DOES THE DOCTOR OF NURSING PRACTICE (DNP) CHANGE CLINICAL PRACTICE?

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Introduction/Background

- AANC has mandated 2015 for the DNP as the terminal practice degree in advanced nursing practice (AACN, 2004).
- AANC has painted a broad brush with respect to guidelines of educational programs and capstone or scholarly projects.
- Stakeholders have supported the DNP as the terminal degree but they are varied in their clinical and philosophical approaches.

Introduction/Background

- There are currently 153 DNP programs nationwide and another 106 additional nursing schools considering programs (AACN, 2010).
- DNP programs are offered for the clinical advanced practice nurse (APN), as well as for nurse educators and nurse executives (NEE).
- Little research has been done comparing group benefits (Graff, Russell & Stegbauer ,2007; Kaplan & Brown, 2009; Crowley et al., 2010).

Program Design and Credentialing

- The Drexel DrNP is a hybrid model that combines the practice and research doctorate (Donnelly & Naremore, 2006)
- Colombia University School of Nursing model includes a year long clinical residency with didactic instruction (Honig & Smolowitz, 2008)
- Mundinger, et al., (2009) collaborated with the Council of Achievement of Comprehensive Care for optional certification of DNP clinicians

APN Perception and Motivation

- Hudacek &Rinaldi (1986) explored DNP enrollment from three nursing groups.
 All three groups viewed attainment of a doctorate as enriching
- Loomis & Cohen (2006) explored the DNP over a PhD.
- Students who chose the DNP were interested in "clinical practice excellence."
 DeMarco, Pulcini , Haggerty & Tran (2009) surveyed nurses perception of doctorates
 - DNP was perceived as an option by 55%

Change in Role Development

- □ Graff, Russell & Stegbauer (2007) examined post-graduate DNP program evaluations.
 - Opportunities were reported in practice, consulting and teaching
- Kaplan & Brown (2009) using a prospective, longitudinal study to document the transition phenomenon of APN to DNP.
 Results pending
 The DNP Outcomes Survey evaluated curricula and application of the of DNP Essentials in DNP programs (Crowley et al., 2010)
- programs (Crowley et al., 2010)

Design/Aims

- A descriptive, exploratory web based survey using a one time, cross sectional design
- Primary Aim: To explore how the DNP changes APN clinical practice in recent graduates of two post masters DNP programs
- Aim 2: To correlate DNP graduates perceptions of clinical practice with AACN DNP *Eight*

Methods

- Participants: A convenience sample of DNP graduates from two universities in Western Pennsylvania
- Measures: An electronic survey consisting of demographic questions and questions related to DNP Essentials
- Data Collection: Survey link sent via e-mail on December 14th, 2010 and available online until December 29th, 2010

Methods

- Data Collection: Sixty five e-mails sent to DNP graduates with 34 participants

 response rate = 53.2%.

 Informed consent: implied by participation in the survey

 - Participation voluntary
 RMU IRB Human Subjects approval
- Confidentiality maintained by de-identifying and coding data
 Data access limited to researcher and capstone

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Sample/Criteria

- A convenience sample thirty four DNF graduates
 - Male=2
 - Female = 32
 - Age range = 31-65 years of age
- Group one: n=22 APNs (NP, CMN, CRNA, CNS)
- Group two: n=12 nurse educators and nurse executives (NEE)

Practice Roles Adult/Geriatric 20.6% Clinical Nurse Specialist 5.9% Family Practice 20.6% Nurse Anesthesia 11.8% Nurse Educator 20.6% 7 14.7% Nurse Executive Nurse Midwife 0.0% 0 Pediatrics 5.9% Psychiatry 0.0% n = 34

Setting

- Schools chosen based on similar size, initiation of program start dates and geographic proximity
- Schools differed in that one school accepts nurse educators and executives while the other school is limited to practicing certified APNs

Measures/Instrumentation

- An Internet Survey on *Survey Monkey* which consisted of 14 questions which were to be completed by each participant
- The purpose of this survey was to collect demographic information, perceived changes in clinical practice and integration of the
- Multiple choice and eight questions on a four point likert scale describing integration of the

Data Analysis

- Survey items were clustered into 3 domains:

 personal/professional growth

 clinical and practice scholarship

 use of the Essentials

 Differences between the two groups were compared in each domain using a two-tailed Z test
- of proportions.

 The two tailed *Z* test was chosen due to a large difference between the groups.

 Confidence level = 95%

 α = 0.05

Domain 1

Personal and Professional Growth: There was a statistically significant difference between groups in the area of Increase in respect

Increase in salary	18%	8.0%	0.28	.6103
Increase in autonomy	23%	16%	.039	.6517
Increase in responsibility	36%	25%	.272	.6064
Increase in respect	68%	8%	2.99	.001
Increase in collegiality	59%	25%	1.539	.06
Note α .05, critical z at 1.96				

Domain 2 ■ In the area of Clinical and Practice Scholarship there was statistical significance in two areas Increased ability to understand EBM 86% 83% -.271 .401 Increased ability to improve patient care 81% 42% 1.939 .025 Increased ability to understand/conduct 77% 50% 1.225 .10 86% 42% Increased ability/confidence to publish .01 Note α .05, critical z at 1.96

Domain 3 Comparing APN and NEE groups and acquisition of the Essentials demonstrated no statistically significant difference between groups						
	APN	NEE	z score	p value		
Scientific Underpinnings:	86.4%	58.3%	1.416	.9207		
Organizational and Systems Leadership	81.8%	100%	1.086	.8599		
Clinical Scholarship for Evidence Based Practice	90.9%	66.7%	1.357	.9115		
Info Systems and Technology		58.3%	.083	.1977		
Health Care Policy for Advocacy		66.7%	1.371	.9115		
Inter-professional Collaboration	77.3%	58.3%	.768	.7764		
Clinical Prevention and Population Health	63.6%	54.5%	.147	.5557		
Advanced Nursing Practice	90.9%	75.0%	.752	.7734		

Perceived Benefit of DNP APN Increased respect/collegiality Improving patient care Increased ability and confidence to publish Use of advanced clinical judgment Use of advanced based medicine

Should this be a Clinical DNP?

- Repeat the study with a larger population to evaluate Effect size and increase power
- Program Evaluation to see how curriculum influenced the study outcome (uncontaminated groups)

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