DNP-APRN Clinician Perceptions of DNP Education and Engagement in DNP Essentials

Brittany Christiansen, DNP, CPNP-PC/AC, FNP-C, CNE, AE-C & Jane D. Champion, PhD, DNP, FNP, AH-PMH-CNS, FAAN, FAANP

Background:

The Doctor of Nursing Practice degree evolved as an outcome of clinical leadership needs identified by the Institute of Medicine for specialized nursing care amidst a nationwide nursing shortage. The American Association of Colleges of Nursing supports entry to advanced practice at the doctoral level by 2025. These goals have prompted expansion of DNP programs in the United States for APRNs and identification of evidence-based competencies for DNP-prepared APRNs in the clinical setting. There is a paucity of evidence that depicts how obtaining DNP education influences clinical practice for APRNs and the frequency in which clinically-based APRNs engage in competencies that reflect the AACN's Essentials of Doctoral Education for Advanced Nursing Practice.

Method:

A survey was created specifically for this study based upon the AACN DNP Essentials and published competencies in literature. The survey was distributed nationally via Qualtrics to members of professional advanced practice nursing organizations for voluntary participation. Only surveys completed by APRNs who completed post-Masters DNP education were included in analyses.

Demographics:

Variable	N(%)
Gender:	
Male	14(12.4)
Female	99(87.6)
Age:	
21-29	1(0.9)
30-39	20(17.7)
40-49	33(29.2)
50-59	35(31.0)
60-69	24(21.2)
Ethnicity:	
Caucasian	91(80.5)
Hispanic	8(7.1)
African American	10(8.8)
Asian or Pacific Islander	3(2.7)
Other	1(0.9)
Advanced Practice Role:	
Nurse Practitioner	106(93.8)
Clinical Nurse Specialist	6(5.3)
Nurse Midwife	1(.09)
Time since DNP completion:	
<1 year	16(14.2)
1-5 years	73(64.6)
6-10 years	22(19.5)
>10 years	2(1.8)
State Practice Authority:	
Full practice	26(23.0)
Reduced practice	32(28.3)
Restricted practice	55(48.7)

Engagement in Essentials:

DNP Essentials/APRN Competencies Combined Responses (N=113)					
Essential of Doctoral Education	APRN-specific Competencies Identified	All the time f(%)	Frequently f(%)	Sometimes f(%)	Rarely f(%)	Never f(%)
Essential I: Scientific Underpinnings for Practice	2	72 (31.9)	102(45.2)	44(19.5)	4(1.7)	4(1.7)
Essential II: Organization & Systems Leadership for Quality Improvement/Systems Thinking	7	279(35.3)	305(38.5)	143(18.1)	44(5.6)	20(2.5)
Essential III: Clinical Scholarship & Analytical Methods for Evidence-Based Practice	5	279(49.4)	214(37.8)	61(10.8)	6(1.1)	5(0.9)
Essential IV: Information systems/Technology & Patient Care Technology for the Improvement and Transformation of Health Care	4	116(25.7)	146(32.3)	93(20.6)	53(11.7)	44(9.7)
Essential V: Health Care Policy for Advocacy in Health Care	6	67(9.9)	148(21.8)	200(29.5)	178(26.3)	85(12.5)
Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes	7	452(57.1)	232(29.4)	71(9.0)	19(2.4)	17(2.1)
Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health	4	182(40.2)	138(30.6)	73(16.2)	43(9.5)	16(3.5)
Essential VIII: Advanced Nursing Practice	13	886(60.5)	257(17.6)	122(8.4)	80(5.5)	110(8.0)

Perceptions:

Personal growth: "it has helped me advance my clinical practice to a higher level"; "it allowed me to be an expert in my field"; "greater responsibility, higher expectations, greater accountability, and practice is more satisfying"

Policy involvement: "gave me skills to be involved in development of practice policy"; "DNP has experience, skills, expertise, and knowledge to be an active participant in making healthcare policy"

Bring research to practice: "more utilization of EBP"; "allows me to transform healthcare for our communities across the country and globally"; "advances my clinical practice to a higher level"; "empowers NP to provide better care through interpreting research into practice"

Leadership: "confidence, allowed me to step up and serve my professional organizations in new ways"; "increased credibility and expertise in my leadership position"; "gave me tools and confidence to assume leadership role in my organization"

Systems thinker: "elevated focus from patient/provider dyad to population as a whole...more innovative and outcomes focused"; "acutely aware of how my treatment of an individual patient has a much broader impact on larger system of care"

Results:

Overall, DNP-APRNs report consistently engaging in competencies associated with Essentials I, II, III, VI, VII, and VIII. Respondents suggest perceptions of role changes achieved within the clinical practice site for post-Masters DNP-APRNs are minimal. Most role changes occur when the DNP graduate seeks employment outside of the clinical setting, specifically in academia or administration. However, the benefits of post-Master's DNP education are described as more personal. DNP graduates discuss increased comfort with statistical analyses and interpretation, better preparation and understanding of legislative and policy processes, increased interest in participation for policy changes, and greater respect among colleagues after obtaining post-Master's DNP education.

Implications:

In the current increasingly complex healthcare system, educated leaders with clinical expertise are needed to identify areas for improvement, implement changes using evidence-based practices, and evaluate outcomes. These findings indicate DNP-APRNs function as change agents, patient advocates, and proponents of improved patient and community outcomes.