

University of Southern Maine College of Nursing and Health Professions
Needs Survey for Doctor of Nursing Practice and Continuing Education
 Prepared by Jane Kirschling, January 15, 2006

In November 2005 registered nurses licensed in Maine who had a baccalaureate degree or higher at the time of initial licensure were mailed a 3 page survey and cover letter¹. The purpose of the survey was to determine interest in the Doctor of Nursing Practice Degree (DNP) as well as interest in continuing education. A total of 5,500 surveys were mailed and 554 were returned.

For purposes of analysis:

- Southern Maine was defined as Androscoggin, Cumberland, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, and York counties – respondents were asked to provide the zip code of their current residence.
- Respondents were asked if they were interested in pursuing the Doctor of Nursing Practice degree, response options included Yes, No, Uncertain. Respondents who indicated “yes” or “uncertain” are included in the DNP sample vs. non-DNP sample.

It is important to note that respondents may have elected not to complete multi-part questions; consequently totals for the Southern and Northern samples may not equal the Total sample.

DOCTOR OF NURSING PRACTICE

1. *Check all educational programs completed.*

	All Respondents	DNP Respondents
Diploma in nursing	7	5
Associate degree in nursing	5	4
Baccalaureate degree in nursing	513	319
Baccalaureate degree other field	86	50
Masters degree in nursing	205	139
Masters degree in business administration (MBA)	11	7
Masters degree other field	57	34
Doctoral degree in nursing	7	0
Doctoral degree in other field	9	3

2. *Mark all advanced practice educational programs completed.*

	All	DNP	DNP Southern Maine	DNP Northern Maine
Nurse practitioner (NP)	115	53	45	29
Clinical nurse specialist (CNS)	58	40	20	16
Certified nurse midwife (CNM)	10	7	4	0
Certified nurse anesthetist (CRNA)	18	12	6	4

¹ Institutional Review Board approval at USM was obtained for this needs assessment.

3. *If you are master's prepared in nursing and not an NP, CNS, CNM, or CRNA please briefly describe the focus of your master's program (e.g., administration, education).*

Administration (x4)
 Administration and psychiatric nursing
 Clinical nurse specialists (before there was certification) and education
 Clinical practice, education, and administration within medical-surgical nursing department
 Community health (x3)
 Community health nursing management/administration (x)
 Education – school nursing
 Education (x7)
 Education and gerontological nursing
 Family
 Forensic nurse examiner
 Gerontological psychiatry
 Nursing administration (x3) (1 response “and MBA”, 1 response focus on continuing education)
 Nursing education (x5)
 Parent-child nursing (similar to what we now know as a CNS) major, nursing education minor
 Pediatric neonatal nurse practitioner
 Pediatric nursing case management
 Perinatal nursing
 Psychiatric across the life span = family
 Psychosocial nursing, when moved to Maine FNP
 Public administration with health administration concentration (MPA-H)
 Public health, management
 Women's health care nurse practitioner

4. *Are you currently enrolled in a master's degree in nursing or post-master's certificate program in nursing?*

	All
Yes	41
<i>If yes, please indicate where:</i>	
University of Maine	2
University of Southern Maine	9
Another Nursing Program in Maine	13
Another Nursing Program outside of Maine	16
No	508

	All	Southern Maine	Northern Maine
<i>If no, if you are considering pursuing a graduate degree in nursing which areas of interest most appeal to you?(check all that apply)</i>			
Advanced Practice Nursing	139	92	32
Clinical Nurse Leader	42	29	7
Education	99	59	28
Leadership/Management	65	45	12
Other:			
<ul style="list-style-type: none"> • Anthropology • Behavioral modification/emotional 			

- Counseling or therapy
- Criminal nursing
- Dietary teaching
- Doctorate
- Education
- Geriatric care management
- Informatics or perioperative
- Lactation
- Maternal child health
- MPH (master’s public health) (x3)
- MSN/MBA
- ND program at Case
- Pediatrics
- PhD
- PhD in Nursing or another field (naturopathic physician)
- PhD or DNSc
- Psychopharmacology
- Public health (x7) (for example, certificate program, outcome research, epidemiology, statistics, community health)
- Rehabilitation CNS prior to existence of any certification, when that became possible no longer working in rehab
- Research
- RN First Assist
- School nursing (x2)

	DNP	DNP Southern Maine	DNP Northern Maine
<i>If no, if you are considering pursuing a graduate degree in nursing which areas of interest most appeal to you?(check all that apply)</i>			
Advanced Practice Nursing	108	69	27
Clinical Nurse Leader	37	25	6
Education	77	44	23
Leadership/Management	57	37	11

5. ***Are you interested in teaching in a nursing academic program? (check one)***

	All	DNP	DNP Southern Maine	DNP Northern Maine
Yes, within Associate degree program	28	18	11	8
Yes, within Baccalaureate or higher education degree program	107	85	51	22
Yes, within either type of program	142	114	71	32
Total	277	217	133	62

Of the respondents who expressed an interest in teaching:

- 3 hold an Associate Degree in Nursing as highest nursing degree
- 151 hold a Baccalaureate Degree in Nursing as highest nursing degree
- 112 hold a Master’s Degree in Nursing as highest nursing degree
- 11 hold a Doctoral Degree in Nursing or another field.

6. Are you interested in pursuing the Doctor of Nursing Practice degree?

	All	DNP Southern Maine	DNP Northern Maine
Yes	163	101	43
No	204	n/a	n/a
Uncertain	183	112	46
<i>If yes,</i>			
Within 5 years	123	73	31
Within 10 years	47	29	12
Uncertain	72	48	20
Preference is for part-time study	165	101	48
Preference is for full-time study	14	11	3
Uncertain	41	30	8

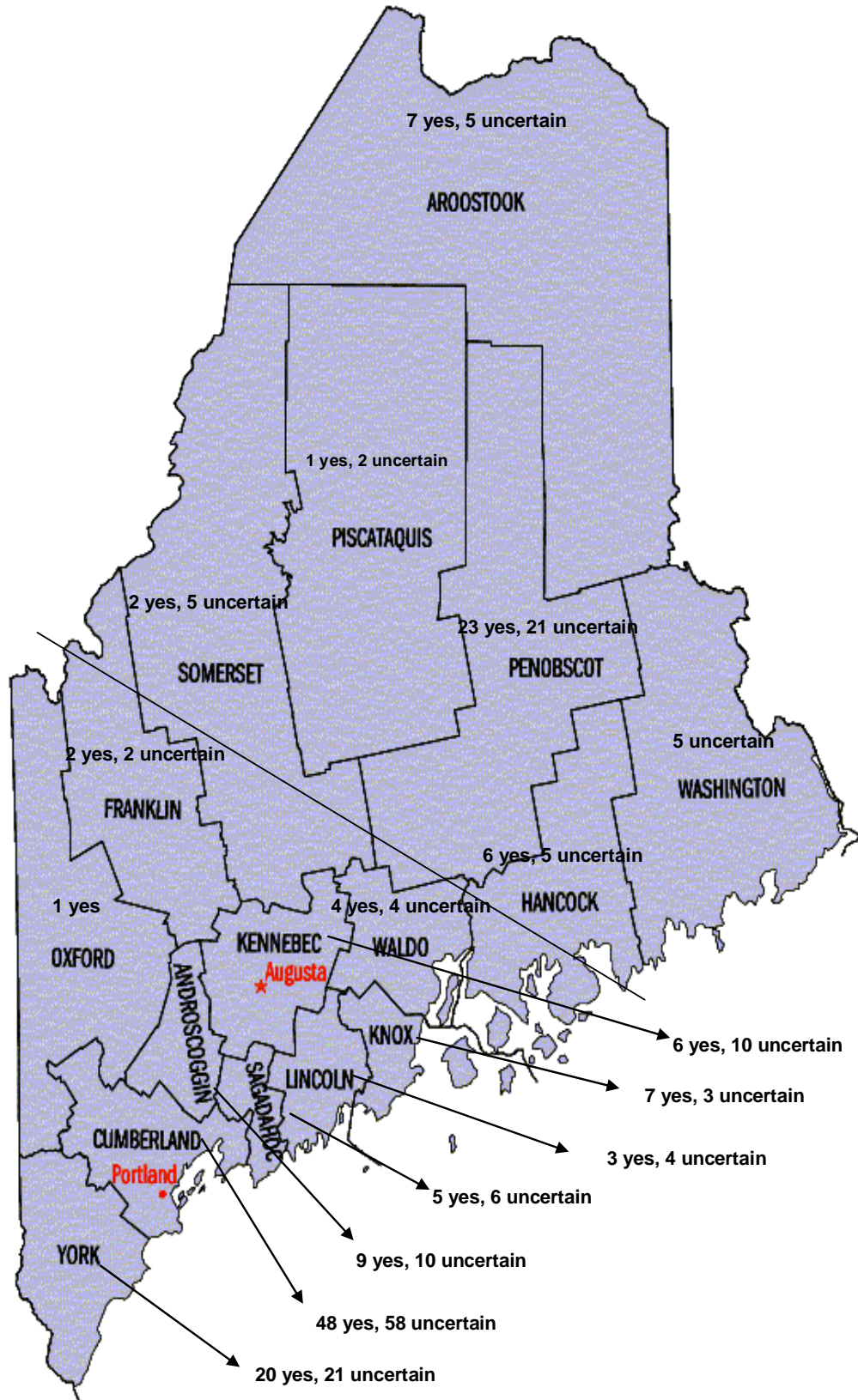
Of the respondents who responded “yes” to pursuing the DNP degree, 1 holds an Associate degree as his/her highest nursing degree, 199 hold baccalaureate degrees in nursing as highest nursing degree, 119 hold a masters degree in nursing as highest degree in nursing, and 1 holds a doctoral degree.

Figure 1 on the next page includes a breakdown of interest in the DNP by county.

7. Please identify your 1st and 2nd preferences in terms of course delivery.

	DNP		DNP Southern Maine		DNP Northern Maine	
	1 st	2 nd	1 st	2 nd	1 st	2 nd
Traditional in-person classroom	109	33	68	26	26	5
Limited in-person classroom and online	175	78	121	41	40	22
Distance-delivery with 2-way audio and visual	43	55	8	33	27	15
On-line only	35	48	16	27	8	15
Other:						
<ul style="list-style-type: none"> • CD/DVD • Clinical experience hospital based • Combination of all for convenience • Distance with 1-2 weeks in class (CNEP model) • Field study or clinical • In person classroom and limited online • In the field, be that a clinic, hospital, community, etc. • Mail home videos • Offer online, non traditional as much as possible • Should have clinical component with faculty 						

Figure 1. Expressed interest in DNP (12/05)



8. *Please rank order (1 first choice... 6 last choice) your preference in terms of when classes are offered?*

	Mean DNP	Mean DNP Southern Maine	Mean DNP Northern Maine
Consolidated in a one-day block, including evening	2.0	2.2	1.7
Consolidated in a 3-day block every 3-4 weeks	3.2	3.3	2.9
Daytime classes between 8:00 am and 2:30 pm	4.3	4.3	4.4
Late afternoon classes between 3:30 pm and 7:00 pm	3.4	3.2	3.6
Evening classes between 5:30 pm and 9:00 pm	3.3	3.2	3.7
Combination of daytime and evening classes	4.3	4.3	4.4

9. *Please rank order (1 first choice... 6 last choice) your preference in terms of when classes are offered?*

	All DNP	DNP Southern Maine	DNP Northern Maine
Monday	3.3	3.4	3.4
Tuesday	3.1	2.9	3.6
Wednesday	3.2	3.0	3.6
Thursday	3.6	3.5	3.7
Friday	3.8	4.1	3.3
Saturday	3.7	4.0	3.2

Other comments related to DNP:

In response to interested in teaching in a nursing academic program:

- I would be interested in teaching but I could not afford the decreased pay.

In response to question about interest in pursuing DNP:

- There is not financial incentive to pursue advanced practice nursing (other than CRNA) I Maine. Today, I would make more as a nurse (RN) than I do as a NP. While I enjoy learning, with a family to support, it would not be a practical choice for me to pursue a DNP.

General comments:

- (1) We need a doctorate program for ARNPs. The focus should be on a more comprehensive clinical/hard science (pharmacology, pathophysiology, epidemiology, laboratory/diagnostic testing) courses reflected in doctoral level study.
- (2) Thank you for the opportunity to comment. (1) The existing content/structure/credits of some master's degree programs is not a justification of need for this degree offering, similar number of credits in an engineering program would not justify calling nursing program graduates engineers. (2) The need within the nursing profession is for clarity and comfort with the powerful and essential role of caring for humans as they respond to health/disease problems.

Nothing is accomplished toward that end by adding another set of initials, another layer of stratification. The ultimate justification should be a statement that says patients, or the more politically accepted “clients” will be better off if this direction is pursued. There is no way I see this professional primping will be of any benefit to the people who need honest-to-god, real-time, intelligent, hands-on, thoughtful nurses. (3) Since I expect that this course will proceed regardless of feedback such as mine, I shall await the discussions of the future about pay, benefits, and respect due – further distractions to the real conversations that need to be happening about interprofessional care and respect among health professionals, about patient (client) centered and relationship centered care, about disparities in health outcomes, about inequities that make health all but impossible for certain populations. Nursing has such great minds and great hearts among its numbers. Could we not look outward and work for meaningful solutions, and forget about how many different doctor names we can have?

- (3) Cost should be very low and should approach zero (“uncertain” regarding DNP).
- (4) Before you develop any kind of advanced clinical degree by sure there are a significant number of potential employers. Many new NP graduates cannot find jobs!!!
- (5) Please, please continue to pursue the practice doctorate. All programs in New England are research or education focused. There are few if any practice doctorate programs available.
- (6) Waive GRE for master’s prepared DNP students.
- (7) I think it is slightly misleading to portray the DNP as an alternative to a PhD, as some holders of DNPS may want to go on to research careers by earning PhDs – just as MDs sometimes earn PhDs.
- (8) As nurses, how can we possibly consider a DNP when we cannot agree on the degree necessary for entry level practice?! Do we not have enough splintering among us? Besides, nurses still have choices for doctoral level education including the PhD, EdD, DNS, DSc! Why would we add another?
- (9) Satellite closer to my rural midcoast area would be ideal and has been the only reason to delay my pursuit of APN.
- (10) I graduated from a BSN program in 1985. In the late 90’s, I began to explore Master’s programs for FNP. Although USM had a great program I chose the distance program at SUNY Stonybrook, NY. Now that I have experienced “on-line” and distance learning, I couldn’t imagine going back to a traditional classroom setting. The SUNY program was appealing to me as a wife and mother of 3 children (working 2 jobs). There is no way a traditional program could have worked for me. By taking distance learning I could lean on my schedule and set up my own clinical times. Please consider that many nurses pursuing a higher degree are “mature” with families and may not live close to the University. Due to the lapse in time between my BSN and Masters I repeated a couple of course (statistics and health assessment by ITV in Sanford). This was also a good learning method for me. Thanking you for sending this information and survey out.
- (11) I liked the accelerated program because it was all about nursing. I am looking for a similar advanced degree program. I already have a MA in child development from Tufts University so I am used to a rigorous, research-based program. Even though this degree is unrelated to nursing per se an advanced degree has taught me how to think and how to write and how to do research. I would like a practical program that involves teachers who are currently nurses talking about realistic, timely issues.
- (12) I would be highly interested in a doctorate degree. I am a mom of 2 young ones, balance a job (including adjunct faculty BSN program) and home life. I would like to see a program that would allow me to continue what I do and maintain my sanity. I like the idea of distance education (i.e., compressed video and online). I would not do my best with just online. Thanks. (Northern Maine)

- (13) Must be very affordable program to make it worth taking out any more loans as there will likely be no salary increase to go with another degree. (2) There must be documented benefit of obtaining another degree (etc., how it would change/influence how nurse practitioners currently practice each day with the master's level. (3) Salaries are already much lower in Maine than other states and increased cost of living, so again, must be short-term economically/affordable with positive benefits on practice program.
- (14) Post masters degree to DNP program needed also for those with MSN (a bit shorter).
- (15) I am very interested in pursuing an on-line program for a nursing doctorate. I am a 1981 graduate of USM with a BSN and a 2001 graduate of Husson College FNP/MSN program. Currently I am assisting a vascular surgeon in starting a new Heart and Vascular Center in Charleston, SC and also work as a vascular nurse practitioner/first assist with this surgeon at Roper Hospital in Charleston. I hope you can come up with and be successful in starting a DNP program.
- (16) Since I need 75 contact hours each renewal period I'd like to have them consolidated and recognized as applicable to an advanced degree. The DNP makes sense. That's what we are – nursing practitioners.
- (17) Because of the shortage of nurse teachers and the availability of early retired nurses with Bachelors/Masters degree, we might think of recruiting these nurses and prepare post graduate training program not to exceed 8-12 weeks.
- (18) As a former nurse educator pressured to get a PhD I feel strongly that a DNP would help bridge the gap between clinical and research. My only concern is that expert nurse educator-clinicians not find themselves discriminated against, in searching for fulltime jobs (in education) because this is not a PhD.
- (19) I have been interested in pursuing DNP degree for several years. I am with the VA in Florida, so would only be able to consider online education.
- (20) I am very interest in the DNP degree – I have even looked at Columbia's program.
- (21) Unless financial aid is high enough to provide a reasonable living, enough to stay afloat on. If aid is sufficient, than I would attend DNP full time.
- (22) I have considered beginning doctoral studies but have NOT considered nursing. The nursing programs I have reviewed require too much time away from work, are inflexible in hours and involve way too much political agenda. Nurses are not supportive of each other and demand unreasonable time commitments to prove competence. I am looking for a doctoral program that I can incorporate into my daily work. [Massachusetts]
- (23) I have attended numerous counselor education classes at USM in my area of interest. It has been well worth my time to do so, but at considerable expense, considering I live 3 ½ hours from campus. Any courses available for distance learning, given the rural nature of Maine, are much appreciated. I would appreciate if the developing curriculum would include opportunities for current CNS and NP certified nurses to build on current academic credentials to achieve additional ANCC certification. Specifically, I hope there is a way to earn a DNP and ANCC certification that does not involve course repetition. It seems very important to consider the parameters set by the Nurse Practice Act, ANCC, and academic programs to work towards synergy.
- (24) I tried an online master's program. I was hoping to teach in nursing. However I found the whole experience so disillusioning I'm no longer even interested in trying again. I would however be interested in continuing education courses.
- (25) I am currently active duty Navy, deployed in Iraq. My wife forwarded this survey to me. I will retire in 5 years and move back to Maine. I will complete my masters before I retire. I am still debating whether or not I will attempt a DNP.

- (26) I will have 2 children in high school fall 2006. It's time for me to consider further degrees than my BSN. Please do whatever you can to expand studies and financial aid for the non-traditional nursing student!
- (27) I think this is a great endeavor! I did my BSN at USM, but chose another school for my MSN/NP due to work and family. There are so many choices out there~! I really love the on-line model that Seton Hall's nursing program uses because it is flexible and allows me to work at the same time. Attend 2-3 day orientation. 12 week semesters (Spring, Summer, and Fall). Weekly assignments, so it's hard to procrastinate. Instructors available/reachable by phone and email. Textbooks included in cost of course and sent to you by mail. No set "class time". Available on-line 24/7. But, one of the most compelling aspects of SHU is how they publicize their instructor's accomplishments (very active in their specialties): textbooks authored, research done, involvement in nursing organizations, and positions held. Example, the chair of the acute care nurse practitioner program has specialized in forensic nursing and is a consultant to the TV show "Law & Order: Special Victims Unit". So my point is that you should market your strengths to compete with other on-line schools.
- (28) I have finished a master's program in nurse anesthesia and the topic of a doctorate prepared program was discussed extensively. It was the conclusion of my classmates that this is not a positive change for clinical nurse anesthetists. While it may be a wonderful opportunity for those going into research and education, it does not contribute to the clinical anesthetist. The additional classes for the doctorate program are research based. While this does add some additional months to the programs, many students state they would not enroll if the programs were any longer. In addition, while it may look great to offer a doctorate program, I believe this would just confuse the public even more. They already don't understand the "nurse anesthetist" role. Adding a doctor to the title would only add to the confusion. The ANA needs to put energy toward building a strong base in our bachelor's nursing programs and contribute to the ANNA's efforts in getting nurse anesthesia recognized, before adding a doctorate program. Which will require doctorate prepared instructors (which already are at a shortage!).
- (29) I have wanted to go back and get my masters but I live 1 ½ hours from Portland, work full time plus I have a family. It's not going to happen at this point in my life.
- (30) Pursue DNP "no" in particular, because I am against need to have doctorate. I would do it, of course, if it were required. The problem with DNP is that more talented people choose PA school over the LONG road to DNP. I regret that I became RN instead of PA. I do wish I had a better option for NP school in Maine. Honestly, I haven't heard great things about the program – hence the application to distance learning programs. I would prefer a rigorous NP program over a mediocre DNP upgrade!
- (31) I want getting more Asian nurses in my classes. I'm the only Asian graduate student. The way I can have more Asian nursing colleagues is the USM College of Nursing should be opened to bilingual students. Even their first class will be very hard, but they can make and they will work hard for learning Science of Nursing. I feel very sorry that my favorite Korean nurse, she left USM this year. Because she couldn't get in USM graduate nursing school, she left for New York. She thought and told me that it is hard to get in USM Graduate Nursing school. For me, video or audio and online (ex., PowerPoint) are helping me to study. Thank you very much.
- (32) I am very interest in DNP program, especially if done at USM. Thanks.
- (33) I am thrilled to know there is a possibility of a DNP program at USM. Hopefully the passing of the Nurse Faculty Education Act of 2005 will assist the achievement of a DNP. I wish you luck and look forward to hearing about any future progress. Currently I'm in a master's program/CNRA at Northeastern University and hope to have the ability to pursue a doctorate much closer to home. I wish you luck with our surveys and your program goals.

- (34) I live 5 hours north of Portland (Presque Isle), so if I could complete the program by distance education that would be best. Otherwise, if I have to travel I would rather have the classes condensed in 1-2 days per week to cut down on travel time. I am very excited about this.
- (35) I am very excited about this. I have been looking at other programs but because I am a in a solo practice I need a program that I can access close to home and/or online that I can do when I am able. Thank you for looking into this.
- (36) Nursing has become information overload, like our culture. A standardized assessment and charting tool for the USA would be wonderful. It should be as simple as possible. It will need to fit on computer. When various care plans are entered, the program should recognize duplicates. If a diabetic or paraplegic care plan is initiated skin assessment should be recognized and show up on the screen once, not twice and have to be inactivated.
- (37) As a hospital based nurse and someone who believed that RNs would be required to have a Bachelor's degree in remain RNs by 1990, I am not convinced the profession needs PhDs. The profession is becoming glutted with managers not trained to manage. Those whoa re doing the work need support and education. At some point everyone needs a nurse. The emphasis should be on the entry level. There aren't jobs with appropriate salaries for nurses with advanced degrees.
- (38) It's a shame that information sessions were only during clinic hours and not evenings or weekends.
- (39) All the proposed delivery models look as though one would have to live in Portland area. Important for those in rural areas to have a different option. Scholarship/funding are an important (key) issue for me if I were to return to school.
- (40) I just wanted to thank you for considering starting a program of this nature. At the recent American Academy of Nurse Practitioners conference in Fort Lauderdale, one of the speakers reviewed the different doctoral programs now available across the country, ranging from traditional PhD programs to innovative programs such as yours. I am excited about the prospect of possibly being able to pursue a program such as this.