An evaluation of the difference in perceived confidence of Master's versus Doctor of Nursing Practice prepared nurse practitioners to lead quality improvement and health care changes.

Rebekah Compton DNP, RN, FNP-BC; Roy Ann Sherrod PhD, RN, CNE, CNL; Reagan Thompson DNP, RN, FNP-BC Capstone College of Nursing - The University of Alabama; The University of Virginia –Dept of Family Medicine

Abstract

Health care costs are ever increasing in the U.S. and we are spending more than many other industrialized nations. While we lead much of the world in health care expenditures, the quality of health care in the US leaves much to be desired when compared with other nations. The health care policy changes occurring in our country demand the participation of leaders to help drive down cost while improving the quality of the health care being delivered. Nurse Practitioners (NPs) should be leaders in this endeavor and as such need the necessary education to feel confident to lead the needed quality improvement changes.

Methods

- The survey was sent to 1690 NPs practicing in the state of Virginia who were members of the Virginia Council of Nurse Practitioner.
- Recipients included NPs practicing in various regions and clinical settings such as, community health centers, academic, and private practices within urban, suburban and rural communities.
- Survey included 18-questions of which 2 were open-ended qualitative questions.
- The survey examined years of experience, personal desire to participate in leadership, types of leadership desired, additional education received related to quality improvement and leadership, and barriers to engaging in leadership opportunities.
- Bandura's theory on self-efficacy was used to support the assessment of perceived ability.

Results

ters (N=1/75) 5% 55% Somewhat 40% Very much so Master's education prepa ed you for m ng change : 10% Somewhat 57% 49% Very much so 26% 42% epared you for le Somewhat Very much so 80% Do you feel your Doctorate education prepared you more than your Master's legree education for managing change and leading quality impr

Somewhat 20% Not at all 0%

Very much so

Years of experience and impact on confidence < 5 years - 36% report confidence as high/very high 5-9 years - 41% rate confidence level high/very high 10-15 years - 55% rate confidence high/very high > 15 years - 68% rate confidence high/very high

Years of experience and impact on competence <5 yrs - 30% rate competence high or very high

5-9 yrs - 41% rate competence high or very high.

10 - 15 yrs - 55% rate competence as high or very high.

>15 yrs - 65% rate competence as high or very high.

Barriers to NPs engaging in leadership (themes)

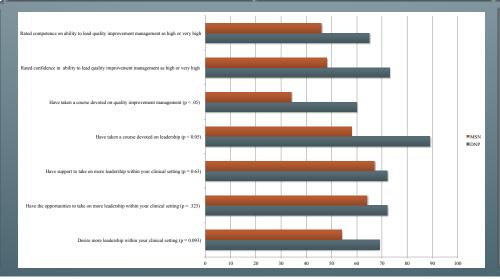
- ➤ Lack of resources (38%) Lack of time (83% [n = 30] cited this issue), lack of time for needed training, lack of financial support
- Unequal opportunities (29%) physicians offered most opportunities, health care systems do not understand value/knowledge of NPs
- ➤ NPs report lack of knowledge/education (28%)
- Policy issues (13%) Restrictive state laws, institutional policies
- Lack of support (12%) Administration/ Management not supportive
- > Other (12%) Retired, no interest, no barriers

Purpose

To examine the difference in perceived confidence and competence of Master's versus Doctor of Nursing Practice prepared nurse practitioners to lead quality improvement initiatives.

Why study this?

- DNP degree developed to provide those in clinical practice with additional leadership education (AACN, 2006).
- Leaders are needed
- There is limited data available on NPs as leaders
- Help educators identify learning needs



Conclusions

- ♦ NPs desire leadership opportunities.
- A significant number of NPs are seeking leadership and quality improvement education
- ♦ Barriers were varied
- NPs identified unique ways in which they would like to lead and initiate quality improvement.
- ♦ Nurses need education to prepare them for the role of leadership.
- ❖ The Doctor of Nursing degree is one way to prepare nurse leaders.
- Health care systems, policy makers, and nursing leaders need to address the barriers to nurses as leaders.
- ♦ Additional studies needed to determine how this may be accomplished.