

DNP's: *What Can We Expect?*

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The United States' health care system is evolving, with the introduction of the Patient Protection and Affordable Care Act, a growing population of elderly, an increasing demand and dwindling supply of primary care providers, and a shift to health information technology. The nursing profession, 3 million strong, prepares to meet these challenges and improve healthcare through leading change in patient care

delivery and health care policy. The American Association of College of Nurses (AACN) recognizes the growing demands on practicing nurses, educators, and nurse leaders, and endorses the advancement of the doctor of nursing practice (DNP) degree to prepare advanced practice registered nurses (APRN) as practicing scholars and influential leaders in health care.¹ Although the DNP is not to replace the research-focused PhD degree, questions arise as to what roles the DNP can fill. The proposed roles of the DNP include practitioner, leader, and educator. This article will review the development of the DNP education, the possible roles of the DNP, and whether the DNP prepared nurse can help the nursing profession meet the demands of a growing population, educate future nurses, and promote positive change through leadership and contributions to the health care system.

IMPORTANCE OF THE DNP TO NURSING AND HEALTH CARE

Key pieces of literature have bolstered health care into action to improve the quality of care delivered. First, the Institute of Medicine (IOM) addressed medical errors and the state of safe practice in health care in its report, *To Err Is Human: Building a Safer Health System*.² The report stated that somewhere between 44,000 and 98,000 people a year die in hospitals from medical errors and that most errors came out of

faulty systems within organizations, not necessarily by the mistakes of individuals or groups.² This report helped to establish a movement to improve quality of care, advocacy for the patient, and accountability of organizations to assure safe practice. The IOM followed with another report in 2001, *Crossing the Quality Chasm: A New Health System for the 21st Century*, calling out all health care professionals, as well as policy makers, consumers, and other stakeholders, to get involved in reinventing the system to address the needs of all the people in the United States.³ The 6 aims for improving

health care include making it safe, effective, patient-centered, timely, efficient, and equitable.³ The report recognized that there is a need to improve the implementation of evidence into practice, to decrease the amount of time it takes for findings in research to be incorporated and applied to care delivery, and stresses the importance of information technology in the future of health care.³

Although great strides were being made by practicing nurses and nurse leaders in addressing these reports, the IOM's report in 2010, *The Future of Nursing: Leading Change, Advancing Health*, reinforced the importance of strengthening the nursing profession through increased educational accomplishments in both baccalaureate and doctoral studies, and the promotion of full scope of practice for APRNs, among other recommendations.⁴ The report stresses the importance of nurses as full partners in health care redesign, advocating for nurse leaders at every level of involvement in change.⁴ The AACN already recognized the importance of increasing the level of educational achievement for advanced practicing nurses to a DNP, and the IOM's report further substantiates the value of the doctoral degree.¹

Key elements that the nursing profession faces involve improving and supporting delivery of nursing education, advocating for legislative changes to support advancement in nursing, and functioning as equal stakeholders in the improvement and development of health care systems, to include implementing evidence-based practice. With the increasing demands on health care professionals—as evidenced by the growing body of knowledge—use of information technology through electronic health records, clinical information systems, and telehealth services have increased. Demands from a complex health care system and the academic and didactic hours needed to master the skills of the advanced practicing nurse have also increased.^{1,5} This increase in clinical and educational hours has been recognized by the AACN and supports the transition to the DNP.¹

DNP EDUCATION

An important distinction made by the AACN in their 2004 position statement is the definition of practice as it pertains to advanced nursing practice:

The term practice, specifically nursing practice, as conceptualized in this document refers to any form of nursing intervention that influences health care outcomes for individuals or populations, including the direct care of individual patients, management of care for individuals and populations, administration of nursing and health care organizations, and the development and implementation of health policy. Preparation at the practice doctorate level includes advanced preparation in nursing, based on nursing science, and is at the highest level of nursing practice.^{1(p.3)}

The first practicing doctorate was offered in 1979 as an entry-level ND degree.^{1,6} The interest in the practicing doctorate by universities prompted the development of the AACN Position Statement on the Practice Doctorate in Nursing.¹ The AACN recommended making the DNP the terminal practice-focused degree and phasing out other practicing

doctorate titles to eliminate confusion and to promote higher level of educational training and competency for the advanced practicing nurse. The DNP focuses on practicing nurses, to include the 4 recognized APRN roles of nurse practitioner, clinical nurse specialists, nurse midwives, and certified registered nurse anesthetists, but should not exclude other practicing nurses in leadership roles, as mentioned in the definition of nursing practice.

The AACN followed up with *The Essentials of Doctoral Education for Advanced Nursing Practice* to establish elements necessary in the curriculum offered by DNP programs to meet the core competencies for advanced nursing practice.⁷ There are 8 essential areas that must be addressed in the DNP curriculum. To briefly review them, they are scientific underpinnings for practice, organizational and systems leadership, clinical scholarship, information technology, health care policy and advocacy, inter-professional collaboration, clinical prevention and population health, and advanced nursing practice.⁷ The AACN stresses that the educational track for the DNP prepares advanced practicing nurses with scientific inquiry, and the PhD degree is research-oriented.⁷ As with most doctoral programs across the disciplines, there is not a component in the essentials of the DNP that directly prepares the graduate to be a nurse educator per se, thus the DNP may need supplemental preparation to meet the rigors of the role of faculty in a university.⁷ This holds true for both the DNP and PhD programs in nursing.

The AACN set the goal of transitioning APRN education to the DNP as the terminal degree by 2015 and commissioned the RAND Corporation to identify the progress toward reaching this goal. There are currently 243 DNP programs in 48 states and the District of Columbia, with student enrollment over 14,500, and the numbers are steadily expanding.⁸ Although the MSN remains the predominant educational route of the APRN, there is a gradual shift to both BSN to DNP and MSN to DNP programs nationally. DNP programs incorporate the 8 essentials of DNP education and have either received accreditation or are working toward this from an accrediting body.

POSSIBLE ROLES OF THE DNP

Practitioner (APRN)

The current primary care physician shortage is estimated at 44,000 providers and is predicted to be greater than 50,000 by the year 2025, taking into account the aging population, population growth, and increased number of insured Americans.⁹ Although only 25% of medical students are choosing primary care, the demand for primary care cries out for more providers and a revamping of the current health care system.¹⁰ Studies show that APRNs have similar outcomes of care as primary care providers, as well as higher patient satisfaction ratings.¹¹ Given the increased demand of knowledge inquiry in both medical treatment and health care systems, the DNP-prepared APRN is more befitting of the level of education required.

DNP-educated APRNs have the added educational knowledge of scientific inquiry, placing them in the position to bridge evidence to practice. Because it takes up to 20 years

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