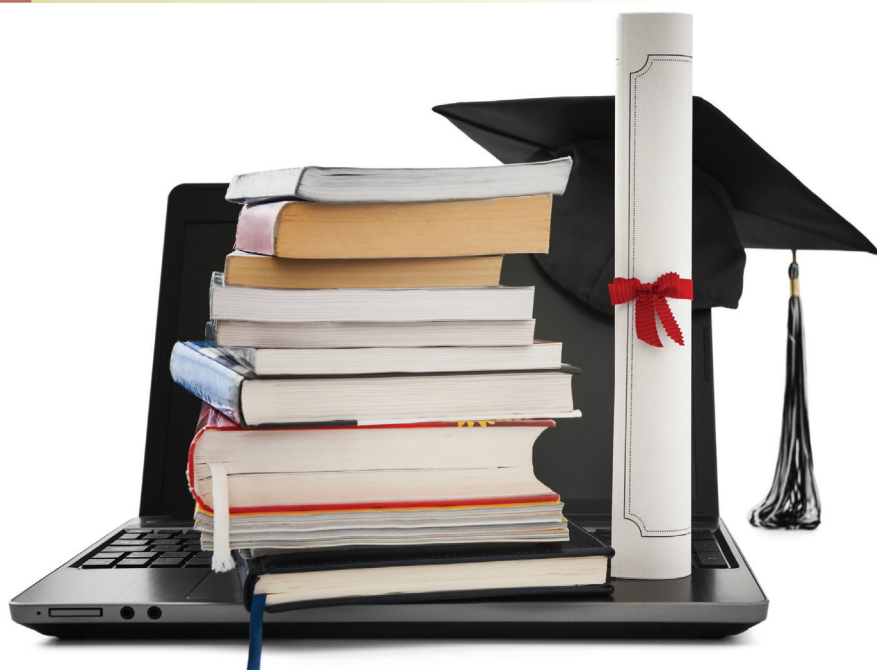


# Retaining Master and DNP Registered Nurses in Direct Patient Care:

## *Utilizing Nurses to the Fullest Extent of Their Education*

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The increasing complexities in health care highlight the need for advanced degree-prepared registered nurses (RNs) at the point of care, educationally equipped to deliver high-quality care to meet the challenges of the 21st century. Nursing leadership must ensure the necessary structure, financial incentives, and recognition for RNs who obtain advanced education and remain in direct patient care. Higher RN educational achievement has the

potential to enhance the RN's ability to provide improved quality of patient care. Furthermore, the proportion of RNs with a baccalaureate and master's degree has been linked to positive patient-health outcomes and lower patient mortality rates.<sup>1</sup> Responding to these evolving demands, the Institute of Medicine report, *The Future of Nursing: Leading Change, Advancing Health*,<sup>2</sup> recommends doubling the number of nurses with a doctorate degree by 2020; this is in part related to the needed nursing faculty required to teach future generations of nurses, as well as clinical instructors necessary to ensure quality clinical education at the point of care.

The increasing complexities in healthcare are shifting and present significant challenges that highlight the need for highly educated RNs in acute and ambulatory settings. The aging of the American population is well documented in the literature, and people age 65 and over are projected to make

up an increasingly large percentage of the US population over the next 4 decades.<sup>3</sup> As the population ages, the demands on healthcare services will increase. It is estimated that over 63 million Americans have multiple chronic conditions, including diabetes, hypertension, asthma, coronary heart

disease, arthritis, obesity, and chronic pulmonary disease.<sup>4</sup> As patient needs increase and become more complex, nursing care and education must adapt to these demands. RNs must be more proficient and knowledgeable across the healthcare continuum in geriatrics, leadership, public policy, and research. Care coordination, information management systems, and community and public health are other areas that will require additional nursing expertise.

A large academic medical center in the Midwest identified a growing number of nurses with advanced degrees working in direct patient care. Nursing leadership recognized the need to explore how well the advanced degree-prepared nurses were being utilized on patient care units to ensure they were working to the fullest extent of their education. A workgroup was convened and charged with addressing utilization and role expectations of nurses with advanced nursing degrees, and to expand the scope to address doctor of nursing practice (DNP)-prepared nurses in direct patient care, and finally, update the job description. The inclusion of the DNP was to take into account the transition of many current master of science in nursing (MSN) educational programs to the nationally recognized DNP.

Workgroup membership included: nurse managers and nurse supervisors representing both inpatient and ambulatory practice areas; a human resource service partner; nursing education specialists focused on leadership development and trends in education; a clinical nurse specialist; and a nursing administrator, to ensure broad representation and input from multiple perspectives.

## BACKGROUND

Nurses of all educational preparation contribute to the work unit by sharing innovative ideas for enhancing patient safety, quality, and satisfaction. They uphold patient care quality standards and support interdisciplinary collaboration. The desire of the workgroup was to identify key aspects in patient care delivery that nurses with advanced education impact, and how they contribute to the overall culture of the work unit. Furthermore, the group was interested in identifying how master's- and doctoral-prepared RNs were utilized in direct patient care, and whether there were specific job responsibilities necessary to fulfill the role. A search of the literature was conducted utilizing the Cumulative Index of Nursing and Allied Health Literature (CINAHL) electronic database using the keywords: *masters prepared nurses*, *direct patient care*, and *bedside*. The search was limited to the 5-year period from 2006 to 2011, to reflect the most current and relevant literature. Much of the literature surrounded the role of the master's-prepared clinical nurse leader (CNL) role. The CNL role is not utilized at this organization; instead, all nurses who possess a master's or doctoral degree in nursing meet the educational requirements to fulfill the role of RN in direct patient care.

Little information in the literature identified specific job responsibilities for nurses with advanced nursing education. Rosenberg<sup>5</sup> discussed the need to transform the workplace, align nursing education and clinical experiences, and provide financial incentives for organizations to invest in higher-educated nurses to remain in direct patient care. Additionally,

the article discussed the need to develop outcome metrics to demonstrate that nurses with advanced education contribute to greater patient quality, safety, and satisfaction. Warren and Milles<sup>6</sup> discussed incentives and rewards that would motivate nurses to pursue higher education and remain in direct patient care, and this organization currently has tuition reimbursement, flexible schedules to allow for attending educational programs, and has established an increase in hourly wage for nurses acquiring a master's or doctoral degree in nursing. Furthermore, benchmarking with other organizations found that few had different job descriptions or job responsibilities for nurses in direct patient care who obtained education beyond the bachelor's degree.

In the authors' organization, 2.5 % of nurses are prepared at a master's or doctoral level in direct patient care. A survey of these RNs revealed that 54% achieved an advanced degree for personal and professional growth, and wished to remain in direct patient care. Additionally, a lack of clarity regarding their role expectations in direct patient care was identified. They also expressed a desire for more opportunities to utilize specific skills such as project leader, committee member or facilitator, or quality coach, as well as opportunities to create presentations and teach others.

## RECOMMENDATIONS

The workgroup established a number of recommendations that were implemented. First, changes were made to the job description to reflect expected competencies of nurses with advanced degrees working in the inpatient and ambulatory care areas. The American Association of Colleges of Nursing and Commission on Collegiate Nursing Education provide standards and professional guidelines of nursing practice, outlining the essential curricular content and expected competencies of graduates from baccalaureate, master's and DNP programs.<sup>7</sup> These guidelines were followed to update the specific competencies within the job description, in addition to creating congruence in the language between the clinical setting and academia. Additionally, the phrase *at the bedside*, within the job description, was changed to *direct patient care* to be inclusive of the diverse environments nurses with advanced degrees practice across the care continuum. Finally, because the number of DNP-prepared nurses is increasing within direct patient care roles in this organization, the job description was changed to be inclusive of nurses with that educational preparation. The workgroup was of the opinion that advanced nursing degrees most directly enhance care of the patient related to the specific nursing focus of educational preparation; therefore, the job description does not include individuals with nonnursing advanced degrees. Additionally, PhDs were not included in the job description because the focus of the degree is research, and currently, there are no PhD-prepared RNs in direct patient care at this organization.

Tools were developed (*Table 1*) to assist the nurse manager in discussing role expectations with staff nurses who currently hold an advanced nursing degree and those who are pursuing a degree. A discussion guide pertaining to the new job description underscores advanced competency expectations,

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