



Nurses in the United States with a practice doctorate: Implications for leading in the current context of health care

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ABSTRACT

The Institute of Medicine has recommended doubling the number of nurses with doctorates by 2020. The National Research Council has recommended a clearer distinction between doctoral preparation for a practice profession and that for the preparation of scientists. To support the central premise that both the research-oriented doctorate (PhD) and the practice-oriented doctorate, the doctor of nursing practice (DNP), are critical to achieve and expand doctoral education, we present current information regarding the impact of DNP programs, including enrollments, scholarly productivity of DNP graduates, and the employment setting of DNP scholars. Scholarly productivity was estimated by searching publication databases between 2005 and 2012 using three strategies to estimate the publication record of nurses who had earned a DNP degree. The large numbers of nurses receiving the DNP are helping to fulfill the Institute of Medicine's recommendation and are increasingly contributing to the scholarly output in the field, especially related to clinical practice.

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In 2010, the Institute of Medicine (IOM) put forth the report on “The Future of Nursing” (IOM, 2010). The recommendations of this report, in part, are to “double” the number of nurses holding doctoral degrees to enhance nursing’s ability to partner with physicians and others to lead change in health care. These two recommendations are, and will continue to be, inextricably linked as the health care needs of the population escalate, the health care system undergoes fundamental changes, and the need to expand the base of nursing research and scholarship increases.

The National Research Council (NRC) has examined the issue of doctoral preparation in nursing as well and has recommended a clearer distinction between doctoral preparation for a practice profession and that for the preparation of scientists (NRC, 2005). In 2005, a recommendation was advanced to expand programs offering a practice doctorate, similar to that in medicine and pharmacy, to meet the growing needs for doctorally prepared practitioners and clinical faculty in nursing. In addition, a recommendation was made to strengthen the intensive research environments in PhD programs in nursing to increase the number of

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productive nurse scientists for the increased development of disciplinary knowledge.

Historically, doctorates in nursing were largely research-oriented degrees, with approximately 3,000 enrollees annually ([American Association of Colleges of Nursing \[AACN\], 2012](#)), producing approximately 400 new doctoral graduates each year ([Potempa, Redman, & Landstrom, 2009](#)). The first doctor of nursing practice (DNP) program was opened at the University of Tennessee Health Science Center in 1999 ([Patzek, 2010](#)). In 2005, the AACN members made a landmark decision to set 2015 as the target date for all graduate advanced practice registered nurse programs to convert from master's to DNP programs ([AACN, 2006](#)). In retrospect, although that target is best viewed as visionary, there has been rapid growth in the development of DNP programs. As of 2013, more than 217 DNP programs have developed across the country. An additional 97 programs are currently under development ([AACN, 2012](#)).

The purpose of this article was to describe current information regarding the impact of DNP programs on the profession, including enrollments, scholarly productivity of DNP graduates, and the employment setting of DNP scholars. A central premise of this article is that both the research-oriented doctorate (PhD) and the practice-oriented doctorate (DNP) are critical to achieve and expand the doctoral education and leadership goals set forth in the IOM and NRC reports within the current health care environment. Recently, [Broome, Riner, and Allam \(2013\)](#) described the scholarly productivity of DNP graduates with a different but equally important and necessary aim (i.e., gauging "how effectively the inquiry or capstone projects are meeting the intent of DNP programs").

Methods

Data on DNP program enrollments and graduations were obtained from the [AACN \(2013\)](#). Enrollments of DNP programs were compared with those of PhD programs to gauge progress in meeting the IOM goal of doubling the number of nurses who hold doctorates by 2020.

To estimate scholarly productivity, a publication database was searched between 2005 and 2012, the years of rapid DNP program escalation, using three strategies to estimate the publication record of nurses who have earned a DNP degree. As a starting point, names (with full given name or initial[s]) of DNP graduates were derived from the membership list on the website doctorsofnursingpractice.org; 1,091 at that time, representing approximately one quarter of the actual number of DNP graduates ([AACN, 2013](#)). Each name then was used as a search term in Cumulative Index for Nursing and Allied Health Literature (CINAHL). This was the only database used because most of the journals covered by CINAHL indicate the degrees of the authors, whereas the vast majority of journals covered

by other databases (e.g., PubMed) do not. Articles that included at least one DNP author were included in the count (conference abstracts were not included). Names of coauthors with DNPs discovered in these publications were added to the search list. In the second strategy, "DNP" was used as a CINAHL search term in "all text." Finally, both "DNP" and "D.N.P." were searched for in the "Author Affiliation" field. In all strategies, all articles available in full text or in the University of Michigan e-journal collection were retrieved to verify that at least one author was a DNP. For articles not available by either of these methods or articles in which degrees were not listed, an attempt was made to establish DNP status by other means as follows: (a) information given in the "Author Affiliation" field was cross-checked with that given in records with full text for matches (same name + same institution/department = same person); (b) articles were checked for coauthor matches (same name + same coauthors = same person); and (c) DNP degrees were verified in an earlier full-text article by authors with the same name and affiliation. All relevant information for each publication was stored in an EndNote (Thomson Reuters, New York, NY) library.

To estimate the choice of employment setting of DNP scholars, author information provided in the published articles was used. Although this may skew the employment distribution based on a sample of DNP graduates choosing to publish scholarly works, it does indicate the choices made by DNP graduates that self-select a more extant scholarly approach to their practice career. Although not a direct measure of "leadership," publishing suggests intention to influence in a sphere of concern relevant to the author. At this early phase of development of DNP programs and emerging graduates, post-doctoral career trajectories that can directly measure long-term leadership growth are not yet available.

Publications were categorized according to content and method used. There were eight content categories: (a) role of DNP; (b) nursing education; (c) clinical practice; (d) health delivery systems/quality and safety; (e) policy recommendation; (f) administration, business, and executive; (g) ethics; and (h) other. Seven categories were used for the method approach: (a) research, (b) program evaluation, (c) evidence-based practice guideline, (d) review, (e) case study, (f) opinion, and (g) other. Publications, abstract and/or full text, were each independently categorized by two evaluators. All publications categorized differently by the two primary evaluators were given to a third evaluator for categorization. Any publications that received three different categorizations were placed in the "other" category.

Results

[Figure 1](#) shows the proliferation of DNP programs from 2003 as compared with the growth in PhD or research-oriented doctorates in nursing programs as reported by the [AACN \(2013\)](#). Both DNP and PhD program enrollees

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