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A scoping review of the progress of the evolution of the Doctor of Nursing Practice in the USA to inform consideration of future transformation of Nurse Practitioner education in Australia

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ABSTRACT

Background: In 2004 a consensus was reached through a vote of membership of the American Association of Colleges of Nursing to move Nurse Practitioner education from the masters to the doctoral level by 2015.

Aim: To determine progress to meet the goal of moving towards doctoral level education for American Nurse Practitioners and identify the associated discourse.

Method: A scoping review was undertaken to determine the progress towards the goal of the moving from the Master of Science Nursing to the Doctor of Nursing Practice degree as the point from which Nurse Practitioner certification and licensure can be applied for in the USA, the reported outcomes resulting from the introduction of the Doctor of Nursing Practice and the evolution of the discourse re the design and intent and of the Doctor of Nursing Practice.

Findings: There has been ongoing evolution in the vision of the Doctor of Nursing Practice degree since 2004. Whilst there have been challenges, support for continued development and implementation of the Doctor of Nursing Practice is strong.

Discussion: These findings are considered with regard to informing potential future directions for Nurse Practitioner education in Australia.

Conclusion: It is timely in Australia to consider development of a post endorsement bespoke Professional Doctorate for Nurse Practitioners. To address the issue of course load in Nurse Practitioner Masters Programmes the discipline should work towards being recognized as able to offer an extended masters degree for Nurse Practitioners. Australian Nurse Practitioner faculty should come together as a group to consult on development of Nurse Practitioner education in Australia.

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1. Introduction

In 2004 in the United States of America (USA) members of the American Association of Colleges of Nursing voted to set the goal of collapsing doctoral options within the discipline of nursing to the PhD and a new practice doctorate, the Doctor of Nursing Practice (DNP). With regard to Nurse Practitioner (NP) education the intent was that the DNP would become the prescribed qualification for certification and licensure by 2015. This goal was not attained and the master's degree remains the minimum qualification leading to certification and licensure for NPs in the USA. The journey from 2004 to now has seen an evolution of the understanding of the DNP and its relationship to PhDs, and identification of chal-

lenges and enablers of progress toward the goal. A scoping review was undertaken of peer reviewed and grey literature with a focus on determining progress towards the goal of the DNP becoming the foundational degree for NPs in the USA, to identify published education and health outcomes related to the transition, and the themes arising in the published discourse in the discipline focused on the evolution of the DNP. The findings are considered with regard to potential futures for NP education in Australia. Such consideration is particularly timely in the light of predicted workforce shortages driving the need for revision of the Australian Health Workforce, an unclear faculty profile in the discipline of nursing in Australian universities, and the national consideration of Registered Nurse prescribing with the consequent addition to the pre masters qualification volume of postgraduate nurse education.

In 2004, through a vote of the membership, the American Association of Colleges of Nursing endorsed a position statement on

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Summary of relevance

• Problem or issue

It is now 2017, two years past the 2015 goal to move to the Doctor of Nursing Practice as the pre certification course for Nurse Practitioners in America. This transition has not been completed and there are no identified published scoping reviews that have outlined the current situation.

• What is already known

It is known that there is general support for the transition within the nursing community in America and that the growth of Doctor of Nursing Practice programmes has been significant in number and geographical distribution.

• What this paper adds

This paper provided a comprehensive scoping review and considers the findings in the light of the Australian context of Nurse Practitioner education.

the DNP that encapsulated the commitment to move from the current masters level NP education to doctoral level education, offered through the DNP by 2015 ([American Association of Colleges of Nursing, 2016](#)). Since that time the number of DNP programmes offered in the USA has continued to grow ([American Association of Colleges of Nursing, 2015a](#)). However, while there has been reportedly nearly universal support for transitioning to doctoral level education for NPs, the Master of Science Nursing (MSN) remains the predominant entry point into NP practice ([Auerbach et al., 2014](#)). In 2016 it was reported that there were 289 existing DNP programmes with a further 128 being planned, and that programmes existed in 48 states plus the district of Columbia ([American Association of Colleges of Nursing, 2016](#)).

Prior to the 2004 the two forms of doctorates offered within the discipline of nursing in the USA were, the PhD and the professional doctorate. The first nursing PhD programme was introduced in 1934 ([Nicholes & Dyer, 2012](#)). Professional doctorates, sometimes referred to as clinical doctorates, were introduced in 1963, and they were often a transition step as schools negotiated the processes of being able to offer a PhD with little differentiation between the curricula and outputs between the two forms of doctoral degrees ([Nicholes & Dyer, 2012](#); [Reid Ponte & Nicholas, 2015](#)). In 2004 there were only eight professional doctorates offered, or in the approval stage, nationally and there was variability between programmes as they emerged without common goals ([Cronenwett et al., 2011](#)). The decision was made to work towards one research focused degree being the PhD and a practice-focused degree being the DNP. Professional doctorates were phased out or transitioned into PhD programmes.

In 2004 nurses were the largest health discipline in the USA numbering around 2.9 million, of which twelve percent had a masters degree and zero point nine percent had a doctorate ([Potempa, Redman, & Anderson, 2008](#)). Drivers of the need to transform NP (and other advanced practice registered nurse titles) education were an awareness of the increasing complexity of the practice context of healthcare, national concerns around the quality and safety care, a looming faculty shortage of doctorally prepared nurses, a need to augment nursing leadership, seeking qualification parity with other health disciplines and an awareness of the often increased credit load in NP courses as compared to masters degrees not leading to certification and licensure ([American Association of Colleges of Nursing, 2016](#)).

Following the 2004 decision closely, the National Academy of Sciences report from the Board of Higher Education, Workforce and Policy, and Global affairs highlighted a perceived need to distinguish between the nursing elements of a practice discipline requiring strong translational scholarship and an academic discipline requiring researchers and the scholarship of discovery ([National Research Council of The National Academies Committee for Monitoring the Nation's Changing Needs for Biomedical, Workforce, & Policy and Global Affairs, 2005](#)). It was recommended that two distinct degrees should exist to build the required capabilities specific to each focus. Further the report identified that a shortage of doctorally prepared nurses existed currently, and through the consideration of the balance of numbers of graduates annually and retirements, the shortage was projected into the future. As a discipline nurses qualified from doctorates on average at a later age than other disciplines and thus had less productive career time post doctorally to contribute to the development of the discipline and science in general. Strategies to increase the numbers of nurses with doctorates, and to decrease the average age of acquiring the qualification, were put forward and these recommendations were congruent with the decision to move NP education to the DNP.

In 2010 the institute of Medicine released a report on the future of nursing that also put forward a series of recommendations broadly supportive of the development of the DNP. The context of the report was further recognition of the changing context of healthcare practice and policy in the USA, and that dramatic changes in the care delivery system were needed to accomplish the “triple aim of better patient experience, better health of the public, and lower costs” (National Academies of Sciences & Medicine, 2015, p1-1). The need to prepare a nursing workforce capable of leading the required change was identified and the call to radically increase the number of doctorally prepared nurses by 2020 was made.

In Australia similar drivers toward the need to consider possible futures for NP education currently exist. The increasing complexity of the context of health and healthcare care in Australia has been raised in relation to the need to consider a move to doctoral education for NPs ([Scanlon, 2015](#); [Tuaoi, Cashin, Hutchinson, & Graham, 2011](#)). The need to improve quality, safety and efficiency of care has been recognized as driver of the need to transform nurse education ([Walker, Campbell, Duff, & Cummings, 2016](#)). While other disciplines do not have taught doctorates in Australia, several health related disciplines have access to extended masters programmes following the completion of which the title Doctor may be assumed ([Australian Qualifications Framework Council, 2013](#)). Nursing does not have access to the extended masters degree as a named profession so issues of parity exist. It is not clear whether it is associated with the issue of professional parity but in workforce planning in Australia, and the associated scenario planning related to nursing, the numbers and distribution of Registered and Enrolled Nurses are considered, where as NPs are only referred to as an example of one type of possible innovation ([Crettenden et al., 2014](#); [Health Workforce Australia, 2014](#)). In terms of determining the qualification profile of Australian nurses generally, and the demographic and qualification profile of nurses in academic positions in Australia in particular, there is insufficient statistical information ([Hugo, 2008](#); [McDermid, Peters, Jackson, & Daly, 2012](#)). A critical review of the literature lead to the conclusion that Australia will not be immune to the global phenomenon of projected faculty shortage ([McDermid et al., 2012](#)). The credit load in some NP programmes is currently above that in degrees not leading to endorsement and from courses not accredited by the Australian Nursing and Midwifery Council Accreditation Council (ANMAC). A review of the public information on university websites related to the 16 currently offered NP courses, from the 17 accredited programmes in Australia, revealed a variance in esti-

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