

The Doctorate in Nursing Practice

Moving Advanced Practice Nursing Even Closer to Excellence

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KEYWORDS

- Advanced practice nurse • Doctor of nursing practice • Advanced degree
- Advanced practice registered nurse (APRN)

KEY POINTS

- The doctor of nursing practice (DNP) provides nursing with an opportunity to continue to define and strengthen clinical practice.
- The development of Advanced Practice Registered Nurses (APRNs) at the highest order of critical thinking and cognitive development in clinical practice and skills will serve to improve patient care and outcomes.
- Evolving issues should be visualized as challenges and opportunities to allow APRNs to have a greater impact on the healthcare system and patient outcomes.

One of the most significant events to affect advanced practice nursing is the practice doctorate. Controversial in its inception, the DNP is now firmly established as an educational path alternative to the traditional academic research doctoral degree. The DNP, as a practice doctorate, provides unique opportunities for nursing practice and education. APRNs can be empowered to achieve academic and credentialing parity with other health disciplines. Empowerment creates a needed paradigm shift from an academic focus on knowledge and skills in research methodologies to advancing knowledge and skills in the performance of practice as the essential core of nursing. Furthermore, the DNP expands available options for nurses who desire to advance their education. This article reviews the historical context that led to the introduction of the DNP and the proposal of the DNP as entry into practice for APRNs, DNP program parameters, and some of the evolving issues surrounding nursing's practice doctorate.

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HISTORY

A historical review by Ivey¹ of the development of doctoral education in nursing notes that its foundations were in the doctor of education degree (EdD). The PhD was developed to prepare nurse researchers and nurse leaders needed by the profession. Statistics, research design, theory development, informatics, health policy, and outcomes measurement were emphasized. The development of doctoral programs in nursing then took divergent paths into the doctor of nursing (DNS), the doctor of nursing science (DNSc), the nursing doctor (ND), and the doctor of science in nursing (DSN). These degrees were developed within nursing programs, compared with PhD programs from graduate schools of universities, and were intended to be more clinically focused, hence more concerned with nursing issues and nursing practice. Curricula included nursing theory and strong research and statistics components and programs claimed to be either a clinical or a practice doctorate; however, on closer investigation, these programs offering DNSc, DNS, or DSN varied little from research doctoral programs. The American Association of Colleges of Nursing (AACN) Task Force on Quality Doctoral Education found few differences between curricula and requirements for PhD and DNS, DSN, and DNSc and recommended that the programs be designated research-focused doctorates.²

There are many reasons to add this educational opportunity for nurses. Starck and colleagues³ predicted a shortage of clinically prepared leaders and called for an increase of doctoral-prepared faculty who would also be expert clinicians. Several recent publications from the Institute of Medicine have elucidated growing concerns about the safety of care, the quality of patient care delivery, and the achievement of health outcomes.⁴⁻⁶ In a follow-up report, the Institute of Medicine stated, "all health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics."⁷ The National Academy of Sciences⁸ called for nursing to develop a practice doctorate to prepare expert clinicians. It stated, "The need for doctorally prepared practitioners and clinical faculty would be met if nursing could develop a new nonresearch clinical doctorate similar to the M.D. and Pharm.D. in medicine and pharmacy, respectively."⁸ The increasing complexity of health care systems requires preparation at a higher level for APNs. Educational and clinical preparation at a doctoral level initiates and engages APNs at higher levels of clinical reasoning.

In 2002, a task force was convened by the AACN to assess the need for a nursing practice doctorate and clarify the purpose of such a doctoral degree. In 2004, the AACN issued a position statement calling for a transformational change in the education required for advanced nursing practice and for specialization in nursing to move from the master's level to the doctoral level.⁹ The DNP was developed as a terminal degree and was intended to prepare graduates to provide the highest level of nursing practice. The AACN approved the DNP by October 2004. Several other health care professions, including pharmacy and physical therapy, have recently joined medicine and dentistry establishing practice doctorates as the entry level for their disciplines. The DNP is not designed for entry level into nursing, but it is a new entry into advanced nursing practice. Another reason for requiring a DNP for APNs is the achievement of parity with other doctoral-prepared health care professions. This positions the APN as a primary, important stakeholder at the political table for making health care decisions.

The DNP provides the advanced competencies required for increasingly complex clinical and leadership roles. The DNP competencies established by the AACN are described in *The Essentials of Doctoral Education for Advanced Nursing Practice*¹⁰

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