to **Nicholas,** having the skills obtained from his PhD program would

open doors for professional advancement. He further explains:

I wanted to really understand the research methods and the research process and I

felt deficient of those skills. I feel having these skills would be good for career

advancement. I have always wanted to take part in research studies. This PhD

degree gives me what I need as a clinician. I am able to take a clinical problem

and research it myself without having to find a researcher to carry out this task for

me. I now have the skill set and the knowledge to actually research a clinical

problem. Having these skills has opened doors for me and I am serving on the

research committee in the medical center that I practice at.

Lastly, **Queen** spoke about understanding the degrees and the different roles and

responsibilities required of the nurse holding the DNP or PhD degree. She described her

experience as:

I understood by doing a DNP, I saw the difference in the roles and that the DNP

job specifications were and I noted what the expectations for the job

specifications for the PhD and I wanted to versed in both worlds.

The DNPs in this study verbalized *wanting to know something more* in terms of

education advancement, which invigorated them to return to school to pursue a PhD in

nursing degree. They highlighted what they deemed to be essential attributes leading them

to gain more nursing science knowledge.

<div align="center">Theme: <i>Social-Individual Tension</i></div>

The theme of social-individual tension was represented in this study by reasons that

led the DNPs to return to school in pursuit a PhD in nursing. Personal and social needs are

strong motivators that move individuals towards action and self-realization. The word

motivator is defined as conditions encouraging people to invest behavioral energy in their

work, activities people are likely to focus their efforts on (directional), and what makes

people persist in such efforts over time (persistence) (Ellemers, De Gilder, and Haslam,

2004). The persona needs that influence the DNPs could be intrinsic or extrinsic factors,

which are considered to be the primary reason the participants chose to return to school in

pursuit of a PhD in nursing. The description of *personal needs* connected with the

expressions of the study participants. The DNPs described *social-individual tensions* to

pursue a second nursing doctoral degree in the transcriptions below.

Alex describes his *individual tensions* while enrolled in the PhD program. He talks

about factors that inspired him to return to school and tensions he faced.

Having the skills to conduct research was definitely one of the reasons why I

decided to pursue a PhD degree as well. Some of the factors that motivated me to

pursue a second doctorate was pretty much a lot of extrinsic factors, I definitely

wanted promotion. I thought that there will be a lot more opportunities that I had

with this PhD degree, the same way I thought this opportunity would be there with

my DNP degree. And when it comes to promotion or getting that job opportunity

where they need somebody that's a little different, I thought that having the PhD

degree and the skills that come with the degree will certainly be that difference and

would allow me to excel in my career. So that's why I was motivated to get it. It has

not been an easy goal I might add. With a wife and a newborn at home I frequently

struggled with time management. Dedicating time for my scholarly work coupled

with my jobs really tested my organizational skills.

Ashley shared her story of being passed over for a job promotion because she did

not have a PhD degree. She explained her *social-individual tension*:

The greatest benefit will be, and I hate to say this but, there are still a lot of people

that don't consider the DNP to be a true doctoral degree in nursing and there have

been a couple of jobs that I didn't get, because they wanted a PhD. So that's why I'm

pursuing this degree and that's you know I hope to gain more opportunities by completing this degree. I am a little bit anticipatory because I'm already assuming that once I graduate, I will be offered bigger and better opportunities, because that's what I've been told.

Cher's and **Cyndi's** voices mirrored that of Ashley's. **Cher** explained how she was passed over for a position as Nurse Anesthesia Program Director because she did not have a PhD degree. Cher would eventually like to transition into an academic role and has decided to return to school for a PhD so she will not be passed on for promotion or even a tenure track position. She spoke about her *social-individual tension*:

> The university where I was working was looking for a Program Director for the Nurse Anesthesia Program. They were not looking for DNPs to fill this role. They would only interview PhDs. So those of us who were there with a DNP realized that the opportunity for advancement was not going to be there. I decided, "well, I'm going to go back for a PhD so I will have those opportunities too."

> So that factored in like if I did want to get back into teaching in the Nurse Anesthesia Program, maybe I should get a PhD because, then, I could assume a higher level job and it will give me more clout within the university rankings. Eventually I'd like to transition to the full-time academic setting and I want to have a degree that will allow me a promotion as oppose – when I say promotion, I mean tenure, as opposed to being passed over simply because I have a DNP degree. I certainly have the experience, I have the leadership training and I will have the degree that can put me forward into a tenure position maybe even in assistant

associate or even a dean position in the future. I think my motivation is it is extrinsic. I think it will offer me more opportunities.

Cyndi described in one sentence her individual need to return to school in pursuit of a PhD in nursing: "If you asked me what motivated me to return to school I would tell you for validation as this would influence future promotions for me and maybe even tenure."

Just like **Ashley, Cher,** and **Cyndi, Ethan's** motivation was to position himself for the future. **Ethan** explained:

Going back for the PhD was something I thought about over and over but was always hesitant about doing. Once I heard my former university established a DNP-PhD bridge program, I told my wife I was applying. I am a firm believer that no one knows what the future in healthcare will be like. We see it changing from year to year. By returning to school for my PhD in nursing, and having already completed the DNP, I will be ready for the future. If this means a better paying job, better position or title, I will be ready for whatever position is offered to me.

Queen wanted to be considered for all future job opportunities in academia. She describes her *social-individual tension* and how she is has professionally positioning herself for opportunities:

What really motivated me and made me want to return to school the most was because you have some institutions that say, "Well, many colleges and universities didn't want to hire DNP, they wanted you to have the PhD." So now, either now that I'm coming to the end of my vocation with a PhD, I am very happy that I sought to accomplish the degree.

Bonita was inspired by her fellow PhD nursing colleagues at her university who conducted research and included her in the study process. Her involvement determined her to return to school to further develop skills to conduct research. She described her story:

The institution that I was employed in there were a number of individuals who had

PhDs who I found very inspirational and who were very influential and also helping

me think about pursuing the PhD degree and I liked being involved in their research

and wanted to develop these research skills. I like the small number of tasks that

they gave me, and so they inspired me. And I like that they were able to publish and

that their research was being disseminated and actually used to improve patient

care.

Diddy shared his experience of serving on a hospital research committee and recognized he lacked the skills to conduct research. He explained his *social-individual tension*:

I was invited to serve on the research committee at the medical center where I was

practicing at that point in time and I thought if I had a better understanding of the

research methodology and entire research process, I would be seen as being a more

credible committee member amongst other researchers. Because you know, the

hospital setting you have physicians, biostatisticians, and hardcore researchers…

and then you have little only me with my DNP with-- you know, I had a very very

superficial understanding of what methodology really was as I lacked the skills to

conduct or even discuss research. Attending the first research committee meeting

motivated me to further my education and look for a PhD program that was a good

fit for me as I wanted the skills needed to conduct research. I enrolled as more of

means for professional development and that's what is more important to me that after the money.

Liam voiced that most of the promotions at his university where he holds an academic appointment promotes PhD faculty. Liam described that having the skillset to conduct research, and many professional doors will open. He spoke about his *social-individual tension* that is focused around his need to return to school:

> Since I also work in the academic setting, I noticed that all of the positions, all of the promotions whether they were deemed promotions or what have you, they were only promoting the PhD faculty. So eventually I'd like to transition to the full time academic setting and I want to have a degree that will allow me a promotion as oppose – when I say promotion, I mean tenure, as opposed to being passed over simply because I have a DNP degree. I certainly have the experience, I have the leadership training, and I will have the degree that can put me forward into a tenure position maybe even in assistant associate or even a dean position in the future. So I think my motivation is it is extrinsic. I think it will offer me more opportunities. It certainly can offer me more money and I think that's really why I went back for the PhD degree- just to stay one up. One of the biggest benefits of obtaining my PhD degree will be many doors will open and they will be many more extrinsic benefits for me. I will also feel better about myself. I know that I will make a difference in nursing by conducting research because I'm going to have those skills.

Nicholas and **Liam** spoke of similar motivational factors. **Nicholas** described his *social-individual tension* as a non-specific gap in his nursing knowledge after completing his DNP degree. He explained that having the PhD may open up some career opportunities

for him without increases in salary. He explained:

> I think there are some motivational factors both intrinsic and extrinsic, that really
>
> made me want to return for my PhD degree. There was some nursing knowledge
>
> that I felt void of, and I thought that maybe going for the PhD degree would help
>
> me with develop these knowledge deficits I felt I had. I know I didn't return for
>
> money or a raise. I am maxed out in my career in terms of what salary I can make.
>
> Having this degree (PhD) may potentially open career opportunities for me.

Maxwell voiced he returned to school to have a broader sense of research
methodology. He described having strong research skills allows him to better mentor his
students with their DNP projects:

> I thought having the PhD and the skills would help me do my job better.
>
> And many times, I've gone to advise a student, especially a DNP student
>
> about their project, or I'd been reading an article or something, and you get
>
> to the method section, and I think "You know, if I had a PhD, I would be
>
> able to advise the student better about methodology or whatever. I wanted to
>
> have more understanding of the research process and methods" And as I'm
>
> reading an article, I think, "I would understand the article better if I had a
>
> research background."

Lastly, **Misty** joyfully describes how she enjoyed her DNP program and the
curriculum that she professionally wanted to expand her knowledge and skills as a nurse
researcher bridging the gap between clinician and researcher. She spoke of her *social-individual tension:*

You already have a doctorate, there's no reason for you to pursue it in terms of adding another doctorate. It's not something that's necessarily required, but you have to stay self-motivated. You have to be dedicated to finishing the process or it can very much pass you by, and you become very disinterested. I really enjoyed the DNP program, and that I wanted to continue to study research and to learn the other aspects of it, and I thought that it would be an interesting perspective to see the two components, the two degrees, inside of one person, so that I could be that person who bridged that gap between those two degrees and between the ways that they are utilized, both in the clinical setting and in the research setting. in order to stay self-generated and self-motivated, you need to have some very specific reason why you want to pursue this, and maybe it's just that you want to pursue a very specific phenomenon of interest, but whatever brought you here, it needs to be very clear to you. Not just because other people are doing it or because it seems like a good idea, but because you have some very specific reason why you think this degree will serve you well.

Theme: *Challenges to Transformational Learning*

The noun, challenge, can be defined as something needing great mental or physical effort in order to be done successfully, or the situation of facing this kind of effort (Cambridge Dictionary, 2018). Adult learners juggle multiple roles while attending institutions of higher education. Adult students' challenges faced while navigating through a PhD are discussed. Evidence has demonstrated that time management does not lead to better outcomes; rather, it is the belief that students have control of their time. A study conducted by Macan, Shahani, Dipboye, and Phillips, (1990) demonstrated that when

graduate students believe they had control of their time, they perform better in coursework, report less stress, and feel less overloaded. A number of programs developed by psychologists help people manage their time better, and they tend to result in greater control perceptions (Hafner & Stock, 2010).

Transformation refers to a movement through time of reformulating reified structures of meaning by reconstructing dominant narratives (Taylor & Cranton, 2012). *Transformative* learning refers to transforming a problematic frame of reference to make it more dependable in our adult life by generating opinions and interpretations that are more justified (Taylor & Cranton, 2012). *Transformative* changes for nurses are taking place and described by Salmond and Echevarria (2017) as:

> Nurses, because of their role, their education, and the respect they have earned, are well positioned to contribute to and lead. To be a key player in influencing these changes, nurses must understand the factors driving the change, the mandates for practice change, and the competencies (knowledge, skills, and attitudes) that will be needed for personal and system wide success. (p. 12).

This description of *transformation* coupled with challenges faced by the DNPs who have returned to school in pursuit of a PhD in nursing connected with the participant's voices in this study. The following stories provided insight about the participants' experiences. They explain how the education experience of returning to school in pursuit of a PhD in nursing has been challenging time during their transformational process.

Alex described the *challenges* that returning to school presents. He spoke about some of the challenges:

This is definitely a challenging experience! I definitely want to use that word. It is

definitely a challenging experience, it was a humbling experience because you are

that student again that is back in a desk writing papers for grade, trying to appease

your professors. I think you have to be ready if you're going to return to school for

PhD from being a DNP, you got to be willing to accept the challenges, you really

have to know why you are coming back to school. Because what is it that you want

because you're definitely going to be faced with many challenges. You will have

time constraints of balancing family, your job, your hobbies with the academic

requirements. Time management is very important! It's actually very hard to go

back to school for the doctorate degree especially when you already hold a terminal

degree. My transformation took place when I started working on my dissertation.

That's when I felt really the hardcore rigor of the PhD program. That's when it all

came together It was no joke. That's when the work needed to be done and I felt the

challenge and struggle of balancing life. I feel like I neglect my wife on weekends

but I need to get through this academic exercise. And certainly, the program was a

lot more rigorous than the DNP but only I can say that because I did both and can

compare it.

Bonita describes *challenges to transformational learning* as a financial challenge

during her studies that stemmed from curriculum and programmatic changes. She spoke

about this as follows:

This program that was offered to me was supposed to take courses from my DNP,

but after I got into the program, the program changed a bit on me so that I ended up

taking more courses which put more financial burden on me for the program. That

was one thing I did not have that in the DNP, I had a dedicated, I knew that was my

DNP, these were the courses that I was going to take and I would be done on this

day in this year, I did not have that with my PhD so it seems to be extending, it's

very, my time frame is more driven by my committee and I did not have that same

distraction in the DNP. I mean we had a time frame, this is what we are doing, this

is when we were getting done, we were finished at that time. The PhD it seems that

it's a little more flexible. I just have to make sure I allot time in my schedule for my

coursework.

Cher shared her experience with challenges she faced with managing two PhD

courses, developing anxiety, and feeling overwhelmed. Cher described her experience as

follows:

The first two semesters, it was very, very good. The third semester was just

overwhelming. I have never been one to have anxiety. And one Saturday morning, I

think I had a full-blown panic attack. My heart was raising. My head hurt. I was

very, very stressed out. I was taking two courses, one of them being Statistical

Analysis I. I just felt like I didn't know anything. And I was overwhelmed. And I've

been working on SPSS for about four hours and I couldn't quite get it. And I was

You-Tubeing and doing all these. And you know the funny thing is as an adult

learner you don't always think about this. But I finally sent my professor an email.

And he said, "If you're working on it for more than an hour and it's not working,

you should send me an email." This Statistician, this Professor of Stats is fabulous.

He's the one supportive person in my PhD program. So then I kind of got through

that. And then the fact that I couldn't convince this professor that my concept was

something worthwhile and I said, "Well, maybe this is not the right program for me." So, I took a leave of absence. And I looked at transferring, actually. But the program I'm in is so wonderful with the bridge that I said, "You know what? Just go back. Finish.

Ashley, Cyndi, Diddy, Liam, and **Maxwell** echoed each other's description by voicing their *challenges* to be related to time management. The told their stories in the following excerpts:

Ashley stated:

Time management is a big challenge because now, I'm almost 50 years old, and I have a well-established career, I work, I have a family, so time management is always a challenge. The other challenge I find is as soon as I tell somebody that I already have a DNP they're like, "You're crazy, why are you doing this?" You know that's the first question I get is why, why would you do that to yourself? So it's disappointing to me because I want nurses to get to a place where we accept and embrace education and progression of our professional development. I just don't see that happening a lot, you know when I tell people that I'm pursuing a second doctorate I mean initially their impressed but they're also wondering if I need a psychology counsel, right? So that's been my biggest challenge is, I think my fellow classmates also believe that everything that I'm learning right now, I've already had which is not true. I work very, very hard to stay on top of things and maintain good grades right now in the PhD program. So it's as easy for me as it looks, it's just as difficult for me as it is for them. The DNP track for me was very different than what I'm learning here, and they don't realize that. So I think a lot of it is just

misperception of my existing knowledge. As I transform and navigate through this PhD program, I can say you're expected to read and be on top of things to understand the material, and not just looking at the literature but also being able to synthesize it. That's a skill that only comes with practice and one gets better at it as they develop skills required to transform into a researcher.

Cyndi spoke freely about her *challenges to transformational learning* and recognizes a transformation that was made from her clinical doctorate to her PhD. She explained:

One of the good things about my PhD program was that the faculty really taught us and trained us and anticipated some sort of transformation from the first day of school the faculty really made sure that we were able to make critical paradigm shifts without the learning going from DNP to the PhD. They wanted to really take the information that we had already mastered and build on it by giving us new information that we fit into our pre-existing knowledge structure. This really helped us to recognize where we were. When I entered the program and where the PhD program has developed me as a nurse scientist is really evident on how I transformed myself, my thinking, and my scholarly mindset. All of this skills while exercising and learning the research process were further developed. If I could mention to you when I found difficult about returning to school for the PhD it would certainly be juggling time. From working as a clinician for well over 20 hours a week and teaching at a university for let's say 30 hours a week but we all know teaching full-time in university really is about 100 hours a week. So just trying to manage my clinical balance my academic balance and my academic

coursework was really a challenge. Another thing I found to be more of a nuisance than a challenge was constantly answering to people why I went back for PhD. There will comments made that I'm a perpetual student, that I love school, that I'm an overachiever. I felt the DNPs gave it to me the hottest I don't know if it was jealousy or what it was, but I felt that I always needed to explain myself more to them to them.

Diddy spoke about *challenges to transformational learning* as a time management issue:

Time is always an issue, I currently have the worst time management struggle. I took a faculty position at a university that was developing a new curriculum at the same time I enrolled and started taking classes in the PhD program. So I have a lot of stress related to developing new curriculum in addition to working on my PhD. But it such an [inaudible] too because the PHD offered me electric[?]. What they called it cognate courses. And so for this Cogent, I took curriculum development and program evaluation to help me with my current job so it was actually beneficial in one way and very time-consuming in the other. I think because of the complexities and the bigger of the program, the PhD really changes how you appraise research studies. I don't think any DNP program would change the way I look at and evaluate research. I think it just reinforced that we already knew and then gave me a little bit of more knowledge in terms of like, you know, leadership mentoring and a couple of other-- like DNP essentials. However, what it didn't do was really provide me, a really good foundation on research methodology and that's what I'm going to do now. Now that I'm toward the end of my didactic portion in

my program, I'm going to take my comprehensive next summer. I look at research completely different and that's the transformation that I actually wanted and that's exactly what I'm going to do now.

Liam also struggled with the time management while pursuing his PhD degree. He discussed his *challenges to transformational learning:*

 Now, some of the challenges that I have faced while I've gone through the DNP degree, a lot of it has to do with time management. Like I said, I'm juggling a 40-hour position and I'm taking these two classes. So its kind have been very, very difficult in that sense to navigate through the curriculum. When I went through the DNP program, I just really went through the courses. This new experience that I'm in has really taken up a lot of my time. I think all of my weekends are just dedicated to PhD course work. After I feel like I write one paper, there's another paper on the back burner that's waiting to be touched. So it's been pretty, pretty challenging. I certainly had to alter my own schedule for this type of a program I don't even know what else I can say about that. I think time management has been the most challenging. I think another part that's been challenging is with my Ph.D. cohorts is I always try to define the role of the DNP. I have to always tell them what the role of a DNP is because everybody has their own take on the DNP degree. A lot of them may say, oh, the Ph.D. is so much harder but basically, they don't know that because they've never been through a DNP program before. The PhD program really transformed the way I was thinking and really help me to ask the appropriate questions and allowed me to think outside the box so that I am able to come up with correct questions answering my research problem.

Maxwell described *challenges to transformational learning* as he entered his

PhD program and struggled initially with the time management:

It was still going into the unknown and I knew that doing it. Now, once I started

back with school, and I started to see how school fit or maybe didn't fit with my job,

I tried to make adjustments. And the way my program is set up, it's specifically a

bridge program for DNPs who want to get a PhD, and they have it in a cohort

method where you take two courses at a time. So, I was taking two courses, and I

had my allotted study time in the evening, and weekends et cetera. It was very hard

juggling my academic job and my own academics. Both require a lot of attention.

Its been very challenging to juggle all my work responsibilities with the limited

amount of time in a day. If only we can expand the hours in a day.

Ethan shares *challenges* he faced during his *transformation* and described them as

follows:

This process has been challenging, and I can't deny that. I definitely experienced an

'Ah-ha' moment when I was working toward my PhD from my DNP. Maybe

because I went through a DNP bridge program that I really felt I wasn't

professionally where I wanted to be. Since the university I attended had already

recognized my DNP work, basically, I enrolled in some other required courses and

moved toward the PhD. There were some classes that I did not need to take, such as

some of the statistics classes, some of the philosophical underpinning type of

classes. But I definitely took a lot more research method-type courses. Like I said,

working with large data sets on the quant side, conducting thematic analysis,

coding, interviews on the qualitative side. I did not have this experience on the DNP

side. I did not expect that experience in the DNP curriculum, but there are a lot of

people that actually feel that that's exactly what they did. I hate to say this but they

don't know what they don't know. And by knowing, coming into the program

knowing, I think that really allowed me to transform into the nurse scientist that I

am actually going to be when I graduate this year. There was definitely a

transformation that I felt from the clinical side to really thinking as a scientist.

Nicholas described his time-management *challenges* of the DNP-to-PhD bridge

program. He elaborated on the rigor of his program and altering his work-life balance by

stating:

I started this program in September of last year, so I'm really only in the program

for about 11 months now. I just finished my third semester taking 6 credits, and I

feel like I'm a full-time student. So, this DNP-PhD bridge program, excuse me, has

been a lot more rigorous and has definitely challenged me more than I initially

thought it would. It is a lot more rigorous than my DNP program was which is

completely different than what I thought it was going to be like. I really had to alter

my work life balance because the program does have such high demand for my time

and does take a lot more of my time away from me- the limited free time that I had.

So, it's definitely different than the DNP degree in that sense where I was still able

to still juggle everything that I did outside of my practice. I had to resign from my

per-diem job because there was simply no time left for me to work additional hours.

I like to describe this experience as a natural transformation or natural progression.

I feel myself transforming from one place to another in terms of my academic

growth. I think that I knew what I was up against and the challenge that I was

accepting, so I really welcomed it.

Misty described a *challenge encountered to transformational learning* as

attempting to stay engaged during her PhD studies since she had already obtained a clinical

doctorate degree. She explained:

It's 2 years as a DNP, and now another 3 years as a PhD, so it's a long time to be a

student, particularly as an adult with a full-time professional practice, and to

continue to stay engaged in that and try to see it through to the end. For me, it's just

been kind of a marathon process, in that respect. Kind of found that the most

challenging part of it.

Although above, **Misty** described the challenges she has faced returning to school

in pursuit of a PhD, she denied feeling a *transformation* but described how this was felt for

her during her DNP studies rather than during her PhD coursework.

The PhD has not been a transformational process for me. I felt more of a

transformational change when I was navigating through the DNP curriculum. I

think that nursing recognizes that there is a *Transformation* that is taking place

inside of the profession of nursing since many of the specialty clinical programs are

converting to a doctorate entry practice degree.

Queen described how her worldview has changed as part of a professional

transformation:

After completing the DNP degree and starting the PhD program, I now see things

differently. If something is going on in nursing and interests me, I recognize this as

an opportunity to investigate the problem. Let's see what I can do to come up with

something that will benefit nursing and make this discovery work forever. Having

the knowledge to practice as a nurse scientist allows me to think differently and see

things in a different light. This transformation has taken place and has transformed

my thinking as opposed to just one hand and looking at what someone else had

already researched and put into place. I now have the skills to create and develop

allowing me to be an active participate creating solutions for our profession. This

transformation is taking place, but I have to say, it's not taking place without me

putting in hard work. It is tough juggling a full-time job and school and all.

Individual Textural and Structural Descriptions

Using Moustakas' (1994) transcendental phenomenology approach, the essences of

the phenomena is derived from the participants' experiences allowing the true meaning of

phenomena to naturally emerge with and within their own identity. The researcher's role is

to generate the textual narratives of what the participants experienced and structural

narratives of how the participants experienced this for each participant. The textural

descriptions are derived from significant statements and themes of what the participants

experienced (Moustakas, 1994). The statements and themes are also used to write a

structural description of the context or setting that influenced how the participants

experienced the phenomenon (Creswell, 2013). The textural and structural narratives are

then combined and synthesized into a longer description that conveys the essence of their

experiences (Creswell, 2013). The final step in the phenomenological process involves

integrating the textural and structural description into unified statements of the essence of

the experience representing the group as a whole (Moustakas, 1994).

Alex's Textural Descriptions

Alex has been a DNP for 8 years and began his traditional PhD program studies in 2013. He successfully completed the PhD requirements in 2015 . Alex described his experience of what it was like in the PhD program as follows:

> Returning to school for PhD in Nursing, after a completing a DNP degree, was actually a lot of work, a lot more work than I had expected. I felt that I asked myself why I am doing this and returning to school for this PhD degree. I don't teach in a school so it's not like I needed this for my job. There was something that I wanted from the degree, I felt a void. I'm the type of person that always like to be on top of my profession. I will most likely need the PhD degree if I want a position in the C-suites one day. When I graduated back in 2010 with my DNP degree, not as many CRNAs had the degree as they have now. Not a lot of nurses really had earned the degree. And I've watched the DNP degree really take the transformation of change from when it first, when I first started the program, which was in about 2008, to where we are now.

Alex's Structural Descriptions

Alex is a CNRA and holds a clinical practice. He does not hold an academic appointment at a college or university. He explained how it was like returning to school in pursuit of a PhD in nursing:

> It was very exhausting. You had to know exactly what it was that you wanted to get out of the program. I have the motivation to pursue this PhD degree because I wanted more, I needed more and I wanted to stay at the top of my profession.

Returning back to school, I frequently reflected and asked myself why am I doing

this. I didn't really see in overlapped and the course work like some people say there

is, a lot of the theoretical foundation and methods that I learned in terms of research

were new to me, I didn't learn this in my DNP program. There was a lot of

vocabulary or advanced nursing words that I had covered and learned and I knew

about in terms of evidence space practice. But in terms of learning research and the

research methodology, that was all new to me

Ashley's Textural Descriptions

Ashley has been a DNP for 7 years. She returned to school in pursuit of the PhD in

nursing in 2017. She described what her experiences have been like as she navigated her

way through the PhD program:

I was unsure and a little bit anxious about what the PhD entails. So I looked into

various programs to see what I was interested in since I am already teaching with

the DNP and my background is in Nursing Informatics. Since I'm already teaching

with the DNP, I thought "well, a PhD in nursing education would benefit me

further." My goal being to conduct more research and possibly do grant writing in

the future so that was the reason that I went back to school.

Ashley's Structural Descriptions

Ashley is a case manager and holds an academic appointment at a college or

university. She explained how it is been for her returning to school in pursuit of a PhD in

nursing:

This process has been a challenging experience for me. It's been a long, tiring

process. I graduated with my DNP in 2012 and so it's been a few years since I did

any writing and studying. In the PhD program, there is a lot of writing assignments

that is built in the curriculum to prepare and equip you with the skills needed for

publication. I found that to be the hardest part, but I've enjoyed it so far.

Bonita's Textural Descriptions

Bonita has been a DNP for 6 years. She returned to school in pursuit of her PhD

degree in 2015. She is presently enrolled in a DNP-PhD bridge program. She described

what her experience as a full time clinical FNP and a student in the PhD program has

entailed below:

Well, my experience as a working full time doctoral prepared FNP, it has been very

challenging to be able to navigate full time work and study and be able to have a

life outside of the demands of the PhD program. I have received support from my

husband and this has been very helpful for me.

Bonita's Structural Descriptions

Bonita is a family nurse practitioner and holds an academic appointment at a

college or university. She explained what it is like returning to school in pursuit of a PhD

in nursing:

The experience of returning to school has actually been good for me. The faculty in

at my university and my dissertation committee have been willing to work with me

and help me work out some of the time-management issues I was faced due to a

health condition I had. They've been very supportive of my idea and they have been

able to help me really focus my idea into a specific draft the title of what I want to

do at this point. For me, I will tell you that at the end of year, I ended up having to

take some time off a semester because of illness so that kind of lengthen my time

frame in the program. Everybody has been very supportive but I think I chose a

very good committee to assist me so I'm not having any difficulty with my

committee members and from this, I am having a good experience like I had hoped

it would be.

Cher's Textural Descriptions

Cher has been a DNP for 7 years. She returned to school in pursuit of her PhD

degree in 2016. She is presently enrolled in a DNP-PhD bridge program. She shared what

it is like as a PhD student below:

If I can share my experience with you, what I will say that initially I was really,

really excited about returning to school for the PhD because I must be one of those

crazy people who just loves learning. I went and enrolled in the research based

degree because I saw in academia that the DNP was not given the same clout as a

PhD. I don't have challenges with assuming the student role and the novice role. I

feel that maybe is because I have been an educator for Nurse Anesthetist and seen

students struggle with that. I didn't struggle with that at all. I was very excited about

learning and being able to get what I could get from these brilliant professors that

were going to teach me research methods developing me as a nurse scientist.

Cher's Structural Descriptions

Cher is a CRNA and holds both an academic appointment at a college or university

and a clinical practice. She explained how it was for her returning to school in pursuit of a

PhD in nursing:

So the fascinating thing about enrolling in a bridge program was that I transferred

18 credits into the PhD program. Most PhD students are required to take 9 to 12

credits of cognates. I didn't have to take cognates number 1 or 2. I found that my

DNP experience and education really set me up for success in the PhD. Just from

the DNP experience, my cognate requirements were waved. When you look at the

theory of knowledge, the philosophy, all of that, my writing skills, my APA format,

my ability to delve into the literature was so much better than my colleagues who

are MSNs going for a PhD in my cohort. I didn't find that it was a hindrance to have

done the DNP. I really think that it was a benefit. But would I tell another person

getting a DNP and then do a PhD? No. What I advise them is, "Let's talk about what

your career goals are and what is it that you want to do." And then I'll help them to

discern which degree may be best for them. And then share with them my personal

experience. So how has this experience been for me? Well I must honestly say, its

been a great experience!

Cyndi's Textural Descriptions

Cyndi has been a DNP for 9 years. She enrolled in a DNP-PhD bridge program in

2011 and successfully completed her studies in 2015. Cyndi remembers the experience of

returning to school and talks about it below:

If I can share with you my experience and what it was like for me to return to

school almost 7 years ago, I would have to say I found it aggravating that I was

constantly answering to people why I went back for PhD. There were comments

made that I'm a perpetual student, that I love school, that I'm an overachiever. I felt

the DNP's passed the comments to me the most. I don't know if it was jealousy or

what it was but I felt that I always needed to explain myself more to them to them.

Cyndi's Structural Descriptions

  Cyndi is a Mental Health Nurse Practitioner and holds both an academic appointment at a college or university and a clinical practice. She explained how it was for her returning to school in pursuit of a PhD in nursing:

> We all know that returning to school is very stressful. There are days when you
>
> made the connection with the content and other days when you want to just throw in
>
> the towel and give up. I have to say the faculty in my PhD program really
>
> supported us and trained us well. They knew what we were going through each
>
> step of the PhD process. The anticipated the transformation from DNP to nurse
>
> scientist. From the first day of school the faculty really made sure that we were able
>
> to make critical paradigm shifts. It was evident that they structured the program so
>
> that we were able to take essential information that we had already learned from our
>
> DNP program and build on it by giving us new information that we fit into our pre-
>
> existing knowledge structure. It really was evident on how I transformed myself,
>
> and my thinking. This was a stimulating experience, but I wouldn't trade in the
>
> experience I had for anything.

Diddy's Textural Descriptions

  Diddy has been a DNP for 5 years. He returned to school in pursuit of her PhD degree in 2016. He is presently enrolled in a DNP-PhD bridge program. He described his experience as what is like as a student in the PhD program as follows:

> My experience of living in the student role again has been a quite interesting
>
> experience. Let's start with my family. My family doesn't understand what it is I'm
>
> doing and going through. Co-workers, especially in the clinical settings, don't

understand why I am even going for this degree considering there's no obvious

monetary benefit from getting it. But I don't look at it as that, I took it as more of

professional development and that's what is more important to me rather than the

money. Time is and always has been an issue. This is the worst and the hardest

thing to manage. I took a faculty position at a university and we are developing a

new curriculum at the same time I started the PhD program. So I'm faced with a lot

of stress in terms of developing new curriculum in addition to working on my PhD

assignments and work. I can't say it has been a bad experience, it actually has been

very helpful. Enrolling in PhD classes has been very helpful for me as I develop in

my role as an educator. In my program we are required to take and so for this

Cogent, I took curriculum development and program evaluation to help me with

Diddy's Structural Descriptions

Diddy is a CRNA and holds both an academic appointment at a college or

university and a clinical practice. He explained how it was for him returning to school in

pursuit of a PhD in nursing:

I initially had a hard time finding a PhD program that was be a good fit for me.

Finally, I found a program that seemed to fit my objectives and what it was that I

wanted form a program. My program that I am enrolled in now is providing me a

really good foundation in research methodology what is what I was looking for. I

was missing this in my DNP program and really see the importance of this skill-set.

I'm going to take my comprehensive exams next summer. This program has

developed my skill of critiquing research articles that I look at research studies

completely different then I did before I enrolled. The program experience has been

an enjoyable one and I am benefitting from it. This is the transformation that I actually wanted and that is exactly what I'm getting. And another thing is this, the PhD experience has exposed me to generating quality research.

Ethan's Textural Descriptions

Ethan has been a DNP for 8 years. He returned to school in pursuit of her PhD degree in 2017. He is presently enrolled in a DNP-PhD bridge program. He described what his experience has been in the PhD program below:

I definitely experienced an 'A-ha' moment when I was working toward my PhD from my DNP. Maybe because I went through a DNP bridge program that I really felt the transition. Since they had already recognized my DNP work, basically, I just built with some other courses and moved toward the PhD. There were some classes that I did not need to take, such as some of the statistics classes, some of the philosophical underpinning type of classes. But I definitely took a lot of research methods. Like I said, working with large data sets on the quant side, conducting thematic analysis, coding, interviews on the qualitative side. I did not have this experience on the DNP side. I did not expect that experience on the DNP side, but there are a lot of people that actually feel that that's exactly what they did. I hate to say this but they didn't know what they didn't know. And by knowing, coming into this program knowing, I think that really allowed me to transition into the nurse scientist that I am actually going to be when I graduate this year. There was definitely a transition that I felt from the clinical side to really thinking as a scientist.

Ethan's Structural Descriptions

 Ethan is a CRNA and holds both an academic appointment at a college or university and a clinical practice. He described returning to school in pursuit of a PhD in nursing:

> After completing the DNP degree. I always said I would never return to school again. Well I guess this is just an example of never say never. Although I respect and I enjoyed the DNP process, I don't really necessarily agree that it is a terminal degree like it's meant to be. My program very much focus on population health, those groups of people that are at risk. This really narrowed my focus and my world view to just that. We really weren't open and thinking outside the box. We weren't thinking about comprehensive care or other populations, we just really focus on that vulnerable population. This really narrowed my focus, basically all my assignments and project where pigeonholed into this focus. Yet the DNP got me thinking outside of my norm, but not in any way that can comprehensively care for a patient. The PhD in nursing program, well I can at least speak from my PhD program, is a bridge program and basically it has filled many gaps that I had in terms of my research knowledge. I am very satisfied and still have not yet completed all my required coursework. This has been a very fulfilling and pleasing experience. Yes, they do say that the DNP and the PhD have different focus but you really cannot translate evidence and you can't implement that evidence without having the knowledge to really understand and determine if the data out there is reliable and valid.

Liam's Textural Descriptions

Liam has been a DNP for 8 years. He returned to school in pursuit of her PhD

degree in 2014. He is presently enrolled in a traditional PhD program. He went into a PhD

program because he taught at a university, and his institution was only promoting PhD

faculty. He described what it was like to return to school in pursuit of a PhD degree:

> It's actually been a good experience. I have really enjoyed a lot of my classmates,
>
> my co-workmates, my faculty members, and I think that I really just have enjoyed
>
> this traditional process as I moved from my DNP to my Ph.D. degree. It's been very
>
> enlightening. I guess I didn't realize how much I knew until I went through the
>
> process.

Liam's Structural Descriptions

Liam is an acute care nurse practitioner and holds both an academic appointment at

a college or university and a clinical practice. He described returning to school in pursuit

of a PhD in nursing:

> Well, initially I was really excited about returning to school because probably I was
>
> one of those crazy people who just loves learning but honestly, no. The real reason
>
> why... what it's like to return to school…um it's definitely challenging. It definitely
>
> requires a lot of time management on my part because working full time as a
>
> clinician and then returning back to school with juggling my responsibilities with
>
> my family, it was kind of challenging so time management was definitely a factor
>
> when returning to school and a lot of the Ph.D. assignments really required me at
>
> the beginning of the semester to really max out my progression of being a student

with the assignments because I knew that I had to meet their deadlines. There really

aren't any extensions. So, I think the hardest part, the experience of returning to

school was really I had to look at my workload of my 40 hours a week coupled with

my studies to really meet the deadlines and the tasks that were required.

Maxwell's Textural Descriptions

Maxwell has been a DNP for 3 years. He returned to school in pursuit of her PhD

degree in 2016. He is presently enrolled in a DNP-PhD bridge program. He described his

experience in the PhD program as follows:

It was going into the unknown which made it initially a scary experience and I

knew that going into it. Now, once I started back with school, I started to see how

school fit or maybe didn't fit with my job and other responsibilities I had. I tried to

make adjustments. The way my program is set up, it's specifically a bridge program

for DNPs who want to get a PhD, and they have it in a cohort structure where you

take two courses at a time. I take two courses at a time and had allotted study time

in the evening and weekends for my PhD coursework. It has been doable.

Maxwell's Structural Descriptions

Maxwell is a CRNA and hold an academic appointment at a college or university.

He does not hold a clinical practice. He described his experience returning to school in

pursuit of a PhD in nursing below:

Returning to school was after I already had a doctorate and at my age was different.

Well, you kind of feel dumb about some things again. When I went to anesthesia

school, I already had a Master's degree, I'd been a head nurse, I'd been a nurse for

12 years, and now I feel like I'm back at the bottom once again. Well, I'm kind of at

the bottom while I'm here, but it's different, it's not a clinical thing. It's just because

in some way, I'm starting over again.

Misty's Textural Descriptions

Misty has been a DNP for 4 years. She enrolled in a traditional PhD in nursing

program in 2015. She described her experience as "a journey" in the transcription below:

This experience of going through the PhD program after I received my DNP has

been new journey. It's completely different from the other, but there are a lot of

similarities still. I don't feel that I may feel the same sort of transformative changes

for myself from the DNP to the PhD. Those processes had already taken place since

I already had a doctorate, but I didn't, other than adding knowledge, information, I

personally didn't change the way that I looked at things or the way that I

approached the world, so to speak.

Misty's Structural Descriptions

Misty is a CRNA and holds a clinical practice. She does not hold an academic

appointment at a college or university. She described her experience returning to school in

pursuit of a PhD in nursing:

In terms of describing the PhD experience, it's not unlike the DNP program in terms

of going through the doctoral work. It's a little bit longer and a more drawn out

process, but the journey is very similar. Some of the concepts and some of the

learning is the same. Now that I've moved into the dissertation process, things have

changed a bit in terms of how it's laid out as opposed to DNP where you're in a

didactic setting until the end of the coursework, essentially. This part of it has been

somewhat different than the other aspects of it. When I was in the didactic portion

of the program, it was a similar experience to the DNP, for me.

Nicholas's Textural Descriptions

Nicholas has been a DNP for 6 years. He returned to school in pursuit of her PhD

degree in 2017. He is presently enrolled in a DNP-PhD bridge program. He described his

experience in the PhD program below:

> So, returning to school for the PhD degree was actually a lot more work than I
>
> really thought this program would be. It is a bridge program and I did it attend the
>
> same program for my DNP degree. So basically, I think within myself I saw it as
>
> just a continuation of my DNP education. But it essence it's really not, it's very
>
> different and it's really consuming a lot of my time.

Nicholas' Structural Descriptions

Nicholas is an adult and geriatric nurse practitioner and holds a clinical practice. He

does not hold a faculty practice at a college or university. He summed up his experience of

returning to school in pursuit of a PhD in nursing below:

> I work full time as an Acute Care Nurse Practitioner and just seamlessly went
>
> through the DNP program. Now that I am in the PhD program, it's actually really a
>
> new experience and an experience that really has monopolized a lot of my time. I
>
> really initially went back for this degree compared to my DNP degree because after
>
> I completed the DNP, I was happy with the education and I certainly felt like
>
> clinically I was up to par, but I felt like I needed a little something more. I felt like I
>
> was missing something. And that's when I went back to school for the DNP degre

Queen's Textural Descriptions

Queen has been a DNP for 5 years. She enrolled in a traditional PhD in nursing program in 2015. She described her experience below:

This has been a great experience for me. It is rewarding and I think that education is just so essential that every time I complete a program's curriculum, there's always another program waiting for me that I feel as though I can learn more from. I think, at least, every day I learn something new. I completed my DNP in 2014 and by 2015, I was enrolled in a PhD program. I went into education and assume an academic role and knew that the PhD would better serve the needs of my role. The process has been challenging but it's also rewarding at the same time. It's hard work and lot of sleep has been lost but it is sincerely worth it. The knowledge I am gaining is so applicable to my role as an educator that I am to apply its content to my work in the school.

Queen's Structural Descriptions

Queen is a regional director of clinical services at a healthcare facility and holds an academic appointment at a college or university. She summed up her experience of returning to school in pursuit of a PhD in nursing below:

Returning to school for a PhD was a different world for me. It was very different from my DNP experience. The DNP for me was very hands on. We had to achieve clinical hours where we would go and put things into practice. When I first started the PhD program, I was concerned that there would be an overlap in content and I would not benefit from the classes thinking I'd already been exposed to that content. Well I was wrong! I remember doing some work that was repeated but it

was brought up to a much higher level. Actually going through the research process, collecting data and providing an analysis was all new to me. I would never have been exposed to this if I didn't take part in a PhD program of study.

Composite of Textual Descriptions

All participants in this study verbalized a commitment for the nursing profession. They spoke about numerous challenges and hardships they have been faced while returning to school for a second doctoral degree. These nurses shared their voices and openly spoke about *Wanting to Know Something More* such as learning the research process and methods, interpreting large data sets, and simply understanding translational research. They graciously described their *social-individual tensions* and motivation for returning to school in pursuit of a PhD in nursing. Job promotions, filling tenure track positions in the university, or simply obtaining the skills needed to conduct nursing research. Participants openly discussed *challenges faced during transformational learning*. They discussed some negativity they are faced with by their colleagues because the perception of the DNP is viewed lesser of the two-doctoral degree compared to the PhD degree. They voiced the time commitment and challenge of returning to school while holding a clinical practice, academic appointment, or both.

Composite of Structural Description

The 12 DNPs in this study were composed of a mixed group of advanced practice nurses and educators. All of the participants in this study either held a clinical practice, an academic appointment, or both. Fifty percent of the participants are either enrolled in a traditional PhD program or in a DNP-PhD bridge program. The DNPs voiced navigating through the rigor of the PhD program has been both challenging and rewarding. These

DNP-prepared nurses spoke about *wanting to know something more* such as learning the research process and methods, interpreting large data sets, and simply understanding translational research. They vividly described their *individual-social tensions* and the motivational force that made them want to return to school in pursuit of a PhD in nursing. The expressed the need to have the skills necessary to understand the research methodology so they can conduct research and contribute to nursing science. The DNPs discussed interest in other opportunities that may not be offered to them without acquiring the PhD degree such as tenure, promotion, to professional advancement. There are some hindrances that pose *challenges* the DNPs *during transformational learning.*

Synthesis

The lived experience of DNPs returning to school in pursuit of a Doctor of Philosophy degree included *wanting to know something more, social-individual tension, and challenges to transformational learning*. The participants described how the PhD process has been rigorous, but they are gaining the knowledge they quested, leading to success in achieving their professional goals. Regardless of the program attended, participants spoke about *wanting to know something more*, the key factor that motivated the DNP to return to school to pursue a second nursing doctorate degree. Among the many, they identified research methods, statistics, and grant writing skills.

These DNPs openly spoke about *social-individual tensions* faced while in pursuit of a PhD degree. Listening to the nursing community erroneously attempt to define the DNP degree and be subjected to other negative opinions and perceptions regarding the degree produces stress on the PhD student. In addition, participants expressed having a DNP degree instead of a PhD caused them to be passed over for a promotion in academia. They

also spoke about not being granted the nursing leadership position they were seeking solely because they did not carry the PhD credential.

Through it all, the participants were able to discuss the *challenges to transformational learning.* They described time managing challenges and time constraints as well as juggling personal and professional responsibilities. In addition, participants expressed the financial challenges that have developed during the course of their PhD studies due to the uncertainty of the program length. Participants spoke about not being able to adequately budget themselves like they did while enrolled in a DNP program due to the uncertainly of their program completion. Participants voiced that when students knew their exact date of graduation, they found it easier to budget. They described the heavy coursework assignments assigned by their faculty members.

Transformative Learning Theory

The transformative learning theory can be linked to the overarching themes of this study, which include *wanting to know something more, individual-social tensions,* and *challenges to transformational learning.* The transformative learning theory was originally developed by in 1978 by Jack Mezirow and is described as being constructivist, an orientation that holds that the way learners interpret and reinterpret their sense experience and is principal to making meaning and henceforth learning (Mezirow, 1991). It is a theory that is partly a developmental process, but more as "learning is understood as the process of using a prior interpretation to construct a new and revised interpretation of the meaning of one's experience in to guide future action" (Mezirow, 2000, p. 160). This theory provides a useful theoretical framework as it focuses on how adults make meaning of their experiences and interpret the world and, in particular, how significant learning and

behavioral change often result from the way people make sense of ill-structured problems, critical incidents, and/or ambiguous life events. Transformative learning takes place when we develop new knowledge or encounter a new experience that is not aligned in our existing meaning perspectives. It demands that we be aware of how we come to know and as aware as we can get about the values that lead us to our perspectives (Mezirow, 2000). It is the expansion of conscience through the transformation of basic worldview and specific capacities of the self.

In practice, transformative learning can take place in many ways. The participants' experiences described in this study can be linked to the assumptions. This connection will be further explored and developed in Chapter Five.

Taxonomy of Transformational Learning

In a basic definition, a taxonomy is a structured set of names and descriptions used to organize information and documents in a consistent way (Lambe, 2007). It is a formal system used for classifying multifaceted, complex phenomena according to a set of common conceptual domains and dimensions. This taxonomy was constructed to support the summation process of this study. It specifies important concepts that were conveyed from the study participants during the interviews. The purpose of utilizing taxonomy in this study was to determine if there is a differentiating taxonomy explicating the transition from DNP to a PhD in nursing. The taxonomy constructed from the data in this study is on the left in Table 2. The themes developed from this study were linked to Mezirow's transformational learning theory and not surprising, a taxonomy that was developed from the data in this study resonates with a taxonomy developed by Taylor (2009) and will be discussed further in Chapter Five.

Table 2

Taxonomy With Supporting Data (Greco, 2018, Adapted from Taylor, 2009)

Core Elements	Supporting Data
Returned	1,452
Hindsight	1,013
Questioning	1,511
Transition	1,327
Balance	1,468
Supportive	1,274

Chapter Summary

This chapter presented the findings of the lived experience of DNP-prepared nurses who have returned to school in pursuit of the PhD in nursing degree. Moustakas' (1994) transcendental phenomenology was structural descriptions, composite textural and structural descriptions, and a synthesis of the experience was provided. A description of each participant was outlined, and demographic data were summarized. Themes, individual textural and structural descriptions, composite textural and structural descriptions, and a synthesis of the experience was provided. The themes developed from this study and the essence of the experience were linked to Mezirow's transformational learning theory and not surprising, a taxonomy that was developed from the data in this study resonates with a taxonomy developed by Taylor. Chapter Five will explore and interpret findings and show the connection between the themes of this study and the

construct of the theory of transition, the significance to nursing, strengths and limitations of

this study, and recommendations for future research studies.

CHAPTER FIVE

DISCUSSION AND CONCLUSION OF THE INQUIRY

The purpose of this qualitative, heuristic phenomenological study was to explore the lived experience of DNPs returning to school in pursuit of a PhD in nursing. This chapter presents the exploration and interpretation of the findings of the study including themes, individual textural and structural descriptions, differentiating taxonomy, and a composite of overall textural and structural descriptions. The themes were linked to the transformative learning theory, and a synthesis was provided of the essences of the experience as they connected to the literature. The supporting taxonomy that was developed includes the classifications of the following words: returned, hindsight, questioning, transition, balance, and supportive. This chapter also presents the significance of the study, implications for nursing education, nursing practice, nursing research, and health and public policy, and the strengths and limitations of this study. This chapter concludes with recommendations for future scientific inquiry.

Exploration and Meaning of the Study

The public is acutely aware of the meaning of the PhD in any profession. The terminal degree for the nursing profession, but more specifically, nurse educators, is the PhD. However, the profession has created another doctoral degree called the DNP intended for clinical nurses to implement evidence-based practice (IOM, 2010). Many nurses who have earned this terminal degree in practice are returning to school to pursue a second nursing doctorate degree, which is the research-focused PhD degree. There is a lack of evidence in the nursing literature regarding the lived experience of clinical nurses

who have completed the DNP degree and are actively in pursuit of the PhD in nursing degree. This study is meaningful to nursing because unless nursing understands the essence of the experience of a DNP-prepared clinician actively pursuing the PhD in nursing, the profession will be unable to inform nurses of this practice, which is a responsibility of nursing.

Moustakas' transcendental phenomenological approach guided by the interpretivist paradigm informed this study. Transcendental phenomenology was chosen as a suitable method for data analysis because it exclusively focuses on the experiences of the participants and is a systemic approach that is ideal for novice researchers (Creswell, 2013). Participants in this study voices their experiences through semi-structured interviews. Three overarching themes, *wanting to know something more*, *social-individual tension*, and *challenges to transformational learning* emerged from the data. Individual textural and structural descriptions were established to develop the overall composite of textural and structural descriptions and the subsequent overall essence. The themes were connected to the theory of transformative learning.

In order to achieve suitable rigor for the study, trustworthiness must be established in the qualitative research. Researchers must seek to control potential biases that might be present during the study, affecting the study's outcome. Trustworthiness is defined as the value of the research investigation, making it noteworthy to audiences (Schwandt, 2007). It mirrors the terms reliability and validity, which are used in quantitative research studies (Munhall, 2012). When evaluating qualitative research, the focus is on how well the researcher provides evidence that the descriptions and analysis presented truthfully characterize the reality of the study participants. Lincoln and Guba (1985) described a set

of criteria and procedures suitable for demonstrating the trustworthiness of naturalistic investigations. Four easily identified criteria used to serve as the naturalistic inquirer's equivalent to conventional criteria include: credibility, dependability, confirmability, and transferability. Goodness of the qualitative research demands critical attention to trustworthiness and authenticity throughout the design, implementation, and analysis of the study (Tobin & Begley, 2004).

Credibility

Credibility of a study refers to the participant's perceptions matching up with the researcher's portrayal of them. It answers the question of how accurately the researcher has represented what the participants think, feel, and do. Credibility was demonstrated in this research study using several strategies and procedures. In deriving scientific evidence in phenomenological investigations, the researcher established and carried out a series of methods and procedures for conducting human science research. Adopting the established research methods and operational procedures of Clark Moustakas ensured appropriate procedures were followed. A method offers a systemic way of achieving something orderly and disciplined, with care and rigor (Moustakas, 1994). Credibility of the study was accomplished by clarifying up front that the researcher brought bias to the study. The researcher himself is a DNP who was in pursuit of a PhD in nursing. The researcher through self-reflection and journaling revealed his bias about the phenomenon after each interview. Credibility was also confirmed by following the specific protocol as established by Barry University's IRB, including recruitment, data collection and analysis. Each participant in the study also participated in member checking. This was accomplished by allowing the study participant to review the transcript summary obtained from the

interview for accuracy. This provided the researcher the opportunity to correct any errors or data misinterpreted that existed on the transcription. A second member check was then conducted that confirmed the relevance of the findings of the study.

Dependability

A research study cannot be dependable without it being credible (Lincoln & Guba, 1985). Dependability deals with the consistency of the data in qualitative research. Reliability in the conventional sense refers to the degree that research findings can be replicated by other comparable studies. Dependability is the ability to trust the collected data over time, demonstrating that if this study was replicated later in time within the same context, with the same participants, and in the same setting, similar results would be found (Polit & Beck, 2012). Dependability refers to the ability to track the processes and procedures used to collect and interpret the data. The researcher provided detailed and complete explanations of how the data was collected and analyzed by an external party to increase the consistency of this study. This study used audit trails as a "transparency of method" to improve dependability. Audit trails demonstrate the steps taken from the beginning of the research study to the development and reporting of the findings. This included recorded memos with detailed accounts of how the data were analyzed and interpreted, as well as journaling and notetaking.

Confirmability

The concept of confirmability relates to the concept of objectivity in quantitative research. Confirmability implies that findings are the result of the research, rather than an outcome of the biases and subjectivity of the researcher. This can be demonstrated that the researcher is not interjecting bias into the study, as the results will mirror that of the

participants' views. Confirmability is achieved when the researcher hears the same descriptions of the experience repeatedly from participants who have had experienced the phenomena. Working to achieve confirmability, this researcher used reflective journaling of his own experiences and self-disclosure of beliefs to recognize possible biases he may have had toward this phenomenon and took notes before and after participant interviews. The journal kept by the researcher was reviewed to validate confirmability. Although qualitative researchers realize the ineffectiveness of attempting to achieve objectivity, it is essential nevertheless to be reflexive and illustrate how the data can be traced back to its origins (Lincoln & Guba, 1985).

Transferability

Transferability is the extent to which the outcomes of a qualitative study can be effortlessly conveyed or transferred to another setting (Polit & Beck, 2012). Transferability is accomplished by communicating clear descriptions of the findings. This allows the readers to draw their own conclusions about the applicability of the findings and transfer the outcomes to their own discipline. This researcher provided concise, thick descriptions of the lived experience to the readers. The depth, richness, and detailed descriptions included in the study gave the discussion an element of shared or vicarious experience and allowed the readers to conclude the applicability of this study to their own setting (Denzin & Lincoln, 2011).

Interpretive Analysis of the Findings

The experience of the DNP study participants in pursuit of the PhD degree in nursing are conveyed in the words in this poem:

Education

Learning is so critical, knowledge is the key

To unlock the doors of the universe for me

Its importance is unparalleled

Constant assimilation – so vital

My ultimate goal is to never let my mind by idle.

In a world full of mediocrity,

I utilize my curiosity

Mental stagnation leads to cranial vegetation

Education is my tool for discovery

That's leads me to enlighten mastery (Jeff Holloway, 2013)

Holloway's words in the above poem describe what the DNP participants in the study have revealed. The continuous dedication to lifelong learning to better themselves as nurses though the art of discovery. The participants in this study shared various experiences they encountered while navigating through the PhD experience. Despite differences in age, sex, race, years as a DNP, type of PhD program attended or attending, nursing specialty, and practice, they all described the experience of returning to school in pursuit of a PhD in nursing. Through the process of data analysis, the overarching, consistent themes of *wanting to know something more*, *social-individual tension,* and *challenges to transformational learning* yielded the individual's textural and structural descriptions, the overall composite of textural and structural descriptions, and the final synthesis of the essence of the experience.

Wanting to Know Something More

Wanting to know something more is the first theme that evolved from analysis of the data. The theme of *wanting to know something more* was evident and consistently spoken throughout the participants' narratives. Presently, there is a gap in the literature and an absence of studies focusing on doctoral students wanting to know more. According to Michael and Clochesy (2016), the focus of DNP program highlights practice and evidence translation. In these DNP programs, less emphasis is placed on research and statistical methods when compared to the research focused PhD degree. As a result of a limited research-based curriculum in DNP programs, graduates of DNP programs are verbalizing their lack of knowledge surrounding research. Since the application of rigorous methods and highly advanced techniques in data management and analysis are essential to the rapid integration and translation of evidence into practice, many DNPs are taking the lead and returning to school to acquire the skills needed for this practice by enrolling in PhD programs (Michael & Clochesy, 2016). Loomis, Willard, and Cohen (2007) found in their Internet-based exploratory study that the majority of DNP students reported considering the PhD degree as their degree of choice but decided to pursue the DNP over the PhD because of their desire to become clinical experts and had a disinterest in nursing research. The results from this study indicated that the DNP degree is a desirable option for clinically oriented nurses considering doctoral education and provides nurses with a choice of educational pathways for their professional careers.

Tomlinson (2008) conducted a qualitative study focusing on the way higher education students understand and interpret the role of their higher education credentials in shaping their future outcomes in the labour market. This study was based upon research

that examined the way in which higher education students, on the verge of making the transition into the labour market, understood their future work and employability. One particular focus in this study was on higher education students' perceptions of the utility of their higher education credentials, as well as its perceived and anticipated role in opening up opportunities in the labour market. This study's focus was based around the research question: How do higher education students view the role of their degree credentials in shaping future employment prospects? Fifty-three ($n=53$) students participated in semi-structured interviews. It was clear from their responses that they viewed the acquisition of higher education qualifications as a significant boost to their level of human capital that would provide them with advantages in the labour market. To this extent, their higher education credentials were seen as positional goods and a key dimension of their future employability.

Tame (2018) conducted a qualitative study comprised of unstructured interviews. Nine ($n=9$) registered nurses were investigated who had recently completed a part-time post registration modular nursing degree program. The finding s from this study revealed two emerging themes: "public study" where nurses reported all colleagues they were studying and "secret study" where nurses did not inform colleagues. Nurses avoided informing their colleagues making their quest to continue their education public due to the perception and biases that others may have toward returning to school.

Our understanding of the concept of knowing in the being made of existence can be enhanced by the understanding of such philosophers such as Karl Marx. Knowing and wanting to know come from outside our bodies. Knowing is the function of intelligence. According to intellectualism, what a person knows is solely a function of the evidential

features of that person's situation (Feltz & Zarpentine, 2010). The findings from this study are consistent with the literature on *wanting to know something more* that served as a factor for the DNP to return to school in pursuit of a PhD in nursing. The DNPs in this study are using their educational pursuit to rise to new heights, find new truths, and to discover new spectra of existence. In the following excerpts, participants convey what it was they *wanted to know something more* about.

In his story below, **Alex** spoke about enrolling in the PhD program because he *wanted to know something more.* He failed to describe what that something was, but verbalizes that "something missing" was not offered in his DNP program:

I felt that I am returning to school for this PhD is because there was something more that I wanted and needed to know that the DNP program failed to offer. There is something more that I wanted from the degree, I felt a void after graduating. Something was missing from the program that would help me translate research findings.

Ashley shared her story of *wanting to know something more* below:

I want to learn a little bit more about statistics and statistical analysis. I knew that the PhD program would offer me several courses in statistics and would provide me with this knowledge. I wanted to know more about research like I mentioned with the quantitative and qualitative research. I had a qualitative and quantitative course in the DNP program but wanted to expand on that knowledge.

Bonita stated that "The research that I did during my DNP led me to be involved in further research and I thought the PhD would be beneficial in assisting me with further developing my research agenda and also to further my career in academia."

Cher spoke about *wanting to know something more* would open more professional doors for her:

I thought I might like to get into research. Some of my interests are patient safety and inter-professional collaboration. So, I knew that the knowledge I would gain in the PhD program would afford me more opportunities, open more doors even if it was in another area of nursing besides in academia.

Cyndi wanted a degree that would validate her to her students and peers. She explained:

After I completed my DNP curriculum and graduated, I decided to pursue the PhD degree because I saw that degree as a degree that was understood by nursing and all members of the healthcare team and as a result of that more respect was given to those holders of the PhD degree. Since I am a teacher and the clinician, I was tired of hearing other faculty members say that DNP's should not be teaching that is reserved for the PhD. Some of this negative bias was transferred to students' perception of the degree. I would hear some students repeating such remarks. I truly got tired of having to defend the degree and try to justify the degree to keep myself valid. If you asked me what was it that made me what to return to school, I would tell you for respect and validation as this would influence future promotions for me and maybe even tenure.

Diddy shared that he *wanted to know something more* from the DNP but had to enroll in the PhD in nursing program to get what it was he was seeking. He spoke about what it was he wanted to know:

Well, I guess, what I thought the DNP program was going to offer me was not exactly what it did. I wanted to understand research more, like the complexities, the methodologies, which I don't think or really well represented in the DNP program. My goal ultimately was to get involved in research and the DNP really truly only focuses on translational research. And when I say truly focuses, I mean, like very barely focuses on translation on research.

Ethan discussed how his PhD program provided him with the knowledge he Felt he had lacked. He explained:

My PhD program was a bridge program and basically it filled many gaps that I had in terms of my research knowledge. Yes, they do say that the DNP and the PhD have different focus, but you really cannot translate evidence and you can't implement that evidence without having the knowledge to really understand and determine if the data out there is reliable and valid.

Liam discussed how his worldview was opened up by returning to school in pursuit of the PhD in nursing:

It's been very enlightening. I guess I didn't realize how little I knew until I went through the process. There is a saying you don't know, you don't know but I think as I sit and reflect on my PhD education, I come to realize there's a lot about nursing research that I didn't know before I entered this process. I would read a study and ask myself what does this all mean? I have PhD colleagues that would read the same article and fluidly commentate about the findings. This is when I decided to pursue the PhD degree. This entire experience has really enlightened me and opened up an area in my brain I never explored. When I read nursing articles

and journals that involved statistical analysis, I sort of understood what the authors were conveying. It wasn't until I was involved in my PhD program that I understood how much I really didn't understand in terms of the specifics of the study results.

Maxwell acquired the knowledge he wanted from his PhD program. He openly discussed:

I'm learning a lot more about the entire research process, which is what I wanted to know more about. It makes me think about things more critically. When I'm faced with a situation, I may think about it from different aspects. When I read an article I'm a lot more critical of what I am reading. When people make statements to me, I'm a lot more critical about, where did you come up with that? Why do you say this? What is your proof? Where's your study? How is the study done?

Nicholas voiced *wanting to know something more* to help him advance in his career. He explained:

What made me go back for my PhD degree, was I just, like I said before, I needed more. There was some nursing knowledge I felt that I lacked and wanted that I didn't get from the DNP program. I wanted to really understand the research methods and the research process and I felt negated of those skills. I feel having these research skills will be good for my career advancement and my practice.

Misty *wanted to know something more* and sought to couple the knowledge gained from her DNP and PhD program together and use the skills in clinical practice and as a nurse scientist:

I wanted to continue to study research and to learn the other aspects of the process, and I thought that it would be an interesting perspective to see the two components, the two degrees, inside of one person, so that I could be that person who bridged that gap between those two degrees and between the ways that they are utilized, both in the clinical setting and in the research setting.

Queen *wants to know something more* so that when an employment opportunity presents itself, she is ready and equipped with the doctoral degree the agency calling is requesting:

I want to be prepared to answer the call for opportunity. Whatever comes my way I want to be prepared. The only way for me to be prepared to answer this call is to have the knowledge of both the PhD and DNP degree. With the PhD, I am going to be well rounded and know the research components that were missing from my DNP degree.

The act of returning to school in pursuit of a PhD in nursing raised the participants' levels of confidence, and it was observed throughout their interviews they perceived an increase in the value of their practice and opinions. Some participants in the study spoke about the perception of the DNP degree and how having the DNP made them feel they are viewed as possessing the lesser doctorate degree compared to the PhD in nursing. Megginson (2008) discovered that six participants in her study who were working toward a BSN degree would give them more of a credible professional identify upon successful completion. This was defined by the students as the inherent respect based on educational level of higher-level RNs (Megginson, 2008).

Social-Individual Tension

Nursing education in the U.S. is going through a period of fundamental change in response to the recommendations toward doctoral education set by the IOM (2010). In October 2004, AACN member institutions voted in favor of supporting the DNP degree as the desired preparation degree for advanced practice nurses (AACN, 2009). Since the DNP degree remains a fairly new degree and is not fully understood by many, DNP nurses are encountering social-individual tensions. Some of these tensions encountered present as stress and frustrations.

Role stress can be defined as any physical or psychological strain experienced by an individual who needs greater resources than those available to effectively perform the role (Sanaz, 2011). Role stress can develop from dissimilar patterns of mismatch in expectations, resources, capabilities, and values about the role one is to assume (Chen, Chen, Tsai, & Lo, 2007). Among the many dimensions of social and individual tensions, most researchers have focused on the influence of role ambiguity or conflict on personal or organizational outcomes; however, the role of the nurse, more specifically the DNP, has not been the focus in these research studies (Chen et al., 2007; Dreher & Glasgow, 2011). Role strain is a state of emotional arousal when an individual experiences role-related stress events, whereas role stress is independent of the person in the role and results from societal demands (Dreher & Glasgow, 2011). Role strain is conceptualized as an individual's perceived struggle in meeting role obligations. Many of the DNP participants in this study experienced role strain, as they were challenged with the time commitment required for the PhD coursework. Role stress has not been differentiated from role strain in previous nursing studies and is presently viewed as one in the same (Chen et al, 2007).

Spencer (2006) conducted a qualitative study using semi-structured interviews. This study was conducted to examine nurses', midwives, and health visitors' perceptions of the impact of higher education on professional practice. The participants in the study consisted of 12 (*n=12*) nurses, midwives, and health visitors. Four themes were emerged from the transcribed interviews. One was concerned with personal and professional motivations to undertake nursing studies and the remaining three related to the impact on professional clinical practice.

Sun, Gao, Yang, Zang, and Wang (2016) sought to investigate the levels of nursing students' professional identity and role stress at the end of their first internship and explored the impact of the nursing students' professional identity and other characteristics on role-stress. A quantitative, cross-sectional study was conducted in 2015 on 474 (*n=474*) nursing students from three nursing schools in China. The nursing students were asked to students fill out a standardized questionnaire measuring professional identity and role stress. The Pearson correlation, point biserial correlation and multiple linear regression analysis were used to collect data. The mean total scores of the Role Stress Scale and Professional Identity Questionnaire for Nursing Students were 34.05 (SD=6.57) and 57.63 (SD=9.63). In the bivariate analysis, the following independent variables were found to be significantly associated with the total score of the Role Stress Scale: the total score of the Professional Identity Questionnaire for Nursing Students (r=-0.114, p<0.001, age (r=0.145, p<0.01), whether student was an only child or not (r=-0.114, p<.0.05), education level (r=0.295, p<0.01), and whether student had experience in community organization or not (r=0.151, p<0.01). in the multiple linear regression analysis, the total score of the professional Identity Questionnaire for Nursing Students (standardized coefficient beta: -

0.212, p<0.001), education level (standardized coefficient Beta: 0.212, p<0.001) and

whether or not the nursing student had experience in community organizations

(standardized coefficient beta: 0.107, p<0.016) were the factors significantly associated

with the total score of the Role Stress Scale. The multiple linear regression model

explained 18.2% (adjusted R^2 scores 16.5%) of the Role Stress Scale scores variance. The

findings of this study revealed the nursing students' level of role stress at the conclusion of

the first sub-residency was high. Students with higher professional identity values had

lower role stress levels. Professional identity and education levels had the strongest impact

on the nursing students' level of role stress. This study help illuminate that developing and

improving professional identity may prove helpful for nursing students in managing role

stress.

Role ambiguity has been identified as a potential threat to the successful assumption

of a professional role. It may play a role with social individual tension. Role ambiguity is

defined as the lack of clarity related to the position or role (Kalkman, 2017). It is essential

that the presence of role ambiguity in nursing students is identified to better help define the

needs and goals of the educational programs developed for nursing advancement. A meta-

synthesis conducted by Jones (2005) reviewed 14 relevant studies on role development in

the U.S. and United Kingdom. Jones (2005) implied that when advanced practice nursing

roles were first introduced, clear role definitions and objectives needed to be developed and

communicated to relevant key personnel to reduce role ambiguity. The study's aim was to

identify and synthesize qualitative research studies reporting barriers or facilitators to role

development and/or effective practice in specialized and advanced nursing roles in acute

hospital settings. Determining role ambiguity's presence in DNP to PhD students may help

to better the needs and future goals of educational programs as nurse researchers we attempt to prepare the profession to lead and transform healthcare in the future.

The findings in this study are congruent with the literature. Among the many, *social-individual tension* was a common theme that the DNP participants faced in their quest to pursue a PhD in nursing. The stories from the participants below display their experience of *social-individual tension.*

Alex verbalized his *individual tensions* below:

Some of the factors that motivated me to pursue a second doctorate was pretty much for career advancement opportunities. I wanted promotion. I wanted to be in another nursing role. I thought that there would be a lot more opportunities that I would have offered to me with this PhD degree, the same way I thought these opportunities would be there with my DNP degree.

Ashley shared her *social-individual tension* when she was passed up on a job opportunity because they were seeking a PhD-prepared nurse:

The greatest benefit will be opportunities, and I hate to say this but, there are still a lot of people that don't consider the DNP to be a true doctoral degree in nursing and there have been a couple of jobs that I didn't get, because they wanted a PhD. So that's why I'm pursuing this degree and that's you know I hope to gain more opportunities by completing this degree.

Bonita shared the mentorship and encouragement she received from her faculty during her pursuit of the PhD degree:

The institution that I am working at employs a number of individuals who have PhDs and I found then very inspirational and those nurses were very influential to

me. They encouraged me think about pursuing the PhD degree. I worked alongside

them and they involved me in their research, which I really enjoyed. I liked the

small number of tasks that they gave me, and so they inspired me. I like that they

were able to publish and that their research was being disseminated and actually

used to improve patient care. This really gave me the push to want to go out and get

the PhD.

Cher shared her experience when she was passed over for a position as program

director because her university was looking for a PhD-prepared CRNA to oversee the

program. She also discussed how her role as a CRNA was foreign to her PhD faculty, and

as a result, her phenomenon of interest was foreign to her PhD program faculty. She spoke

of this *social-individual tension* in her voice below:

Although I was an experienced educator and held a recognized doctorate degree, the

DNP, I was passed over for a position as Nurse Anesthesia Program Director

simply because I had a DNP. People may say they are equal but different but let me

tell you, they are not equal degrees. Definitely not in my institution. I am not going

to be passed over again because of my degree. So I also found it difficult in that I

had a difficult time and perhaps again it might be the program but because I'm a

Nurse Anesthetist. I'm an Acute Care Provider. I am in a program and it's the

College of Nursing at the university but I'm in a program where there are a very few

Acute Care Providers. So, I had difficulty selling them my scathingly brilliant idea.

And I had a professor two semesters in a row and she could never understand my

concept. And all my cohort were like, "What is wrong with her? We get it." And I

wrote about it everyday everything we had to do. And so I found that challenging.

But I didn't give up. I'm persistent. And I am doing my topic. And I, actually, have a

content expert in the UK where they've done more research in the area that I'm

looking at. So, I'm excited about that.

Cyndi expressed her struggles with time management during her PhD program

studies:

If I could mention to you when I found difficult about returning to school for the

PhD it would certainly be juggling time. From working as a clinician for well over

20 hours a week and teaching at a university for let's say 30 hours a week but we all

know teaching full-time in university really is about 50 hours a week. So just trying

to manage my clinical balance my teaching responsibilities and my academic

coursework was really a challenge. Another thing I found to be more of a nuisance

than a challenge was constantly answering to people why I went back for PhD.

There will comments made that I'm a perpetual student, that I love school, that I'm

an overachiever. I felt the DNP's gave it to me the most. I don't know if it was

jealousy or what it was but I felt that I always needed to explain myself more to

them to them.

Diddy described his experience while serving on the research committee at the

hospital where he practiced. He explained:

I was invited to be on the research committee at the hospital where I practice at. At

that point in time I was excited about the opportunity and I thought to myself that if

I had a better understanding of the research methodology, I could be a better

participant and contribute more to the group. There were researchers from all

services, nurse scientists, physicians all serving on this committee. It was so

frustrating not having the research background. I always felt like the black because

I wasn't able to contribute like I wanted to.

Ethan described some frustrations he has experienced relating to the perception of

the DNP:

This doctoral education process has frustrated me. Basically, the role of the DNP

replaced the CNS. This is the perception the DNP is viewed by many of the PhD's.

You know, I'd like to talk about the perception of the DNP and how the perception

of the DNP really changes from program to program. There are the eight essentials

that were put forth by the AACN, but I'm not sure how many of programs offering

the DNP are following them. They all should be but with all the specialty skills

DNPs are graduating with leads me to believe not many are. We definitely need

another accrediting agency other than ANCC to really go out and assess these DNP

Programs. Nurses are seeing this degree as something that was not intended to be,

and I blame that on a lot of these programs that basically have taken the curriculum

and spun it to however they want to institute and market their DNP degree. Many

nurses see the DNP as nurses who just want to hold a doctorate degree and call

themselves doctor. It has it a having negative image. Nursing has caused this

negative image. Its viewed negatively because we us nursing can't even understand

what this degree is since there are so many different programs out there that have a

different spin on the DNP. If you talk to my nursing colleagues, they define the

degree and its purpose differently. At least the PhD, everyone, even outside of

nursing, knows what the degree entails and our capabilities. I know I made a good

choice coming back for this degree.

Liam verbalized his experience as a faculty member who holds a DNP degree and his *social-indivual tensions* he experienced:

Since I also work in the academic setting, I noticed that all of the positions, all of the promotions whether they were deemed promotions or what have you, they were only promoting the PhD faculty. So eventually I'd like to transition to the full time academic setting and I want to have a degree that will allow me a promotion as oppose – when I say promotion, I mean tenure, as opposed to being passed over simply because I have a DNP degree. I certainly have the experience, I have the leadership training and I will have the degree that can put me forward into a tenure position maybe even in assistant associate or even a dean position in the future. So I think my motivation is it is extrinsic. I think it will offer me more opportunities. It certainly can offer me more money and I think that's why really I went back for the Ph.D. degree just to stay one up. One of the biggest benefits of obtaining my Ph.D. degree will be many doors will open and they will be many more benefits for me extrinsic and also intrinsic. I just will feel better about myself. I know that I will make a difference in nursing by conducting research because I'm going to have those skills.

Maxwell spoke about the stress he faced when returning to school to pursue a second doctoral degree. He explained:

I found it very stressful once I made the decision to pursue a second doctoral degree. It was going into the unknown and I knew that. Once I returned back to school, I started to see how school fit or maybe didn't fit with my job responsibilities in terms of time. I tried to make adjustments to make it work. The

way my program is set up, is it's specifically a Bridge Program for DNPs who want

to get a PhD, and they have it that you are assigned a cohort and you take two

courses at a time. So, I was taking two courses, and I had my allotted study time in

the evening and weekends. This was simply not enough time for the program. I

speaking to my PhD program director and dean, I made adjustments and dropped a

class so that I could be successful in the program. I now take one class a semester

and it's doable. A lot less stress for me.

Misty described her challenge of staying motivated while engaged in the PhD

education process after pursing a DNP degree. She elaborated**:**

It's difficult to stay motivated. You already have a doctorate, there's no reason for

you to pursue it in terms of adding another doctorate. It's not something that's

necessarily required, but you have to stay self-motivated. You have to be dedicated

to finishing the process or it can very much pass you by, and you become very

disinterested. It's hard to stay engaged in this long. It's 2 years as a DNP, and now

another 3 years as a PhD, so it's a long time to be a student, particularly as an adult

with a full-time professional practice, and to continue to stay engaged in that and try

to see it through to the end. For me, it's just been kind of a marathon process, in that

respect. Kind of found that the most challenging part of it.

Queen spoke about hearing that promotions in her academic job were only

considering PhD candidates. She shared her story:

I have heard them say many times in my school that they didn't want to hire DNP,

rather they wanted you to have the PhD fill some of the vacant educational

positions. This was upsetting to me. So now that I'm coming to the end of my

training and graduating with a PhD, I am say I am very happy that I sought to do it.

Challenges to Transformational Learning

Although much referenced in the adult learning literature about transformational

learning, there are limited studies on the challenges faced during transformational learning.

Attempts to turn the rhetoric into reality are seen as developments to the teaching and

learning process in higher education aiding students to identify and address challenges

encountered during their studies. Fook & Sidhu (2015), conducted a qualitative study to

collect data on learning challenges faced by students in higher education. The study

population was comprised of 181 undergraduate and postgraduate students as well as 22

instructors *(n=203)* from the School of Education. A questionnaire using a 6-point Likert-

scale was administered to 203 respondents and interviews were conducted with 5

undergraduate, postgraduates, and instructors. Document analysis was also conducted on

the course syllabus for 12 different courses. Eight common challenges were reported from

the interviews and consisted of: cognitive challenged, becoming an active learner, coping

with reading materials, instructional problems, language barriers, time management issues,

burden of assignments, and cultural differences in higher education. As a result of these

findings, it was suggested that higher learning institutes should highlight the construction

of knowledge through active interaction between the lecturer and the students, which

became a platform for the students to cope up with learning challenges they were facing in

higher education. Deep, transformational learning is prized and is meant to be achieved

though experience, discovery, social interaction, and individual challenges (Fook & Sidu, 2015).

Angelo and Cross (1993) proposed a useful model to clarify what goals a particular teaching or assessment strategy is designed to achieve and also to address learning challenges faced by students in higher education. The authors stressed that the teaching Goals Inventory should include high-order thinking skills; basic academic success skills, discipline-specific knowledge and skills, liberal arts and academic values, work and career preparation as well as personal development.

There are numerous studies reported in the literature of challenges faced in clinical educational programs or in programs where the curriculum is taught in non-English speaking countries. There is however, an absence in the literature surrounding challenges faced with transformational learning.

Alex described his transformation and when he recognized this process taking place. He openly commented about this:

Others may find that the DNP was more rigorous and at that time felt a

transformational process taking place. My transformation definitely took place

when I started program. It was no joke! The PhD changed my thinking and the way

I viewed thinks. It's hard to explain. The program was certainly more rigorous in

the DNP but only I can say that because I can compare that.

Ashley related two *challenges to transformational learning* that she experienced. The first challenge involved time management and the second was related to comments that were passed by her nursing colleagues regarding commitment to lifelong learning. She explained:

Well, time management is a big challenge because now, I'm almost fifty years old and I have a well-established career, I work, I have a family, so time management is always a challenge. The other challenge I find is as soon as I tell somebody that I already have a DNP they're like, "You're crazy, why are you doing this?" You know that's the first question I get is why, why would you do that to yourself? It's disappointing to me because I want nurses to get to a place where we accept and embrace education and progression of our professional development. I just don't see that happening a lot, you know when I tell people that I'm pursuing a second doctorate I mean initially their impressed but they're also wondering if I need a psychiatry consultation, right? So that's been my biggest challenge is, I think my fellow classmates also believe that everything that I'm learning right now, I've already had which is not true. I work very, very hard to stay on top of things and maintain good grades right now in the PhD program. So it's as easy for me as it looks, it's just as difficult for me as it is for them. The DNP track for me was very different than what I'm learning here, and they don't realize that. So I think a lot of it is just misperception of my existing knowledge.

Cher discussed *challenges to transformational learning* that she experienced, including when she lost her "why" as to why she was returning to school in pursuit of this degree:

I had lost my "why" at one point. Why am I doing a Ph.D.? What are my career goals? What do I expect the return on investment to be? So I, actually, did take a leave of absence for a year and had to focus on "why" because I didn't really see what I was going to do with the degree. This challenged me a great deal. But guess

what, I realized what it was I am going after and I am back in the race and
graduating in two semesters.

Cyndi described how she recognized a *transformational* process during her
learning during her PhD program studies**:**

Looking back at my PhD education makes me happy. The amount of reflection we
did in our classes definitely made me see the world differently. The program was a
transformative process. I graduated my program with many new ideas and
opportunities. It was a great experience.

Diddy discussed the *challenges to transformational learning* as it relates to time-
management while working in academia, writing a new curriculum, and assuming in the
student role:

Not having enough time is always an issue. I took a faculty position at a university
as it was developing a new curriculum at the same time I started the PhD program.
My work load has created a lot of stress in terms. I am developing new curriculum
in addition to working on my PhD. There have been good things that have come out
of this though. I am taking a cognate curriculum development and program
evaluation course as part of my PhD coursework. Program. This has been such a
bonus and has helped utilize this knowledge in my job. I must say this process is
actually beneficial but very time-consuming.

Ethan described his *transformation* while enrolled in his DNP-PhD bridge
program. He openly spoke about this:

I definitely experienced an 'Ah-ha' moment when I was working toward my PhD
from my DNP. Maybe because I went through a DNP bridge program that I really

felt the transformation. Since they had already recognized my DNP work, basically, I just enrolled in some other courses and moved toward the PhD. There were some classes that I did not need to take, such as some of the statistics classes, some of the philosophical underpinning type of classes. But I definitely took a lot of research methods. Like I said, working with large data sets on the quant side, conducting thematic analysis, coding, interviews on the qualitative side. I did not have this experience on the DNP side. I did not expect that experience on the DNP side, but there are a lot of people that actually feel that that's exactly what they did. I hate to say this but they didn't know what they didn't know. And by knowing, coming into this program knowing, I think that really allowed me to transition into the nurse scientist that I am actually going to be when I graduate this year. There was definitely a transition that I felt from the clinical side to really thinking as a scientist.

Maxwell spoke his experience and talks about his experience and the transformational process he experienced:

There is definitely some sort of a transformational process that takes place. A DNP teaches you one set of skills, versus the PhD. Being in academia to me and acquiring the research skills that you learn in a PhD program have really cleared some questions I have had up and put things in perspective for me.

Nicholas and **Queen** both shared their feeling of a transformational process taking place while they were enrolled in the PhD program. They both talked about this in their transcribed interview below:

I like to describe this experience as a natural transformation or natural progression. The process changed the way I viewed the world. In hindsight, I felt myself moving from one place to another. I think that I knew what I was up against and the challenge that I was accepting, so I really welcomed it.

Queen described her experience as:

Some transformational process has taken place. I see myself think differently now that I am almost complete with my PhD work, it is amazing. It makes so much sense.

Connection of Transformative Learning Theory to Themes

In combination with this study's findings, Mezirow's (1991) transformational learning theory grounded in cognitive and developmental psychology may be linked to the overarching themes of *wanting to know something more, social-individual tensions,* and *challenges to transformational learning.* Mezirow (1991) described transformative learning as a process affecting change in a frame of reference. It is a multidimensional, continuous social process that engrosses the learner in an enhanced understanding of self, perspective, and meaning though communication with others (Marrocco, 2014). Mezirow credited transformative learning with the development of autonomous thinking. Humans living in an experience seek the desire to understand and make meaning of the experience. Humans construct personal meaning from experiences and validate this meaning through interaction and communication with others (Cranton, 2006). Transformative learning is learning that entails a qualitatively new structure (Illeris, 2014). It is recognized to be a theory in progress and is viewed as a subgroup of adult learning (Cranton, 2006).

Twelve Doctors of Nursing Practice who participated in this study described their lived experience of returning to school on pursuit of a PhD in nursing degree. The DNP participants described what it is like for them to be a DNP who has returned to school in pursuit of a PhD in nursing. Their willingness to share their experience afforded the opportunity to acquire a deeper understanding of what it means to be a DNP who has returned to school of a second nursing doctoral degree. This researcher linked the findings of this study with the transformative learning theory. Jack Mezirow developed this theory based on his work with returning women students in the early 1970s; however, the theory's principal assumption by Mezirow illustrated the essences of being a DNP-prepared nurse returning to school in pursuit of a PhD in nursing.

Norma Nerstrom developed the transformative learning model after recognizing that despite over 500 studies focused in transformative learning, no visual illustrations specific to the complex theories existed. The model is based on Mezirow's (1978) phases of transformative learning and provides a reduction in of Mezirow's 10-phase process to four segments. Mezirow (1978) explained that to encounter transformative learning, not all the phases need to be experienced and, furthermore, may be experienced in random order (Mezirow, 1978; Nerstrom, 2014). Mezirow's (1991) phases are as follows: (a) a disorienting dilemma; (b) self-examination of assumptions; (c) critical reflection on assumptions; (d) recognition of dissatisfaction; (e) exploration of alternatives; (f) plan for action; (g) acquisition of knew knowledge; (h) experimentation with roles; and lastly (i) reintergration of new perspectives into an individual's life. The four segments constructed from Mezirow's 10-phase process by Nerstrom (2014) include experience, assumptions,

challenge perspectives, and transformative learning. It is through transformative learning that original experiences are created.
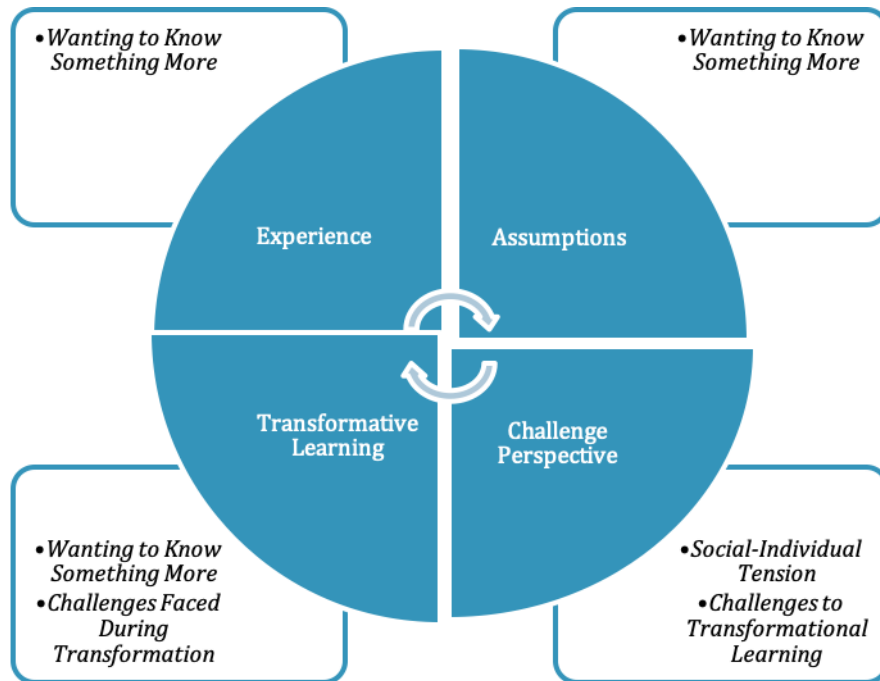
Figure 3. Transformative learning model adopted from Nerstrom (2014).

Figure 3 is an adaptation of Mezirow's (1978) phases of transformative learning constructed by Nerstrom (2014). It presents a visual illustration specific to the complex transformative theory. This illustration demonstrates a consolidated model of all phases encountered and with entry into the segments beginning at any phase. The Nestrom transformative learning model affords scholars the opportunity to envision how transformative learning is constructed. In this study, the researcher discovered that DNPs in pursuit of a PhD in nursing described going through the four phases asynchronously. In

the figure above, the themes that emerged from this study are shown where they conform to the related phases.

Experience Phase

The experience phase described by Nerstrom (2014) in the theory of transformative learning includes everything that has ensued in our lifetime. It is the impetus of our learning and belief patterns. Experience stems from our environment and interactions with others, from which learning, such as knowledge, skills, attitudes, and insights, occur. The experience phase is consistent with the nursing literature (Pretz & Folse, 2011) indicating that the concept of nursing demands experienced clinicians who can identify relevant data and quickly identify subtle changes or unexpected patient responses to treatments. When used in conjunction with traditional analytical approaches, intuition and experience may help to enhance patient care (Pretz & Folse, 2011; Ruth-Sahd & Hendy, 2005). The experience phase also connects with theme of *wanting to know something more* in this study. The DNP participants in this study verbalized how the DNP experience had a positive impact in their learning and PhD program trajectory.

Cher spoke about entering the DNP-PhD bridge program and how she was familiar with the doctoral student role:

> The fascinating thing about the bridge program was I transferred 18 credits into the university where I was obtaining my PhD degree. In this university, if you are a PhD student, you are required to take 9 to 12 credits of cognate coursework. I didn't have to take cognates, number one. Number two, I found that my DNP experience and education really set me up for success in the PhD. When you look at the theory of knowledge or you look at the theories, the philosophy, all of that, my writing

skills, my APA format, my ability to delve into the literature, it was so much better than my colleagues who are MSNs going for a PhD in my cohort. I didn't find that it was a hindrance to have done the DNP. I really think that it was a benefit. The experience of it all was so worth it but there was a piece of something I was missing since I was passed up on a promotion solely because I didn't carry the PhD credential.

Diddy discussed how his DNP experience has helped him prepare for some of this PhD coursework. He explained:

The complexities of the PhD program and the rigor of the program really changed how I look at, appraise, and view research. I don't think that DNP programs inhabits information in their curriculum that would change the way research is viewed. The DNP program just reinforced what I already knew from my master's program and then gave me a little a bit more knowledge and experience in terms of like, you know, leadership, mentoring and a couple of others-- like the "DNP Essentials" objectives. I developed my writing skills in the DNP program and this was an asset to me during my PhD program. However, what it didn't do was really provide me, a really good foundation of research methodology and that's what I'm going to do now. This is what I'm working toward, I'm going to take my comprehensive next summer. Yes, some of the skills and learning I had in the DNP program will help me prepare for my comps but of course not completely. I look at research completely different and that's the transformation that I actually wanted and that's what I am getting in my PhD program.

Misty verbalized how her PhD coursework experience was similar to her DNP course of study:

> The PhD program is very similar to the DNP experience in terms of going through the doctoral work. It's a little bit longer and a more drawn out process, but the journey is very similar and wasn't new to me. Some of the concepts and the learning has been the same which was good for me. Having learned many of concepts and having familiarity with the content before in my DNP program made the program easier for me to complete. I wanted the research content as I was not exposed to that much research detail. That was challenging for me. Now that I've moved into the dissertation process, things have changed a bit in terms of how it's laid out as opposed to the DNP where you're in a didactic setting until the end of the coursework. This part of it has been somewhat different than the other aspects of it. When I was in the didactic portion of the program, it was a similar experience to what I had gone through in the DNP.

The experience phase connects *wanting to know something more*. The DNPs were able to verbalize based on their experience from their environment and interfaces they had experienced and were able to clearly articulate what it was they wanted to know more about.

Assumption Phase

The assumptions phase as described by Nerstrom (2014) in the theory of transformative learning relates to experiences formed, received, and constructed assumptions and how they become our values and beliefs. The assumption phase can be viewed as the lens through which the world is viewed. The assumption phase is consistent

with the nursing literature (Law & Chan, 2016). Through an increased awareness of our assumptions, the provision of ongoing support, and the cultivation of a positive learning culture, it is hoped that it will be possible to ease the transitional experience of the DNPs, build up their capabilities, and cultivate good nurse researchers and supporters of our future profession. The assumption phase also connected with the theme of *wanting to know something more.* All participants in this study spoke about *wanting to know something more* and are present in in the transcriptions below:

Alex's view of the PhD degree was based on what other nurse colleagues had said about the degree. Based on this assumption, Alex enrolled in a DNP program.

Initially, I was uninformed about the PhD when I first decided to purse doctoral education. I was initially not really aware of the difference between the DNP and PhD degree. Some of the nurses' I was working with made it seen that the PhD was unattainable and essentially impossible to get. They had a bad perception of what the PhD curriculum was based off of, I don't know what. I must say, they were wrong. It was obvious they were misinformed and as a result, misinformed me. I always wanted the PhD degree and I am glad I took the risk and returned to school. Now I just need to successfully complete the program and graduate!

Cyndi shared her personal assumption:

I think people view the DNP as the lesser of the two doctorates. People think that it's sort of, the quick, easy path to a doctorate. I felt this way and that's the general perception. This was one of the reasons why I went back for the PhD. I wanted the better of the two degrees and the knowledge that came with it! Now that I am a DNP and a PhD I know this is not true. I do recognize the DNP degree is definitely

not as established as the PhD, and it doesn't have the same pedigree in terms of length and distinction. People don't fully understand how to use the DNP prepared individual to their utmost.

The assumption phase also connects with *wanting to know something more.* The nurses who experienced the curriculum and completed a DNP program were able to acquire truths from that experience. After graduating from the DNP program, these nurse assumptions were that since they held clinical practice positions, the DNP was the terminal degree recommended for them. Recognizing that there was something more they wanted to know that was not provided to them in their DNP program led these nurses to return to school for the PhD in nursing.

Challenge Perspectives Phase

The challenge perspectives phase as described by Nerstrom (2014) in the theory of transformative learning include new experiences that are both cognitive and affective and are combined with reflection. These challenges may lead us to confront our deeply held assumptions and consider a new perspective. The challenge phase is consistent with the nursing literature (Cazzell & Rodriguez, 2011). Challenging and banishing assumptions is achieved by creating awareness that assumptions occur. Developing a trusting relationship will enable others to learn the assumptions that are hidden and lead the way to challenge thinking though questions. Action is the key to eliminating assumptions. Moving out of stagnation is accomplished by helping others notice that assumption might be false and new. Different actions can lead to a fresh and distinctive result. The challenge perspectives phase also connected with the themes of *social and individual tensions* and *challenges faces during transformational learning.*

Alex shared his *social and individual tensions* and *challenges faces during transformational learning* in his transcription below:

> You know some of the challenges I've faced is it's such a challenging program and you see life basically pass you by while you're sitting in front of the computer writing, trying to keep up with the rigors of the program, I think some of the challenges I faced with the motivation factor there are many times I just wanted to throw it all in and say "You know what, I don't need a second doctor degree, my first clinical doctorate was more than enough, I don't need that".

Ashley described her *social and individual tensions* and *challenges faces during transformational learning* in her own words:

> Well time management is a big challenge because now, I'm almost fifty years old and I have a well-established career, I work, I have a family, so time management is always a challenge. The other challenge I find is as soon as I tell somebody that I already have a DNP they're like, "You're crazy, why are you doing this?" You know that's the first question I get is why, why would you do that to yourself? So it's disappointing to me because I want nurses to get to a place where we accept and embrace education and progression of our professional development.

Bonita shared her *social and individual tensions* and *challenges faces during transformational learning* as follows:

> Challenges for me have been, being able to complete the courses as they're setup in my program. This program that was offered to me was supposed to take courses from my DNP, but after I got into the program, the program changed a bit on me so

that I ended up taking more courses which put more financial burden on me for the program.

Liam expressed his *social and individual tensions* and *challenges faces during transformational learning* below:

The DNP degree right now is so different from program to program. It's very hard to catch a real grip of what the degree is really about. Every program has a different focus. This is why you think there was so much fusion with this degree. Every nurse has a different definition or perception of what truly is that degree it Is and what it should look like. If nursing can't even get this straight and understood, how do we expect the public and our fellow nurses to understand what the Doctor of Nursing Practice stands for and its purpose if we can agree.

Transformative Learning Phase

The transformative learning phase as described by Nerstrom (2014) in the theory of transformative learning includes acting upon and adopting a new perspective. In this phase, we view ourselves and others through a more encompassing lens. Transformative learning becomes a new experience, leading to the openness for it to occur again. It suggests that adults view life with restricted perspectives based upon incomplete experiences that shape their personal beliefs. The incomplete experience may produce a feeling or a sense of void leading to the quest for something more. The transformative learning phase is consistent with the nursing literature (Kirkpatrick, Tweedell, & Semogas, 2011) and connected with the theme of *wanting to know something more.*

Ethan enrolled in his PhD in nursing program and had previously experienced transformative learning as a DNP student. Although the transformative learning took place in his DNP program, he found his PhD experience to be purposeful.

> I definitely experienced an 'Ah-ha' moment when I was working toward my PhD from my DNP. Maybe because I went through a DNP bridge program that I really felt the transition. Since they had already recognized my DNP work, basically, I just built with some other courses and moved toward the PhD. There were some classes that I did not need to take, such as some of the statistics classes, some of the philosophical underpinning type of classes. But I definitely took a lot of research methods. This is really the core of what I wanted from the program. I have to say, my doctoral program is different from any other educational experience I have had. It is a purposeful adventure and I am glad I pursued the PhD degree.

Liam fostered the transformative learning theme by enrolling the PhD program after completing his DNP. Liam stated in this study interview that he experienced transformative learning while enrolled in the DNP program. Although his APRN colleagues frowned on him for deciding to return to school for a PhD in nursing, Liam found that his PhD program was different from his previous DNP program. This new learning environment fostered transformative learning for Liam to acquire and master his new skillset..

Maxwell recognized a transformational process taking place during his studies. He described this below:

> There is definitely some sort of a transformational process that takes place. A DNP teaches you one set of skills and the PhD program taught me another. I knew this

going in. I wanted the research methods part that I didn't have going into the

program. By combining these two together it produced and resulted in a perspective

for me to view. Going after the research skills that you I am learning in my PhD

program makes a lot of sense to me. Putting my clinical doctorate together with my

PhD will create a new experience for me and my students.

Nicholas described when he recognized his thinking had changed:

I like to describe this experience as a natural transformation or natural progression.

I feel myself in terms of my thinking move from one place to another. I think that I

knew what I was up against and the challenge that I was accepting, so I really

welcomed it. Thinking this out, this is probable what I wanted to happen when I

enrolled in the PhD program.

The narratives above portray how the DNP returning to school in pursuit of a PhD

in nursing experience the four phases above to achieve transformative learning. These

narratives portrayed how DNPs who have returned to school for a second doctoral degree

are subjected to Mezirow's 10 steps that contribute to transformative learning. It is not

surprising that this is the case, as DNP-prepared nurses encountered the themes *wanting to*

know something more, social-individual tension, and *challenges to transformational*

learning. In what seemed like a simple description, the DNP participants verbalized what

it was they *wanted to know something more* about which was the deciding factor for them

to return to school in pursuit of a second doctoral degree in nursing. *Social-individual*

tensions, whether personal or interpersonal, resulted from the educational process and were

unique to each participant interviewed. The *challenges to transformational learning* were

plentiful, and each DNP experienced their own individual set of challenges during their pursuit for a second doctoral degree in nursing.

The three themes that emerged in this study are depicted in the following quote: "We define learning as the transformative process of taking in information that, when internalized and mixed with what we know and builds on what we can do. It's based on input, process, and reflection. It is what changes us" (Connor, n.d.).

Taxonomy Developed

The following core elements of transformational learning are attributed to the taxonomy constructed in Chapter Four and with Edward Taylor's Core elements (2014).

Table 3

Core Elements

Greco's Core Elements	Taylor's Core Elements
Returned	Individual Experience
Hindsight	Critical reflection
Questioning	Dialogue
Transition	Holistic Orientation
Balance	Awareness of Context
Supportive	Authentic Relationship

Differentiating the learning processes of DNPs in pursuit of a PhD in nursing to form a taxonomy was constructed by words. A series of influential studies by Taylor (1997, 2001, 2007, 2008) typifies and elaborates the interest in transformative learning theory from a

research perspective. Taylor has extracted a number of core elements that are referred to as the essential components that frame a transformative approach to teaching (Illeris, 2014; Taylor, 2009, p. 4). The above taxonomy is list of the words that apply to the transformative learning process. Like the themes *wanted to know something more, social-individual tension,* and *challenges faced during transformation*, Greco's Core Elements in Table 3 justify the taxonomy. The core elements located to the left in the above table were constructed by the researcher and were based on the participants' interviews. These core elements were extrapolated from NVivo 11.4.3 by performing a word frequency. Single word terms that frequently occurred during the interviews and were closely aligned with Taylor's (2014) core elements were selected.   These selected core elements resemble and mirror the core elements developed by Taylor (2014) located on the right of the table. The listed core elements have an interdependent connection and cannot be understood as a series of decontextualized strategies that can be applied arbitrarily without an appreciation for their relationship to a large theoretical framework of transformative learning theory (Taylor, 2009). It is evident from the above taxonomy that this researcher's study supports that of Taylor's research.

The first core element listed above by Taylor (2009) was individual experience. This core element concerns what each learner created during the educational process. The participants in the study "returned" to school to undergo their individual experience. The second core element in connection with transformative learning is critical reflection. It is about the participants' reflection relative to the content, the process, and the grounds. The third core element is discussion or dialogue. It is in the dialogue that experience and critical reflection take place. It is during this core element that that the boundaries of the

individual are discovered, challenged, and exceeded. A holistic orientation must be emphasized, an orientation that, in addition to cognitive, also must include emotional and social dimensions (Illeris, 2014). Awareness of context is a core element of transformation learning that aids in constructing a richer appreciation and understanding of the personal and social-culture conditions involved. The last core element is authentic relationships. This element focuses primarily on the student and teacher relationship. This trusting relationship is paramount for learners to emotionally develop the confidence in the teacher that is vital for the transformative element of learning.

Significance of the Study

This study aimed to explore the lived experience of DNPs returning to school in pursuit of a PhD in nursing degree. There has been limited amounts of research conducted on this phenomenon leading to gaps in the literature. Knowledge and understanding of the emerging themes of this study support the "how" and they "what" of the experience of the DNP-prepared nurses. Three principal themes identified in this study were: *wanting to know something more, personal needs,* and *challenges faced during transformation.* The data generated from this study add to the body of phenomenological research and is transferable to other disciplines that award a clinical doctorate such as physician assistants, physical therapy, occupational therapy, medicine, psychology, and dentistry. Many of these clinicians are returning to school in pursuit of a PhD degree in their respective fields. Findings from this study add to the body of nursing knowledge and advances the science of nursing.

Significance of the Study to Nursing

The significance of this interpretivist, phenomenological study is that it served to

address a gap in the literature regarding the lived experience of DNPs returning to school in

pursuit of a PhD in nursing degree. This study is significant to nursing, as it will illuminate

the lived experience of DNP-prepared nurses as they pursue(d) a PhD in nursing. Nurses

are committed to enhancing patient care by responding to healthcare challenges. If this

potential is to be realized, the nursing profession itself will have to undergo a fundamental

transformation. One of the key messages extrapolated from the IOM report, which serves

to guide this transformation, is to have nurses achieve higher levels of education and

training through an improved educational system promoting seamless academic

progression (IOM, 2010).

Implications for Nursing Practice

The research and ultimate findings of this study will add to the general body of

nursing knowledge regarding the lived experience of practicing DNP-prepared nurses in

pursuit a PhD in nursing degree potentially promoting academic progression. This study is

significant to nursing science, as the nursing community and the healthcare arena as a

whole do not understand the unique experience of a DNP returning to school in pursuit of a

PhD in nursing, since one of the goals of this study is to build on nursing science, the data

obtained from this study will contribute to the body of nursing knowledge with respect to

nursing education, nursing practice, nursing research, and health/social policy. Findings

from this study have timely implications for nursing education, practice, research, and

health/public policy and add to the body of nursing knowledge, thus advancing nursing

science.

Implications for Nursing Practice

There is a lack of evidence in the nursing literature regarding the lived experience of nurses who have completed the DNP degree and are actively in pursuit of the PhD in nursing degree. This study has meaning to nursing practice because unless we understand the essence of a DNP-prepared clinician actively pursuing the research=focused PhD degree, nurse will remain in the unknowing of the nurse perspective of having a clinical nurse practicing in the role as nurse scientists. With the findings of this study, it was evident that this group of DNPs had a desire to not only utilize transitional research but sought out the skillset to conduct original research. This may help bring about change not only to hospitals but also to schools and colleges of nursing regarding the value of having clinicians with formal training in nursing research. Positions may be created for these clinical researchers in academic medical centers with shared academic time at a university. This shared practice-research model can help experientially move healthcare and nursing science forward.

Implications for Nursing Education

As nursing education develops, it is imperative to have the knowledge base used to advance all areas of specialization in nursing practice. Understanding this experience is imperative to the development of a streamlined process for academic progression, one of the key priorities of the Institute of Medicine's *Future of Nursing* report (IOM, 2010). The findings from this study can be used by institutions for higher education to develop recruitment strategies, DNP and/or PhD curriculum revisions, and program development such as DNP to PhD bridge programs. The findings from this study can provide valuable information for nurses exploring the option to pursue doctoral education by assisting them

in selecting the appropriate terminal degree for their long-term career goal. Through an understanding of the experience of pursing a PhD in nursing after completing a DNP program, PhD program administrators will have a clear understanding of what is desired to develop a supportive program based on the challenges reported by the participants during their transformation in this study.

Implications for Nursing Research

Nursing research is an essential component for evidence-based practice and is defined as the systematic, objective process of investigating phenomena significant to nursing (Polit & Beck, 2012). It is essential for generating nursing knowledge and underwrites the underpinning within the nursing discipline. The fundamental goal of nursing research is to develop, enhance, disseminate, and expand knowledge, which is essential to guide nursing practice thus improving the health and quality of life for patients (Polit & Beck, 2012). Research concerning the lived experience of practicing DNPs returning to school in pursuit of a PhD in nursing reveals a gap in the literature limiting knowledge development in nursing. The phenomenological study explored the lived experience of DNPs in pursuit of a PhD in nursing. Understanding the "how" and "what" of study participants experience being DNPs in pursuit of a PhD in nursing further enhances the knowledge of how to utilize and support this special group of motivated nurses. The findings from this study may lead to further phenomenological studies being replicated in other clinical specialties that award clinical doctorates outside of nursing such as medicine, dentistry, physical therapy, occupational therapy and psychology. Some of the identified themes emerged within this study may spur colleges of universities to change the way programs are offered or conceivable develop other programs such as DNP to PhD

bridge programs, which may address the gap of increasing PhDs teaching in clinical programs or have PhDs practicing in dual roles as both a clinician and nurse scientist. The findings from this study will help fill those gaps.

Implications for Health/Public Policy

Connecting the lived experience of DNPs returning to school in pursuit of a PhD in nursing degree may encourage advancement in health and social policy. Understanding the lived experience is important to the development of a streamlined process for academic progression, one of the key priorities of the institute of medicine *Future of Nursing* report (IOM, 2010). Responding to the demands of an evolving health care system, seamless transitions to doctoral nursing degrees will require more educators to provide these nurses with knowledge and skills allowing then to advance within the nursing ranks. Funding opportunities such as grants and tuition forgiveness programs will need to be accessible for these nurses pursing doctoral education as identified as one of the themes, *social-individual tensions,* in this study. Educating these nurses to practice at the highest level of nursing care, will require an increase in trained nursing faculty. It is essential that those in a position to shape and enact nursing policy focusing on increasing the numbers of doctoral-prepared clinical faculty members who have the skills and academic preparation to teach evidenced-based practice to the professions next generation of nurses. Nursing organizations such as the AACN need to develop a forum dedicated to DNP – PhD nurses to exchange resources which can serve to ensure the needs of clinical nurse scientists are met. Understanding the lived experience of DNPs who are in pursuit of a PhD in nursing may help bring awareness to the two doctoral degrees and how nurses holding these two degrees can bring a specialized skillset to the table, contributing to research and practice

with the help of legislators, policy makers, and nursing communities at large. It is the hope

that the findings from this study will address the gaps as discussed above.

Strengths and Limitations of the Study

This section reports on the strengths and limitations of this interpretivist

phenomenological study. This study's strengths included rich descriptions from 12

participants on the lived experience of DNPs returning to school in pursuit of a PhD in

nursing. One of the strengths of this study is the plethora of nursing specialties represented

in the sample group, which reflects the many advanced practice roles held by DNPs

throughout the United States. Another strength is that the participants were completing

DNP-to-PhD programs in different formats. Some were engaged in traditional programs,

while others were enrolled in DNP-PhD bridge programs. This variety improves the

veracity of the thematic findings, ensuring that the participants were speaking about the

experience of undertaking a DNP-PhD in nursing program in general and that their

opinions were not unduly swayed by the type of program or university involved.

The limitations of the study relate to the method. Phenomenology does not allow

the researcher to generalize as is done in empirical research. The value of the

phenomenology is to be able to obtain rich data to understand the unique experiences of the

participants. The small sample size of was also a limitation. The limitations of this study

included the fact that participants were drawn from only AACN-accredited DNP programs

and no other non-AAACN accredited clinical doctorates in nursing such as DNAPs. DNPs

in this study had to be pursuing a PhD in nursing, which limited the number of DNPs

enrolled in PhD programs outside of nursing who were ineligible to participate. This

limited the transferability of the study's findings. A final limitation was that the researcher

was a novice and new to phenomenology methodology. The researcher's methodological guidance provided by experienced dissertation committee members was critical in mitigating this limitation.

Recommendations for Future Study

The current study allowed the researcher to derive meaning from the experiences of the DNP returning to school in pursuit of a PhD in nursing degree. The interviews of the DNPs provided rich descriptions of their experiences as they navigate(d) through a PhD program after completing the DNP degree. The interviews highlighted *wanted to know something more* than what the DNP curriculum offered, *social-individual tension* such as intrinsic or extrinsic motivational factors that have inspired the DNP to return to school in pursuit of a second doctoral degree in nursing, and obstacles and *Challenges to transformational learning*. More research on this group of DNP-prepared nurses is needed to add to the body of nursing science. Recommendations for future studies should include a larger sample size and a grounded theory design to examine and understand the factors motivating the DNP to return to school in pursuit of a PhD in nursing. Furthermore, the grounded theory approach may be used to explore the perceptions and attitudes of the DNPs. The study's sample population was inclusive to DNPs who have graduated from only AACN-accredited programs. Future studies could include those nurses who hold clinical doctorates, such as the DNAP, and are not accredited by AACN. More research on this phenomenon is needed to add to the body of nursing science. Further studies as they relate to supporting and refuting these findings should be conducted. In addition, studies that explore why clinical DNPs return to school for a PhD in nursing would be beneficial.

The results from this study may provide knowledge development for nursing practice, research, education, and public policy.

Conclusion

This investigation used the interpretivist, transcendental phenomenological methodology of Clark Moustakas (1994) to explore the lived experience of DNP nurses returning to school in pursuit of a PhD in nursing. The purpose of the inquiry was to examine and understand the essence of the lived experience of DNP-prepared nurses returning to school to actively pursue the PhD in nursing degree. Face-to-face and Skype interviews were conducted on 12 DNP nurses who are in the process or have completed a PhD in nursing. Snowball and purposive sampling were used for recruiting the study participants. Data collected from the interviews were then transcribed by a transcriptionist. The researcher then reviewed the data, and a member-check was conducted with the participants to authenticate this data. All transcriptions were then entered into the NVivio 11 computer software by the researcher. Individual textual and structural descriptions were composed after each interview. Once data saturation was achieved, three theme—*wanting to know something more, social-individual tension, and challenges to transformational learning*—emerged from the analysis. All participants were presented with the themes and confirmed the relevance. A combination of the textural and structural descriptions was synthesized to uncover the essence of the meaning of the participants' experience. A taxonomy was developed, and it was evident that this researcher's study supported that of Taylor's research.

The participants described that pursing a PhD in nursing after completing a DNP degree requires good time-management skills to organize both professional and personal

obligations. The results of this study found that regardless of the type of PhD program (traditional or DNP-PhD bridge program) the DNP was enrolled, the DNP reported *wanting to know something more* than what was offered in the DNP curriculum. Many wanted to acquire the skillset to conduct research studies and have a true understanding of research methodologies that they did not receive in their respective DNP program.

Social-individual tensions may be present. *Tension* such as intrinsic or extrinsic motivational factors that have inspired the DNP to return to school in pursuit of a second doctoral degree in nursing related to both nursing and the public's perception of the DNP degree. The lack of clarity regarding the DNP degree and the differences in the content covered in these programs may be attributed to this confusion. Participants have shared that they were passed over for promotion or did not qualify for tenure track positions simply because they did not possess the PhD credential.

Challenges during transformational learning undeniably occur. The DNP returning to school in pursuit of the PhD must have good time management skills and be prepared to adequately juggle professional and personal responsibilities accordingly. To avoid additional challenges, financial planning and preparation are vital to success and must be planned out before embarking on the PhD journey.

> "Learning is the beginning of wealth. Learning is the beginning of health. Learning is the beginning of spirituality. Searching and learning is where the miracle process all begins" (Rohn, n.d.).

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APPENDIX A

IRB APPROVAL LETTER

Barry University

Division of Academic Affairs

Research with Human Subjects
Protocol Review

Date: July 11, 2018

Protocol #   1241837-1

Title of Project: The lived experience of Docotors of Nursing Practice returning
                          to school in Pursuit of a Doctor of Philosophy Degree in
                          Nursing

Researcher: Michael Greco, DNP, CRNA

Faculty Sponsor: Dr. Jessie Colin

Dear Mr. Greco:

On behalf of the Barry University Institutional Review Board (IRB), I have verified that
the specific changes requested by the convened IRB have been made.

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.

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.
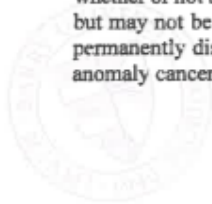
The approval granted expires on July 15, 2019. Should you wish to maintain this protocol in an active status beyond that date, you will need to provide the IRB with an IRB Application for Continuing Review (Progress Report) summarizing study results to date. The IRB will request a progress report from 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, Mrs. Jasmine Trana at (305)899-3020 or send an e-mail to **dfeldman@barry.edu**. Finally, please review your professional liability insurance to make sure your coverage includes the activities in this study.

Sincerely,

David M. Feldman, PhD
Chair, Institutional Review Board
Barry University
Department of Psychology
11300 NE 2nd Avenue
Miami Shores, FL 33161

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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

BARRY UNIVERSITY INFORMED CONSENT FORM

You are asked to volunteer in a research study. The title of the study is, "The Lived Experience of DNPs in Pursuit of PhD in Nursing". The research is being conducted by Michael Greco, DNP, CRNA, a doctoral student at Barry University. He is looking for information that will be useful in advancing nursing science. The purpose of this study is to examine and understand the essence of the lived experience of DNP-prepared clinical faculty actively pursuing the PhD in nursing degree. The aims of this study is to give this group of DNP-prepared nurses a voice to express their individual experience as they return to school to pursue a PhD in nursing degree. This will provide an inductive description of the phenomenon and will gain understanding of the essence of the experience of returning to school for a second doctoral degree. Interviews will be conducted with each participant. In accordance with these aims, the following procedures will be used: individual interview. We anticipate the maximum number of participants enrolled in the study will be 25.

If you decide to participate in this research, you will be asked to do the following: (1) fill out a demographic form lasting no longer than 10 minutes, (2) 60-minute interview either face-to-face or via Skype, (3) review transcriptions sent from the researcher (10-minutes), and (4) Two- 20-minute member check sessions either over the telephone or via Skype. The purpose of the first member check session is for clarification and verification of the transcription of the initial interview. The purpose of the second member check session is to confirm the relevance of the findings of the study.

If you decide to participate in this study, you will receive a $10 Visa gift card as a token of appreciation regardless if you complete the interview or not. 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 your employment.

There are no knows risks to you. Although there are no direct benefits to you, your participation in this study may help our understanding of clinical nurse with pursuing research-focused doctoral degrees.

As a research participant, information you provide will be held in confidence to the fullest 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. 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 be audio recorded and transcribed by a transcriptionist in a timely manner.

As previously stated, information you provide will be held in confidence to the fullest extent permitted by law. No names or other identifiers will be collected on any of the instruments used. Any published results of the research will be in cumulative form and pseudonyms will be used in the study. All data will be kept in a locked file in the researcher's home-office. A transcriptionist that has signed a third-party confidentiality form will transcribe the audio recordings. Audio recordings will be destroyed after the initial member check session and transcripts of the recordings will be retained. Your signed consent form will be kept separate from other study data for five years then shredded. Consent and demographic forms obtained from Docusign will be deleted after five years. All transcribed data will be kept for a minimum of 5 years from completion of the study and indefinitely thereafter

If you have any questions or concerns regarding the study or your participation in the study, you may contact me, Michael Greco, at ▮▮▮▮▮▮▮▮ or ▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮, my supervisor, Dr. Jessie Colin, at ▮▮▮▮▮▮▮▮ or ▮▮▮▮▮▮▮, or the Institutional Review Board point of contact, Jasmine Trana at ▮▮▮▮▮▮▮▮ or ▮▮▮▮▮▮▮▮. 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 purpose of this experiment by Michael Greco and I have read and understand the information presented above. 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   *Principal Investigator/ Date*

_____   _____
Witness   *Date*

APPENDIX C

RECRUITMENT EMAIL

Dear DNP Colleague,

My name is Michael Greco and I am a PhD Candidate at Barry University located in Miami Shores, FL. I am conducting a study to examine the lived experience of Doctors of Nursing Practice (DNPs) who are or have actively pursued a PhD in nursing. The purpose of this study is to examine and understand the essence of the lived experience of DNP prepared nurses actively pursuing a PhD in nursing degree. I am seeking participants who are registered nurses that graduated from an AACN accredited DNP program and are enrolled in a PhD in nursing program and successfully completed 1 semester of coursework **OR** completed a PhD in nursing degree. The participants must read, write, and speak English. Those agreeing to participate in the study must complete a demographic form lasting 10 minutes, be available to participate in either a face-to-face or Skype interview with the researcher lasting no more than 60 minutes, available for 10-minutes to review transcribed interview, available for a 20-minute interview to confirm the transcribed interview and available for a 20-minute interview to confirm the relevance of the findings. The total time commitment for this study is 120 minutes.

The study will consist of a semi-structured interview with interested either in person or via Skype video conferencing. This interview will be scheduled at a convenient time for the participant. Interviews are estimated to take 60 minutes. The interview will consist of asking DNPs to describe their experience they are/have experienced while pursuing a PhD in nursing.

The aim of this study is to give this group of DNP prepared nurses a voice to express their individual experience as they return to school to pursue a PhD in nursing degree. This will provide an inductive description of the phenomenon and will gain understanding of the essence of the experience of returning to school for a second doctoral degree. I am have attached a flyer with the specifics of this study to this email. If you are interested in participating in this study, kindly use your personal email to contact me at Michael.greco@mymail.barry.edu.

Thank you for your consideration,

Michael Greco, DNP, CRNA

Michael Greco, DNP, CNRA

Barry University- PhD Candidate

APPENDIX D

RECRUITMENT EMAIL TO PROGRAM DIRECTORS

Dear Program Director,

My name is Michael Greco and I am a PhD Candidate at Barry University located in Miami Shores, FL. I am conducting a study to examine the lived experience of Doctors of Nursing Practice (DNPs) who are or have actively pursued a PhD in nursing. The purpose of this study is to examine and understand the essence of the lived experience of DNP prepared nurses actively pursuing a PhD in nursing degree. I am seeking participants who are registered nurses and have graduated from an AACN accredited DNP program and are enrolled in a PhD program in nursing and successfully completed 1 semester of coursework **OR** completed a PhD in nursing degree. The participants must read, write, and speak English. Those agreeing to participate in the study must complete a demographic form lasting 10 minutes, will be available to participate in either a face-to-face or Skype interview with the researcher lasting no more than 60 minutes, available for 10-minutes to review transcribed interview, available for a 20-minute interview to confirm the transcribed interview and available for a 20-minute interview to confirm the relevance of the findings. The total time commitment for this study is 120 minutes.

The aim of this study is to give this group of DNP prepared nurses a voice to express their individual experience as they return to school to pursue a PhD in nursing degree. This will provide an inductive description of the phenomenon and will gain understanding of the essence of the experience of returning to school for a second doctoral degree. I am kindly requesting this email and attached flyer be forwarded to all DNPs who you may also know who are in pursuit of a PhD in nursing degree. Interested individuals should use their personal email to contact me at ███████████████████████████

Thank you for your consideration,

Michael Greco, DNP, CRNA

Michael Greco, DNP, CRNA

Barry University- PhD Candidate

APPENDIX E

RECRUITMENT FLYER

25 DNPs Who Have Received a PhD or Are Presently Enrolled in a PhD in Nursing Program

are invited to Participate in a Research Study titled:

THE LIVED EXPERIENCE OF DOCTORS OF NURSING PRACTICE RETURNING TO SCHOOL IN PURSUIT OF A DOCTOR OF PHILOSOPHY IN NURSING DEGREE

THE PURPOSE OF THIS STUDY… Is to examine and understand the essence of the lived experience of DNP-prepared clinical faculty actively pursuing a PhD in nursing degree.

PARTCIPANTS MUST BE:

1. A registered nurse who has graduated from an AACN accredited DNP program.
2. A DNP enrolled in a PhD program in nursing who has successfully completed 1 semester of coursework **OR** has completed a PhD in nursing degree.
3. Must read, write, and speak English
4. Will complete demographic form lasting 10 minutes
5. Will consent to participate in either a face-to-face or Skype interview with the researcher lasting no more than 60 minutes.
6. Available for10-minutes to review transcribed interview.
7. Available for a 20 minute conversation to confirm the transcription records.
8. Available for a 20-minute interview to confirm the relevance of the findings.

INTESTESTED and MEET STUDY CRITERIA?

FOR MORE INFORMATION PLEASE CONTACT THE Researcher Listed Below.

Researcher:

Michael Greco, DNP, CRNA (Doctoral Student)

Phone: 917-613-1364

e-mail: Michael.greco@mymail.barry.edu

University Faculty Sponsor:

Jessie Colin PhD, RN, FRE, FAAN

Phone: 954-559-2220

e-mail: Jcolin@barry.edu

Institutional Review Board:
Jasmine Trana
Phone: 205-899-3820
Email: Jtrana@barry.edu

APPENDIX F

INTERVIEW QUESTIONS

1. What is it like to return to school for a PhD in nursing after already completing the

   DNP degree?

2. If you presently hold a clinical practice, can you describe it? How many hours a week
    are dedicated to patient care?

   Academics?

3. What made you decide to pursue a Doctor of Nursing Practice degree? Doctor of

   Philosophy degree?

4. What factors have motivated you to pursue a second doctoral degree?

5. Describe to me how you view the DNP degree? PhD degree.

6. What do you/did you expect to be the greatest benefit of attaining your PhD degree?

7. Please describe for me the similarities and differences in the courses you have taken

   while enrolled in the two degrees.

8. What do you believe

the role of a clinician who has pursued a PhD degree looks like?

9. Please describe some challenges you have faced while pursing your second doctoral

   degree in nursing.

10. Describe the student experience of returning to school in pursuit of a PhD in nursing.

APPENDIX G

DEMOGRAPHIC QUESTIONNAIRE

Thank you for agreeing to participate in this study! This questionnaire consists of professional and personal information related to your DNP to PhD in nursing experience. All information collected is confidential and will only be used for the purpose of this study.

Pseudonym:_____

1. My gender is: _____Female _____Male

2. My age is: _____23-33 _____34-44 _____45-55 _____56-66 _____67 or >

3. My race/ethnicity is:
   a. White   b. African American   c. Asian   d. Hispanic   e. Native American
   f._Other

4.	What year did you receive your DNP degree? _____
5.	What year did you being your PhD in nursing studies? _____
6.	If you have received your PhD in Nursing, what year did you complete this? _____
7.	Was/Is your PhD in Nursing program a:
a.	_____Traditional Program?
b.	_____DNP-PhD Bridge Program?
8.	Are you an APRN? _____ If so, what is your specialty? _____
9.	Do you hold an academic appointment at a college or university? _____
10	Do you hold a clinical/faculty practice at a healthcare facility? ____

APPENDIX H

INTERVIEW GUIDE

1. Introduce the researcher to the participant. Welcome and express gratitude for their

   willingness to participate in the study. Reassure participant of confidentiality.

2. Explain the following:

   a. The purpose of the study.

   b. Risks and benefits of participation

   c. The types of questions to be asked

   d. The approximate time frame for the interview.

   e. The capability to suspend and terminate the interview and/or to withdraw

      from the study at any point in time.

   f. Decline to answer any question that he/she finds uncomfortable.

   g. The process of audiotaping and transcribing the interview.

   h. The process and measures used to maintain confidentiality and anonymity.

3. Distribute informed consent form and allow participant to read and review

   procedure. Provide clarity for any questions asked and have participant sign.

4. Present the participant with a $10 Visa gift card after receiving an endorsed consent

   form.

5. Ask the participant to select a pseudonym to be used to identify himself or herself

   during the interview. If participant choses not to select a name, research will assign

a pseudonym at this time.

6. Have participant fill out demographic form.

7. Request permission to begin interview and turn on recording devices. Conduct the interview using the guide for the interview questions.

8. Ask participant if there is anything else they would like to add. Thank the participant at the end of the interview.

9. Ask the participant if he or she knows of other DNPs in pursuit of a PhD in nursing or who has been awarded a PhD in nursing and may be interested in participating in the study.

10. Inform the participant that the researcher will send the verbatim transcription via email within 3 days.

11. Schedule a time for member check over the phone within one week.

12. Take time to self-reflect, take field notes, and journal thoughts and feelings immediately after the interview.

13. Send transcribed interview to participant for the member check and confirm time to speak with participant.

14. Schedule second member check telephone interview.

15. Begin data analysis

APPENDIX I

THIRD PARTY CONFIDENTIALITY FORM

Confidentiality Agreement for use with Transcription Services

Research Study Title: The lived experience of Doctor of Nursing Practice returning to school in pursuit of a Doctor of Philosophy degree in Nursing-

1. I, _____ transcriptionist, agree to maintain full confidentiality of all research data received from the research team related to this research study.

2. I will hold the strictest confidence the identity of any individual that may be revealed during the transcriptions of interviews or in any associated documents.

3. I will not copy any of the what are your recordings or other research data, unless specifically requested to do so by the researcher.

4. I will not provide the research or data to any third parties without the study participant's consent.

5. I will store all study-related data in a safe, Secure location as long as they are in my possession. All audio recordings recording will be stored in an encrypted format.

6. All data provided or created for purposes of this agreement, including any back-up records, will be returned to the researcher or permanently deleted. When I have received confirmation that the transcription services I have performed is satisfactorily completed, I will return or destroy the research data, as per the instructions of the research team.

Transcriber's name (printed) _____

Transcriber's signature   _____

Date   _____

APPENDIX J

VITA

ACADEMIC DEGREES	DATES	DEGREE	MAJOR
Barry University	2015-2018	PhD	Nursing
The University of Alabama	2008-2010	DNP	Nursing
SUNY Health Science Center at Brooklyn	1999-2001	MS	Nurse Anesthesia
Niagara University	1990-1994	BS	Nursing

PROFESSIONAL EXPERIENCE

Northwell Health	2018-Present	Director of Nurse Anesthesia Services
Columbia University School of Nursing New York, NY	2014-2018	Program Director- Nurse Anesthesia
Mount Sinai Medical Center New York, NY	2010-2014	Staff CRNA
Lutheran Medical Center Brooklyn, NY	2012-2014	Chief CRNA

Certification/Licensure

Certified Registered Nurse Anesthetist

NY-Registered Nurse

FL- Advanced Practice Registered Nurse