Nurse practitioners interested in pursuing a doctoral degree have several options. The three most widely known options are the doctorate of philosophy in nursing, the doctorate of nursing practice, and the doctorate of education. Each doctoral degree option has different strengths, but all of them can help advance nursing practice and science. Ultimately, prospective doctoral students must choose a path that suits their individual interests, career goals, and life circumstances.

Nurse practitioners (NPs) may choose to return to graduate school for a variety of reasons. This choice may be fueled by a desire to teach, conduct research, improve the quality of healthcare and/or healthcare systems, or expand one’s knowledge base. In recent years, anticipation that, at some point in the future, a doctorate of nursing practice (DNP) would be the required degree for entry into advanced practice nursing has spurred many master’s-prepared NPs to consider a doctoral degree. The decision to pursue any doctoral degree should be a thoughtful one based on specific career goals, knowledge about available options, and ability to commit the time, energy, and financial resources required.

A doctorate in nursing or education is a terminal degree, representing the highest level of formal education. Nurses with doctoral degrees are vital to the advancement of nursing science, nursing education, and patient and population health. In addition, doctorally prepared nurses are needed to meet future demands in education, policy development, and interdisciplinary collaboration with others in the healthcare community.  

In its 2011 landmark publication The Future of Nursing: Leading Change, Advancing Health, the Institute of Medicine recommended that efforts be made to double the number of nurses with doctorates by 2020 to meet these demands. 

Doctoral options for NPs include a doctorate of philosophy (PhD) in nursing, the aforementioned DNP, and the doctorate of education (EdD). Each option has a different type of educational and outcomes focus.

**PhD**

The curriculum for the PhD in nursing focuses primarily on nursing theory, research, and the development of nursing knowledge and nursing science. An informal online review of PhD programs in each region of the United States revealed 36-47 as the typical range of credit hours needed to complete doctoral coursework. A dissertation is completed after doctoral coursework, with an additional 12-20 credits awarded for conducting and documenting a research study.
Most academic institutions offer part- and full-time study options. A PhD program takes 3-6 years to finish, with 7 years usually being the maximum time allowed for completion. Clinical hours are not a component of a PhD curriculum, but some mentored teaching experience may be included. The PhD curriculum typically includes courses focused on advanced qualitative and quantitative research methods, theory and knowledge development, and advanced healthcare statistics. Some PhD programs may require students to submit a scholarly portfolio that includes a résumé or curriculum vitae, accomplishments such as published works, continuing education hours earned, professional goals, and evaluation of those goals.

Many individuals with a PhD in nursing choose to teach in undergraduate- and/or graduate-level nursing programs. According to the American Association of Colleges of Nursing (AACN), a PhD program should instill teaching, leadership, and mentorship skills, as well as interdisciplinary communication skills. One benefit of having a PhD in nursing is the opportunity to develop and participate in research specifically pertinent to nursing science. Although having a PhD degree is not essential in terms of obtaining funding for research from various sources or partnering with expert peers on scientific projects, it is certainly helpful. This research can directly affect nursing practice, health policy, and the formation of subsequent evidence-based theories. Nurses with PhD degrees who are employed in academic settings can enjoy professional growth, satisfaction, increased independence, and co-worker support.

Academic salaries for nurses with PhD degrees may not be competitive with those of faculty in other professions or with those of nurses in clinical and administrative roles. This deficit may be somewhat balanced by an academic calendar and work schedule that allow time for thoughtful development and design of scholarly works. In addition, because of increased demand, PhD-prepared nurses may be able to negotiate their contract conditions and salaries upon hire. A global nursing faculty shortage exists because of an aging faculty, a reduced hiring pool of younger faculty, and increased dependence on adjunct faculty. NP's who choose to advance their education with a PhD will likely have a wide selection of positions to choose from and/or migrate to in the future. Some NPs with a PhD degree may find roles pertaining to a research specialty and becoming a nurse scientist appealing, whereas others may choose to remain in the academic setting. The ultimate goal of earning a PhD in nursing is to conduct research leading to the development or testing of theoretical frameworks and to contribute to nursing knowledge in areas such as health promotion, disease prevention, end-of-life care, and symptom and pain management in both acute and chronic illnesses.

DNP

The DNP is the nursing doctorate degree that has gained a great deal of attention in recent years. The DNP curriculum prepares graduates to be clinical scholars and leaders in healthcare system change. Courses found in a typical DNP curriculum focus on epidemiology, health policy, evidence-based practice, societal health trends, quality improvement (QI), and patient safety. DNP program requirements include 1,000 post-baccalaureate clinical hours. Clinical hours completed in a master's-degree program count toward this total. Students typically complete a comprehensive clinical- or community-based project. DNP programs can be completed on a part- or full-time basis depending on the options offered by each institution and individual student needs. Based on an unofficial online survey of DNP programs in each region of the U.S., the number of post-MSN credit hours ranges from 35 to 45 to obtain a DNP degree.

DNP graduates are prepared to provide the leadership to integrate evidence-based practice in providing care for patients, families, and populations for improved health outcomes. This degree prepares advanced practice nurses to continue working with patients in the clinical or community setting at the highest level of nursing practice. NPs with a DNP degree may be actively involved in strengthening healthcare through quality initiatives—that is, specific areas in which better nursing practice can make a difference in improving care. For example, quality initiatives in women's health may involve maternal mortality, infant mortality, or preterm births. Quality initiatives encourage nurse leaders to get involved, partner with other disciplines, and further their understanding of the
healthcare system. DNP degrees may help facilitate parity of NPs with other healthcare professionals who need to earn doctoral degrees, improve the image of nursing, and attract more individuals to nursing, as well as increase the supply of faculty for clinical instruction in selected academic environments.

Major concerns still need to be addressed regarding DNP education. DNP programs lack consistency with regard to what constitutes clinical hours to meet the 1,000-hour clinical requirement. The same concern exists for the scholarly projects required in most DNP programs. Project criteria vary widely, with some resembling research similar to a dissertation, others focusing on evidence-based QI endeavors, and still others consisting of an extensive literature review of a healthcare topic.

To address these concerns, AACN’s board created a task force in early 2014 to develop a white paper. In August 2015, AACN published The Doctor of Nursing Practice: Current Issues and Clarifying Recommendations: Report from the Task Force on the Implementation of the DNP. The white paper describes characteristics of the DNP project, practice experiences, and practice hours. It is anticipated that DNP programs will incorporate the task force’s recommendations into their curricula.

DNP-prepared NPs can prosper in primary care settings because of their patient-centered focus, and they can help alleviate the nursing faculty shortage, especially in the role of clinical instructor. DNP graduates can contribute to the academic setting, although some research-intensive institutions do not allow faculty with DNPs to enter tenure-track positions. A challenge for DNP-prepared NPs working in the healthcare setting may be the lack of knowledge that many current or potential employers have about the benefits that these providers can bring to the organization. DNP educators and graduates need to educate healthcare organization employers in this regard. Studies that demonstrate improved healthcare and healthcare outcomes are important.

EdD
Nurse practitioners who want to develop skills in teaching, curriculum design, and evaluation might choose to obtain the EdD. This doctoral degree focuses on preparing graduates as education researchers and scholars to add to the body of knowledge and improve educational practices and outcomes. Some EdD programs have a nursing focus, but many of them are more generalized to include individuals from a variety of professions. A typical EdD curriculum ranges from 50 to 60 credit hours and includes courses addressing teaching and learning theories, educational trends, leadership, and research with a dissertation component. NPs who wish to work with students and influence the future of the nursing profession may choose this degree. The EdD degree can be completed in 3-4 years, but part- and full-time status requirements vary by school. NPs with an EdD degree can thrive in the academic setting because of their background in educational theory and applied teaching methods. EdD-prepared NPs may also hold educational leadership positions in healthcare systems and health-related business, not-for-profit, and governmental organizations.

Other considerations
Prospective doctoral students should consider several other factors when contemplating a terminal degree. Although time and cost may be primary considerations, NPs should evaluate circumstances surrounding their personal lives and individual goals. For instance, a spouse, children, and job demands can influence the decision to start a doctoral program. However, with self-evaluation and an understanding and encouraging support system, NPs pursuing doctoral education can thrive and adequately balance all aspects of their lives.

Another consideration is an individual’s learning needs and preferences. A doctoral program with classes offered solely at a university campus may benefit certain students, whereas others may be more successful with an exclusively online program. A program with live classes allows for in-person communication with professors and classmates, and can facilitate communication on an interdisciplinary level as well. NPs considering an online format will want to explore how professor and peer interaction is fostered through distance modalities. A major plus of an online program is that it can provide more flexibility with regard to a student’s work and family obligations. Hybrid programs.
with both live and online components are also widely available, and often provide some balance between the advantages and disadvantages of each.

Prospective doctoral students should examine a variety of schools for program format, curriculum requirements, and faculty expertise. Open houses and conferences offer multiple opportunities to learn more about various programs and ask questions to help determine the best path for each student. Once a student decides on pursuing a doctorate degree to become a researcher, clinician, or educator, finding a mentor already in the selected role can provide valuable guidance throughout the instruction and training process. In addition, NPs should explore part- and full-time option availability and accreditation status before choosing a program. AACN lists the main differences between the PhD and DNP degrees. In addition, AACN has compiled a list of Commission on Collegiate Nursing Education (CCNE)-accredited DNP programs with links to various schools’ websites (organized by state). Furthermore, AACN provides a comprehensive list of PhD and EdD programs with more detailed school and contact information. With regard to DNP programs, they should be both regionally and nationally accredited in order for students to obtain recognition for title and job purposes after graduation. The quality of a doctoral program can enhance the student experience and influence potential employers at the completion of the degree.

Conclusion
Nurse practitioners with doctoral degrees are needed in academic and patient education, research, health policy, and QI efforts. Many factors should be considered when choosing among options for doctoral degrees. NPs with a variety of doctoral degrees can complement each other and work together to further nursing education, implement changes, and favorably affect patient care outcomes.

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