
DOCTOR OF NURSING PRACTICE: THE ROLE OF THE ADVANCED PRACTICE NURSE

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OBJECTIVES: *To explore the evolution and emerging roles of the Doctor of Nursing Practice (DNP) Advanced Practice Nurse (APN).*

DATA SOURCES: *Published peer reviewed literature, cancer-related professional resources, and Web-based resources.*

CONCLUSION: *The DNP education has prepared the APN for process improvement initiatives, providing quality care, and evidence-based practice translation, which are critical with the emerging trends in this complex health care environment.*

IMPLICATIONS FOR NURSING PRACTICE: *DNP-prepared APNs have the opportunity to impact oncology care across the cancer trajectory, in various settings, and in various innovative roles as entrepreneurs.*

KEY WORDS: *Doctor of nursing practice, DNP, advanced practice nurse, APN, oncology APN, role of APN*

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The future of health care will require new practice models for the delivery of quality care. The decrease in operating budgets, higher deductibles for patients, concerns for quality care and patient safety, technology advances, and sustainable and cost-effective care are just a few trends that will require insight from health care leadership at all levels.¹ At the forefront of this transformation in care should be the advanced practice nurse (APN) with a practice doctorate, who can not only improve practice efficiency, but have been prepared to function in complex health care environments as change agents. The skills and competencies that are essential for the practice doctorate have prepared the APN for process improvement initiatives, quality care, and evidence-based practice (EBP) translation that are critical with the emerging trends in health care.

Additional factors straining the ability to provide quality cancer care is the projected demand for oncologist services to grow 40% by 2025, but the supply may only grow by 25%, creating a shortage of services.² One approach to this changing landscape of health care are new practice models to deliver quality cancer care. These practice models include increasing the number of APNs, who have demonstrated efficient, innovative and quality patient care.³ According to the 2011 Institute of Medicine (IOM) report *The Future of Nursing Report: Leading Change, Advancing Health*,⁴ nursing is well-positioned to lead innovative strategies to improve health care delivery if their practice reflects their educational training. Additionally, as nurses gain higher levels of education, such as a practice doctorate, leadership competencies embedded throughout curricula help to prepare the nurse to lead in a collaborative environment for implementing change.⁴ Although the Doctor of Nursing Practice (DNP) role is in its infancy, the DNP-prepared APN has the skill to influence new practice models to deliver quality cancer care. As discussed in several systematic reviews, APNs provide high-quality care, increased patient satisfaction, and have the potential to reduce the direct costs of care.⁵⁻⁷ Table 1 summarizes the APN workforce demographics for members of the Oncology Nursing Society. It lists the number of Clinical Nurse Specialists (CNS) and Nurse Practitioners (NP) who are certified and the percentage of those with advanced degrees (personal communication, Mary Wozny, July 12, 2015). The aims of this article are to discuss the evolution of the DNP-prepared APN and to identify emerging roles for the DNP in the oncology setting.

EVOLUTION OF THE DOCTOR OF NURSING PRACTICE

The DNP has been referred to as visionary leadership for the “practice” of nursing.⁸ The development of the DNP evolved out of a need in the practice setting because of the nursing shortage and the state of the health care system. In 2004, the American Association of Colleges of Nursing (AACN) adopted the goal that role preparation for specialized nursing practice should occur at the doctoral level by 2015.⁹

The history of the DNP began with a defined need. Reports from the Joint Commission on Accreditation of Healthcare Organizations¹⁰ and the IOM¹¹ cited the need for strict attention to the safe practice and stringent care delivery processes to mitigate the risk of patient safety adverse events, of which 25% sentinel events were attributed to nursing care delivery. In addition to the need to reduce or eliminate adverse safety events, there was also a need to enhance educational programs to produce an improved and different educated workforce. The 1998 Pew report,¹² the 2001 IOM report,¹³ and the 2002 Robert Wood Johnson report¹⁴ all highlighted the need for a new set of competencies that would be required to meet the growing needs of quality and safety in patient care. These competencies would result in a health care workforce that should be able to provide patient-centered care, work in inter-professional team collaborations, implement and use EBP approaches, understand and apply quality improvement techniques, and be comfortable with technology and informatics in practice.

TABLE 1.
Advanced Practice Nurse Demographics

Type of Degree	Active ONS			
	Members	AOCNS (Certification)	AOCNP (Certification)	AOCN* (Certification)
NP	2451	Na	1225 (49.98% certified)	841 (34.31% of NP/CNS certified)
CNS	1062	427 (40.21% certified)	Na	Na
DNP	219	10 (4.57% certified)	61 (27.85% certified)	36 (16.43% certified)
PhD/DNSc	488	25 (5.12% certified)	27 (5.53% certified)	99 (20.29% certified)

Abbreviations: AOCN, Advanced Oncology Certified Nurse; AOCNP, Advanced Oncology Certified Nurse Practitioner; AOCNS, Advanced Oncology Certified Clinical Nurse Specialist; CNS, Clinical Nurse Specialist; DNP, Doctor of Nursing Practice; DNSc, Doctor of Nursing Science; Na, not applicable; NP, Nurse Practitioner; ONCC, Oncology Nursing Certification Corporation; ONS, Oncology Nursing Society; PhD, Doctor of Philosophy.

*APNs may still be AOCN certified; however, it is a retired exam.

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