|  |
| --- |
| Table 4. Differences in QI Attitudes Among Faculty and DNP Graduates, and Between Faculty Degree |
| **QI Attitudes** | **Faculty**(n=73)Mean (SD), range | **DNP Graduates**(n=18)Mean (SD), range | **p** | **DNP Faculty**(n=14)Mean (SD), range | **PhD Faculty**(n=52)Mean (SD), range | **p** |
| QI principles can be an effective way to improve the healthcare care experience for patients. | 4.6 (0.6); 2-5 | 4.8 (0.4); 4-5 | .049 | 4.8 (0.4); 4-5 | 4.6 (0.7); 2-5 | .26 |
| Physicians highly value QI initiatives/projects. | 3.3 (0.8); 1-5 | 3.4 (0.9); 2-5 | .37 | 3.6 (0.7); 3-5 | 3.1 (0.8); 1-5 | .038 |
| Hospital management/managers highly value QI initiatives/projects.  | 4.0 (0.8); 2-5 | 3.7 (1.0); 2-5 | .17 | 4.5 (0.5); 4-5 | 3.9 (0.8); 2-5 | .011 |
| QI initiatives/projects are important for improving patient care.  | 4.7 (0.6); 2-5 | 4.7 (0.6); 3-5 | .65 | 4.9 (0.3); 4-5 | 4.7 (0.6); 2-5 | .051 |
| QI initiatives/projects are important for improving patient satisfaction.  | 4.6 (0.6); 3-5 | 4.6 (0.7); 3-5 | .83 | 4.9 (0.30); 4-5 | 4.5 (0.7); 3-5 | <.001 |
| QI initiatives/projects are important for improving hospital reimbursement. | 4.5 (0.7); 3-5 | 4.4 (0.7); 3-5 | .71 | 4.8 (0.4); 4-5 | 4.5 (0.7); 3-5 | .035 |
| Nurses play an important role in a hospital’s quality improvement efforts. | 4.8 (0.6); 3-5 | 4.9 (0.2); 4-5 | .026 | 4.9 (0.5); 3-5 | 4.7 (0.6); 3-5 | .44 |
| Employers expect DNP graduates to be prepared to lead QI initiatives in their clinical setting. | 4.2 (0.8); 2-5 | 3.7 (1.3); 1-5 | .11 | 4.4 (0.7); 3-5 | 4.2 (0.9); 2-5 | .55 |
| Employers expect DNP graduates to be prepared to participate in, but not lead, QI initiatives in their clinical setting. | 3.2 (1.3); 1-5 | 3.5 (0.9); 2-5 | .29 | 3.3 (1.3); 1-5 | 3.2 (1.3); 1-5 | .87 |
| Employers expect DNP graduates to be well prepared to help facilitate healthcare transformation in their clinical setting. | 4.2 (0.8); 1-5 | 3.7 (1.2); 1-5 | .022 | 4.5 (0.7); 3-5  | 4.2 (0.9); 1-5 | .28 |

QI, quality improvement.