

DNP as Entry into Practice

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Advanced practice nurses or nurse practitioners (NP) are an integral part of the healthcare system. They are expected to provide direct patient care that is both effective and safe. These requirements place a significant burden on NP's to have a high level of skill and knowledge. Recently several prominent nursing organizations have pushed for the Doctorate of Nursing Practice (DNP) to become the requirement for entry into advanced nursing practice.

The creation of the Doctorate of Nursing Practice degree has created a lot of controversy within the nursing community. The further step by the American Association of Colleges of Nursing (AACN) to require the DNP as entry into practice for a nurse practitioner, only added fuel to the heated debate. There are many good reasons why the AACN advocated for the DNP as entry into practice, and this paper will aim to examine these ideals and how they fit in with the overall creation of the DNP degree.

History of the Issue

Columbia University was the first school to offer a masters in clinical nursing in 1956 (Columbia University School of Nursing, 2011). This was the start of nurse practitioners and the advance role they played in healthcare. The first school to offer the Doctorate of Nursing Practice was Case Western Reserve University in 1979 (American Association of Colleges of Nursing, 2004). The program was created to address the need for an alternative to the research based PhD that was currently the terminal degree from nurses (American Association of Colleges of Nursing, 2004). This was the start of a long journey to the eventual acceptance of the DNP as entry into practice. In 1999, the Institute of Medicine issued a report on medical errors. This report found that 44,000 to 98,000 people died from medical errors each year (American Association of Colleges of Nursing, 2004). These errors cost between \$17 billion and

\$29 billion to the American health care system (American Association of Colleges of Nursing, 2004). Later in 2001, the Institute of Medicine released a report looking at how the aging patient population, increasing technology, and higher patient demands are stressing our current health care system. This stressing is leading to lower patient quality and safety. In 2002, with these two studies and several others, the American Association of Colleges of Nursing (AACN) created a task force to investigate ways nursing could impact these findings (American Association of Colleges of Nursing, 2004). This was done because it was felt that nursing was uniquely positioned to offer advance care to patients that is efficient, compassionate, cost effective, and safe. Nurses are able manage the total life demands of chronic illness (American Association of Colleges of Nursing, 2004). This task force found that the requirement of a DNP as entry in practice would improve patient safety, quality, and access to care (American Association of Colleges of Nursing, 2004).

With the task force's recommendation the AACN released a position statement in 2004 that AACN member institutions would move to DNP as entry into practice by 2015 (American Association of Colleges of Nursing, 2012). This change is already in process with many institutions already offering the DNP program and with some already phasing out their masters level NP programs.

Personal Position

The push towards requiring the DNP as entry in to practice is well supported and will advance nursing practice and the profession as a whole. This is a requirement that nursing must embrace for the betterment of both the patients and nursing as a whole. There has been several studies performed that have shown the impact that a DNP can have on patient safety and quality,

along with improving the healthcare system as a whole. Currently there are many highly qualified masters' prepared NP's, but most of these nurses lack a higher level of understanding of nursing research and practice. The acquisition of a DNP gives these nurses the skills and knowledge to both integrate, and create nursing research to improve patient care and nursing practice (Ferguson & Forest, 2011). Healthcare is becoming far more complex. Technology and higher acuity patients are leading to a necessity for higher levels of education. The DNP is uniquely positioned to provide this higher level of education to properly care for patients in highly complex practice settings (Ferguson & Forest, 2011).

The DNP also has financial benefits. Mackey (2009) evaluated the benefits to a medical practice if they employ DNP prepared nurse practitioners. A DNP nurse is able to charge more for their services (Mackey, 2009). This higher level of billing brings in more reimbursement for the practice (Mackey, 2009). The practice is also able to use the fact that they employ DNP prepared nurses for marketing purposes. Patients are more likely to pick a medical practice where the staff has a higher level of education (Mackey, 2009). The patients also are more satisfied with their care because DNP nurses are better prepared to manage the patient and their complex medical needs using a holistic approach (Mackey, 2009).

Every nurse's journey towards further education is unique but for one nurse it was an excellent experience. Patricia Hughes completed her DNP in 2007 and feels it was one of the best improvements to her practice (Hughes, 2011). Beyond the advanced knowledge that she obtained she also was able to create a network of fellow professionals that she could reach out to in times of need.

Student Learning

The move towards the DNP as entry into practice has several direct impacts on students. A student who previously pursued a masters' was required to complete an average of 48 semester credits and 500 hours of clinical time. A DNP program however requires about 71 semester hours and 1000 clinical hours. This is a large increase in credits and clinical time. This increase has both a financial and personal cost. These added costs can make many people reconsider their desire to become a NP. The added clinical time can be burdensome to many nurses attempting to advance their practice. Many nurses have families to care for, and doubling the number of unpaid clinical hours could be prohibitive to some people. It can be difficult to justify why someone with a master's degree is able to do the same job that now requires a DNP to perform.

One college has taking these concerns, and many more, and addressed them to show how a DNP is a better choice. Old Dominion University (ODU) has embraced the requirement for DNP as entry into practice (Rutledge, 2011). ODU focuses on the creation of clinical scholars. This focus allows ODU to prepare students that are better able to understand research, create research, and participate in research that can positively impact patients (Rutledge, 2011). ODU is able to show students the value in obtaining a DNP versus a master's degree. By increasing the number of DNP prepared nurses, the profession of nursing can be lifted to the next level.

Legal Issues

The most prominent legal issue is that this is only a resolution setup by a nursing organization. States still do not require a nurse to have a DNP to practice as a nurse practitioner. In order for this resolution to have more sway, it is imperative for states to begin to require the

DNP as entry into practice for all new nurse practitioners. Since it is not law some nursing specialties are apprehensive about requiring the DNP. One of these specialties is nurse midwives. Avery & Howe (2007) feel that there is not enough research to support the change to DNP. Currently it is felt that schools produce safe and knowledgeable nurse midwives. These nurse midwives are able to perform all of the tasks that are required of them, and further education is not felt to be a benefit. They also felt that issues such as tuition cost, access to programs, and number of applicants outweighed the unproven benefits (Avery & Howe, 2007).

This resolution was intended to be international but this too has run into issues. In Canada currently the terminal degree for nurses is the PhD only (Brar, Boschma, & McCuaig, 2010). There has not been a DNP program established in Canada. The creation of a DNP program requires time and money for something that may not offer a superior education versus the current educational offerings (Brar, Boschma, & McCuaig, 2010). To get this resolution to become widespread in Canada the AACN would need to convince Canadian universities that the creation of DNP programs would benefit the nursing profession and the Canadian health care system (Brar, Boschma, & McCuaig, 2010).

Future

There are many possibilities for the future. The push towards DNP is happening and will continue to happen. The many advanced practice nurse specialties are not going to be able to avoid this, but they can embrace it and modify in a way that works for them. One specialty that is doing this is Nurse Anesthetists. This was first introduced during a speech by Wicks (2007) during the AANA's yearly convention. This is important because the AANA was one of the first specialties to embrace the DNP requirement. The American Association of Nurse Anesthetists

(AANA) has decided to embrace the resolution but they have decided to alter the timeframe. Their goal is to have the DNP as entry into practice by 2025 (Hawkins & Nezat, 2009). This is 10 years after the AACN would like but it is still being done. It is more difficult for nurse anesthetist programs to switch, due to them being under both nursing and medical colleges (Hawkins & Nezat, 2009).

Conclusion

There is a good broad base of research to support the DNP as entry into practice. This research has shown that DNP prepared nurses offer higher patient safety and quality. They also have direct financial benefits to the health care organization. DNP nurses raise the profession of nursing to a higher level. The added education and cost are minimal compared to the vast benefits that a DNP degree gives a nurse.

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