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# DOCTOR OF NURSING PRACTICE EDUCATION: IMPACT ON ADVANCED NURSING PRACTICE

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**OBJECTIVE:** *To discuss how doctoral education, specifically the doctorate of nursing practice (DNP) can promote changes in advanced practice nursing.*

**DATA SOURCES:** *Medline, CINAHL, PubMed.*

**CONCLUSION:** *Variations continue to exist in educational curricula, program plans, and scholarly projects, leading to a lack of consistency in experiential learning. At this point in time it is too early in the DNP implementation process to determine ultimate impact.*

**IMPLICATIONS FOR NURSING PRACTICE:** *Continuous program self-assessment and evaluation of DNP education programs will be of paramount importance to assure program quality and optimization of health trajectories.*

**KEY WORDS:** *Doctorate of nursing practice, DNP, education, curricula, projects, outcomes*

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With the ever changing health care landscape and controversies that continue in nursing education, in 2003 the Institute of Medicine outlined critical core competencies necessary to provide safe, quality care in the 21st century. These competencies include practicing evidence-based medicine; interprofessional teamwork; delivering patient centered care; focusing on quality improvement; and using information technology.<sup>1</sup> To attain these necessary competencies, academia was challenged to imbed these underpinnings into curricula that was already disproportional in credits required to the degree earned. The increased program requirements, based on the Institute of Medicine recommendations, may have given birth to the Doctorate of Nursing Practice (DNP) program. The focus of the DNP is clinical application and immersion versus the traditional research doctorate, which generates new knowledge.<sup>2</sup> The aim of this article is to discuss how doctoral education,

specifically the DNP, can promote changes in advanced practice nursing.

### THE EVOLUTION OF DOCTOR OF NURSING PRACTICE EDUCATION

According to Rogers (1966), "*Nursing's future as a learned profession and its potential for human service is dependent on the extent to which scholarly education through doctoral study in nursing is made explicit.*"<sup>3,p.75</sup> Perhaps Martha Rogers was ahead of her time based on this sage commentary from the 1960s. Now, almost 50 years later, forecasting how the DNP degree and associated education fits into nursing history and the evolution of our profession is a question yet to be answered.

In 1923, the Goldmark Report recommended developing and strengthening university schools of nursing.<sup>4</sup> To that end, in 1924 the Teachers College at Columbia University became the first institution in the United States to offer doctoral instruction in nursing, which resulted in an education doctorate (EdD).<sup>5</sup> New York University was the first to open a Doctor of Philosophy (PhD) program in nursing in 1934, with majors in administration or education.<sup>5</sup> Twenty years later in 1954, the University of Pittsburgh opened a PhD program where the major was described as nursing or a related field<sup>5</sup> and the role of the nurse researcher began to formally evolve the science behind our profession. In the 1950s, Boston University was the first to focus on a doctorate in the provision of nursing care titled the Doctor of Nursing Science (DNSc).<sup>6</sup> With the development of the DNSc degree, this culminated in three unique models for doctoral education in nursing (EdD, PhD, DNSc), which marked the beginning of the controversy surrounding nursing doctorates that continues to present.

In 2002, the American Association of Colleges of Nursing (AACN) convened a task force that evaluated a number of items, including the rationale for the practice doctorate, distinct variations compared with the PhD, and make recommendations for such programs in nursing.<sup>2</sup> In 2004, AACN published its position statement on the DNP, which identified recommendations on how the profession of nursing could help transform health care and impact outcomes by doctoral preparation.<sup>7</sup>

AACN published the first comparison of DNP and PhD/DNSc/DNS programs in 2005 (Table 1).<sup>8</sup> The

organization updated this document in 2014, noting key differences between DNP and PhD/DNS programs (Table 2).<sup>9</sup> The unique features of the DNP program emphasizes the application of knowledge to clinical practice resulting in improvements in patient outcomes. The DNP exemplifies the highest level of expertise in an area of clinical practice, whereas the PhD or DNSc programs emphasize a career in research with the outcome of developing new knowledge. The DNP becomes the clinical steward of new knowledge generated by the doctorally prepared research-focused nurse.<sup>10</sup>

### EDUCATIONAL PROGRAM PLANS

In 2014, AACN-associated schools of nursing reported 23,642 doctorally enrolled students.<sup>11</sup> Of this number, 18,352 were enrolled in a DNP program<sup>11</sup> with two basic entry points into DNP education; post-Masters and post-Baccalaureate (BS-DNP). For many advanced practice nurses, the decision to pursue a post-Masters Doctorate, though highly recommended, is a choice dependent on personal accomplishment with obtaining a terminal degree in clinical nursing and/or career trajectory such as academic or leadership positions. Additionally, the pursuit of knowledge and expansion of skills regarding translational research is an enticing prospect toward improving patient and health care outcomes, especially within practice populations where many have established clinical expertise. BS-DNP students may see value in a seamless educational continuum where they remain academically grounded while accumulating clinical nursing experience as they work toward their terminal degree over a number of years.

While both are viable options, a recent study by Martsolf et al<sup>12</sup> identified barriers by school of nursing administrators towards offering a DNP degree. The identified barriers included: a mixed perception of the added value of the DNP; a mixed desire by students for doctorate versus master degree; employers did not value the additional doctoral education for routine daily care; and limited financial/faculty resources.<sup>12</sup> Because of these obstacles many nursing school administrators are undecided regarding the implementation of DNP programs, which may be contributing to less than 15% of academic institutions offering solely BS-DNP education. Additionally, less than 30% of existing masters advanced practice nursing

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