DNP Outcomes Survey: 2010

Prepared for the Third National
Doctors of Nursing Practice Conference
September 29 – October 1, 2010
San Diego, California

DNP Outcomes Survey: 2010

❑ Development Team:
- *Stephanie Ahmed*, DNP, FNP-BC
- *Catherine S. Bishop*, DNP, NP, AOCNP
- *Karen Crowley*, DNP, APRN-BC, WHNP, ANP
- *Donald Grimes*, DNP, RN
- *Star Evangelista Hoffman*, DNP, Med, CNL
- *David G. O'Dell*, DNP, FNP-BC
- *Marie G. Young*, DNP, MPH, FNP, PMHNP

DNP Outcomes Survey: 2010

❑ Planned and developed by DNP, LLC / DNP PD, Inc.

❑ Goal is to determine the "state of the practice" of DNP graduates

❑ Survey was open through August 31, 2010

❑ Plan is dissemination at the annual DNP conference (scheduled for 9/29-10/1/2010) and annually thereafter

❑ Other "arm" of this survey is an analysis of current DNP programs in order to compare curricula, hours, track emphasis, etc.

Purpose of the DNP

❑ Award a degree that reflects the expert clinical competencies required by healthcare providers to meet the challenging healthcare needs of individuals and changing healthcare systems

Time Line Review

❑ 2004 – American Association of Colleges of Nursing (AACN) endorsed a position statement for the practice doctorate in nursing to be the educational preparation for the advanced practice registered nurses (APRN)

❑ Target goal for transition to the DNP for APRN's set for 2015

❑ Position statement supported by the stake-holders indicating the DNP as the appropriate degree for APRN's

❑ 2009 - CCNE amended accreditation standards to **require** the AACN DNP essentials

❑ Certifying organizations have not mandated a DNP to sit for exams.

Accrediting Organizations

- ❑ Commission on Collegiate Nursing Education (CCNE)
  - ▪ Accredited 32 DNP programs
  - ▪ 70 additional DNP programs seeking accreditation
- ❑ National League for Nursing Accreditation (NLNAC)
  - ▪ Currently accredits 102 MSN programs with another 10 seeking accreditation
  - ▪ One program accredited for DNP
  - ▪ One program seeking accreditation for DNP (MN)

AACN Essentials

❑ Foundational component: AACN Essentials 1-8
  1. Scientific underpinning of practice
  2. Organizational and system leadership for Quality improvement and systems thinking
  3. Clinical scholarship and analytical methods for EBP
  4. Information systems/technology and patient care technology for the improvement and transformation of health care
  5. Health care policy for advocacy in health care
  6. Inter-professional collaboration for improving patient and population health outcomes
  7. Clinical prevention and population health for improving the nation's health
  8. Advanced nursing practice

❖ Specialty component: required by national certification or specialty organizations

National League of Nursing Accreditation (NLNAC)

- 6 core components
  - Mission and Academic Capacity
  - Faculty
 - Students
  - Curriculum
  - Resources
  - Outcomes

Question?

❑ Are DNP programs offering the core curricular required to meet the degree competencies?

❑ Are graduates of DNP programs utilizing these core competencies in practice?

❑ Does the utilization of these competencies improve patient outcomes?

Current DNP Program Picture

❑ 131 DNP programs currently in the U.S. and District of Columbia

❑ 161 programs currently in development

❑ 5,165 students enrolled in a *practice* focus doctorate

❑ 4, 177 students enrolled in a *research* focused doctorate

Enrollments for Practice vs. Research Focused Doctorates
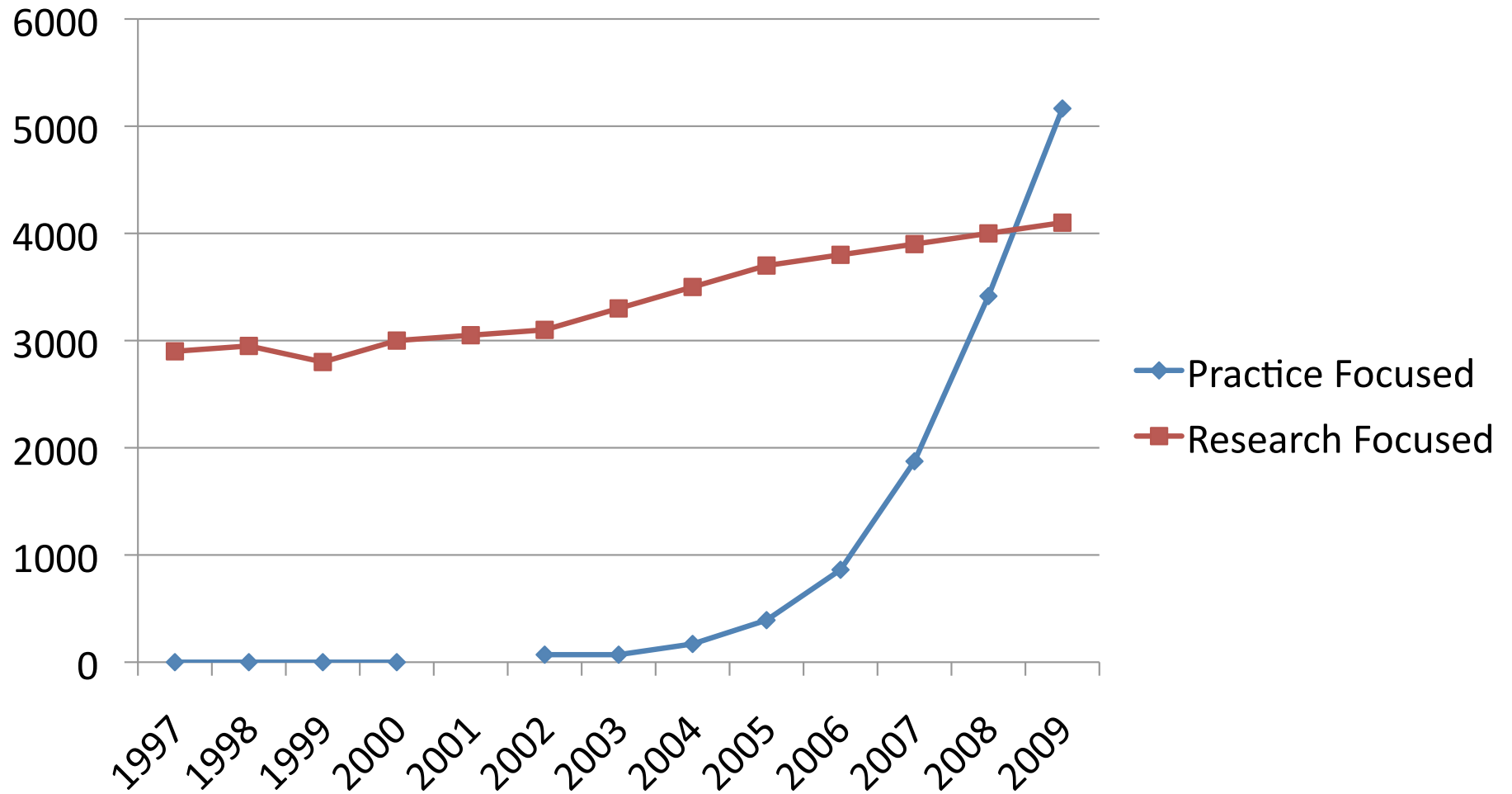
DNP Enrollments and Confirmations
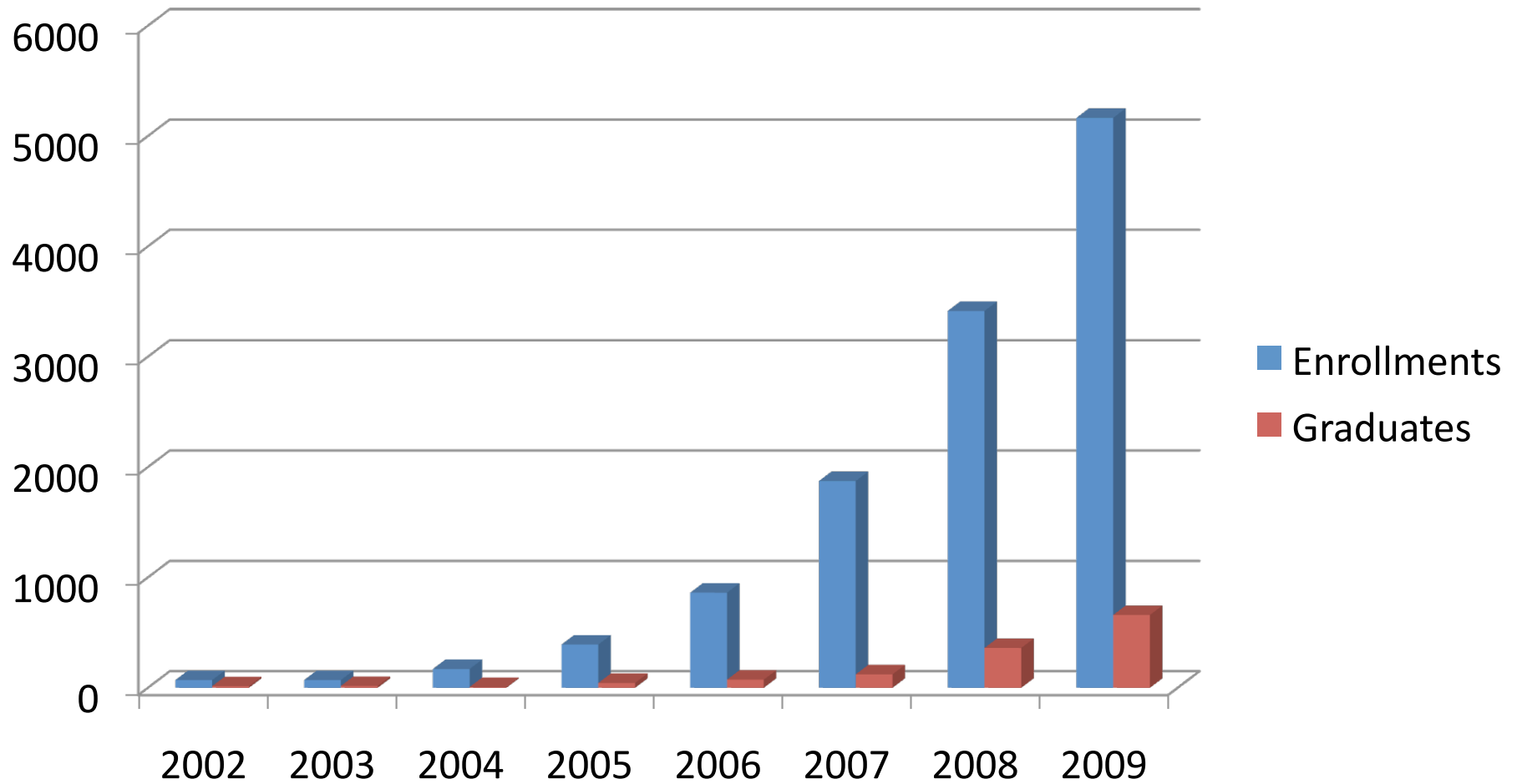
Program Comparison

- ❑ 131 DNP programs
  - ▪ 44% (n=57) have BSN–DNP entry
  - ▪ APRN requirements
    - ○ 73.3 % (n=98) NP entry
    - ○ 51 % (n=67) CNS entry
    - ○ 40.5% (n=53) CNM entry
    - ○ 36.6 % (n=48) CRNA entry
  - ▪ Role concentration
    - ○ No specified role 29.5% (n=38)
    - ○ 29.7% (n=39) Nurse Executive
    - ○ 14.5 % (n=19) Educator
    - ○ 0.05 % (n=7) Health Policy
    - ○ 0.05% (n=6) Informatics
    - ○ Other: scientist, CNL, public health, clinical research management
    - ○ PRACTICE::::::APRN

Program Trajectory

❑ Program type

   BSN-DNP: 57   (44.2%)

   MSN-DNP: 36 (66%)

❑ Credit Hours

- BSN-DNP: 34-100 (Average: 97 hours)
- MSN-DNP: 24-86 (Average: 41 hours)

❑ Clinical Hours

- BSN-DNP: 38-1260
- MSN-DNP: 300-1125

Courses

❑ Health policy: 54% (n=71)

❑ Informatics: 58.7% (n=77)

❑ Epidemiology: 57.3% (n=75)

❑ Statistics: 36 % (n=47)

❑ Culture/Population: 25.2% (n=33)

❑ Health Promotion/Disease Prevention: 0.6% (n=8)

❑ Electives: 24.4% (n=32)

Leadership

❑ Practice management: 29.7% (n=39)

❑ Organization management: 32.8% (n=43)

❑ Nursing leadership: 47.4 % (n=62)

Research

- ☐ Evidence Based/Translational research: 63.4% (n=83)

- ☐ Qualitative: 0.03% (n=4)

- ☐ Combined qualitative/quantitative: 0.07% (n=9)

- ☐ Quantitative: 14.5% (n=19)

- ☐ Hybrid: 23.6% (n=31)

- ☐ Thesis/dissertation requirement: 0.05% (n=6)
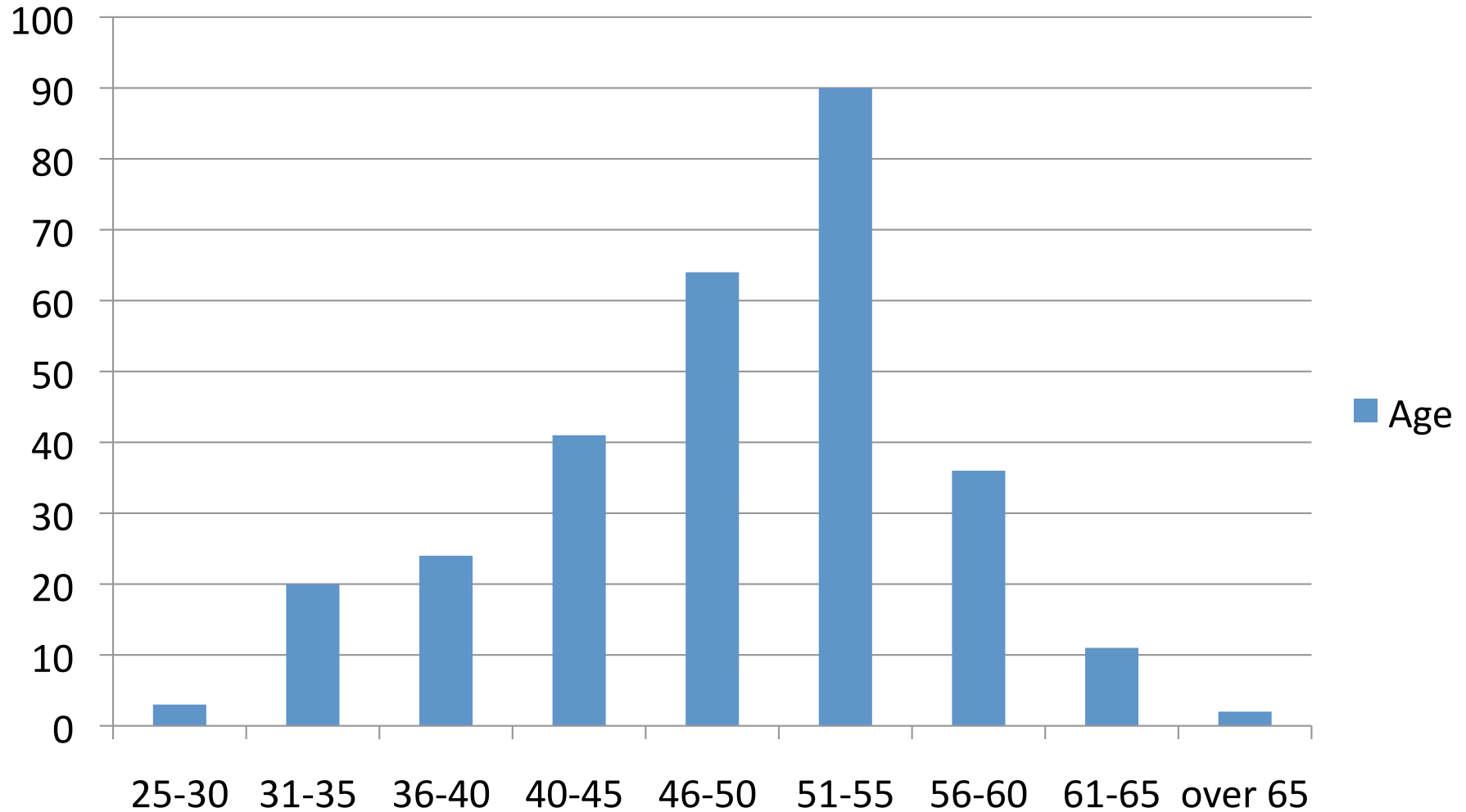
- ☐ Publication requirement: 0.07% (n=9)

Capstone

❑ 62% (n=81) program require capstone project

❑ 17 % Capstone seminar course within program (n=22)

❑ 36.4% DNP practicum/residency (n=47)
  ▪ Hours range: 300-1000

DNP Role Outcomes

- Electronic National Survey
- Anonymous with Implied Consent
- 4 week Data collection period
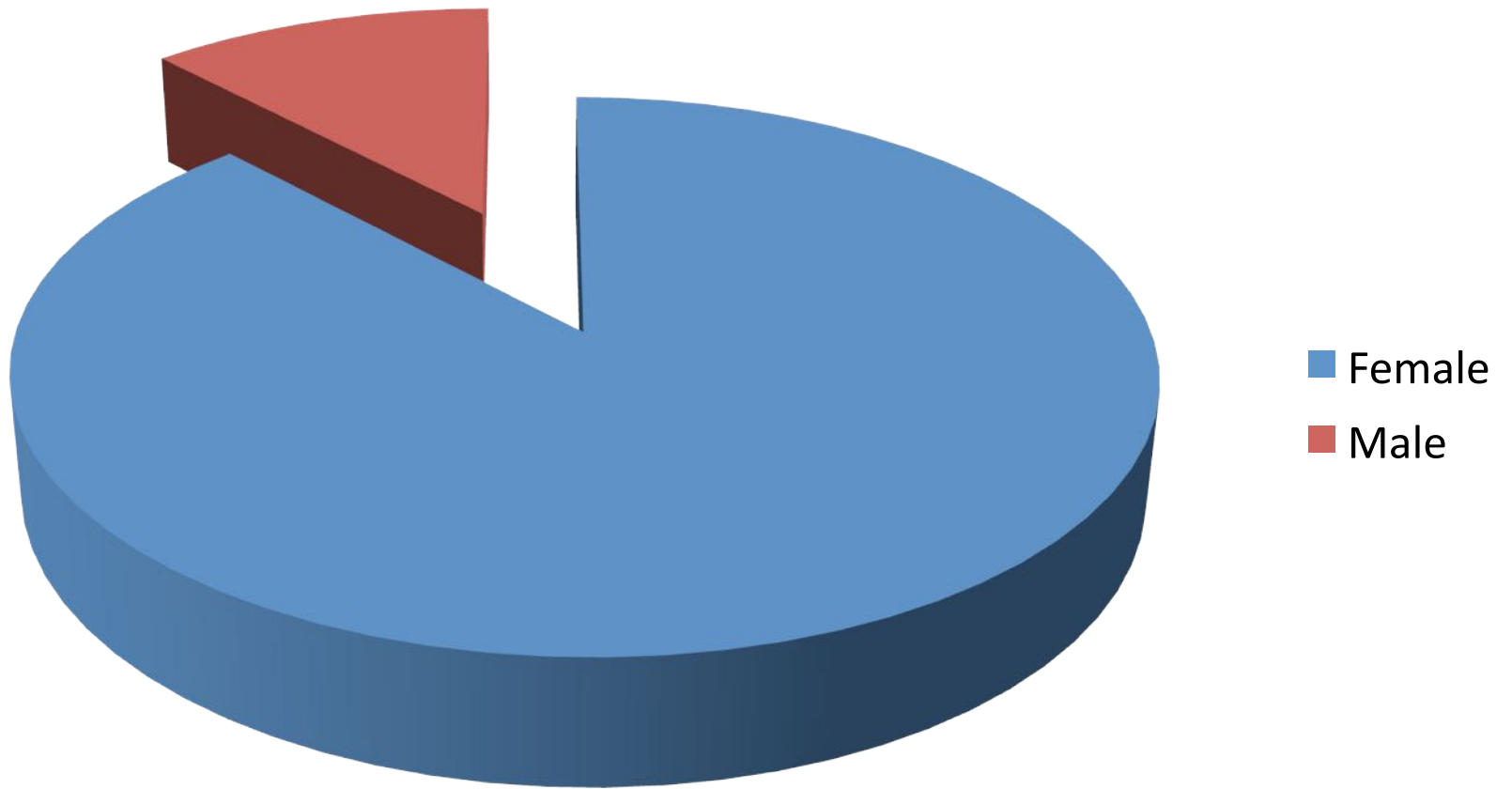- 292 Participants
  - Missing data

Demographic Data
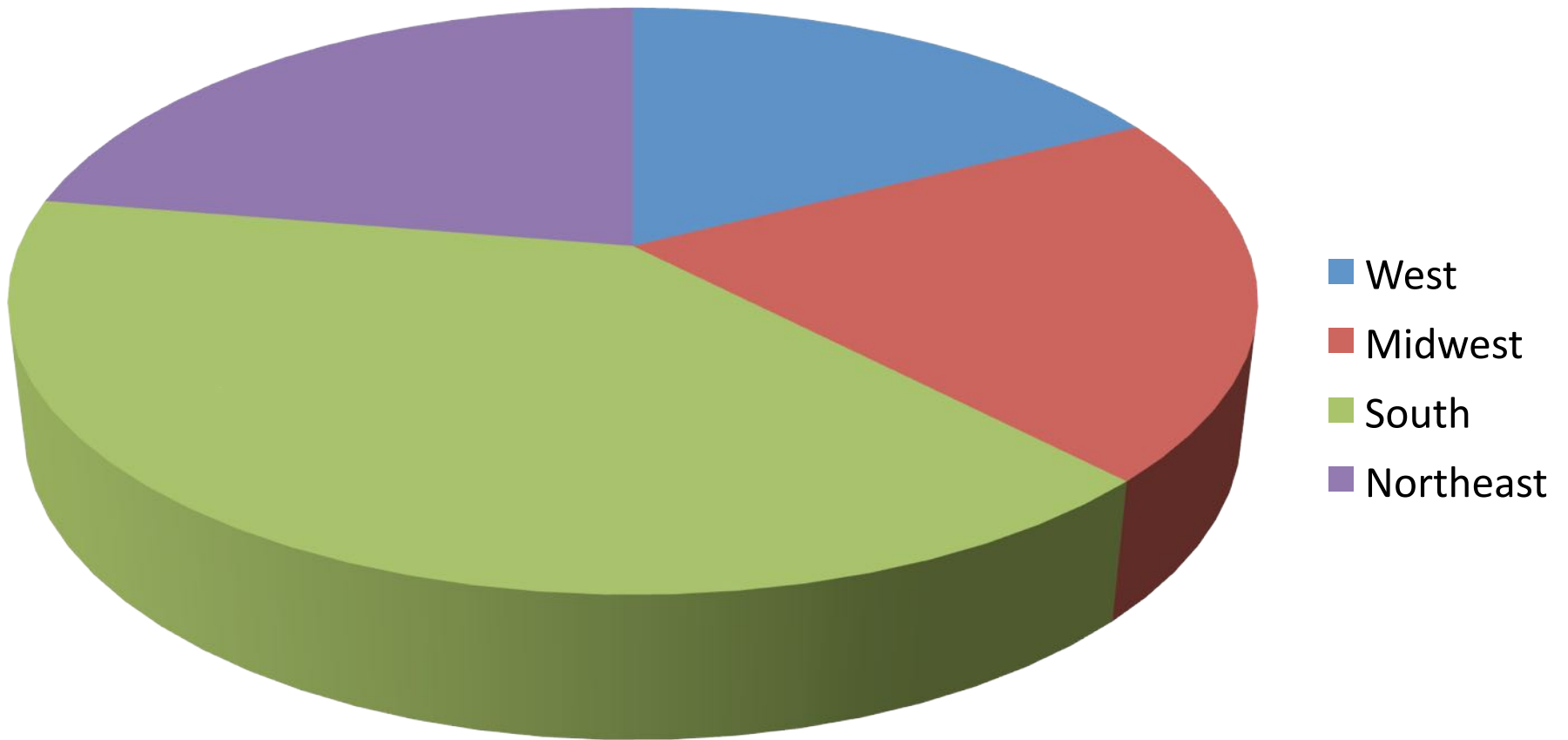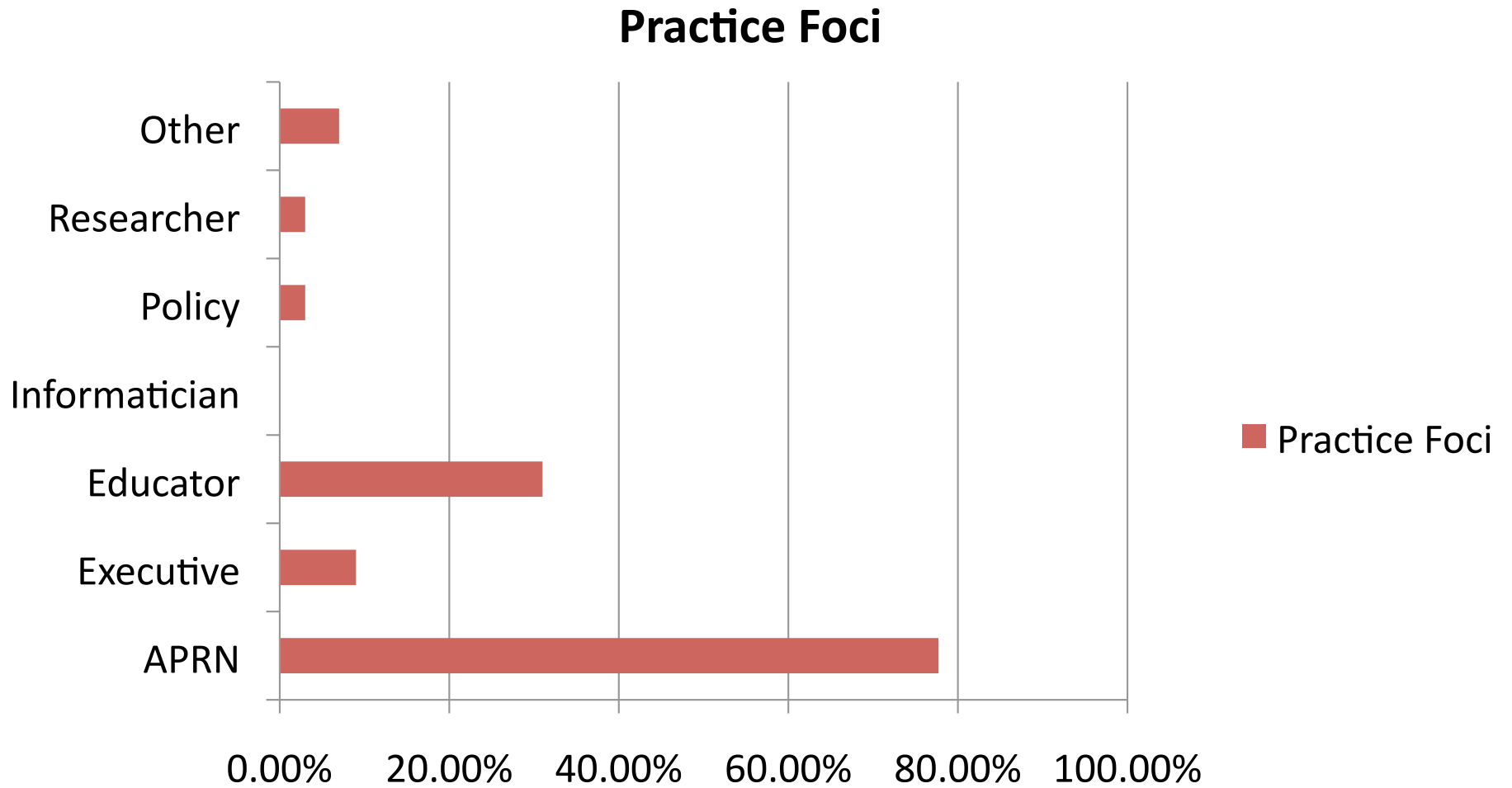
Age

Demographic Gender

Gender

Female
Male

DNP outcomes survey

Geographical Region

Participants

- West
- Midwest
- South
- Northeast
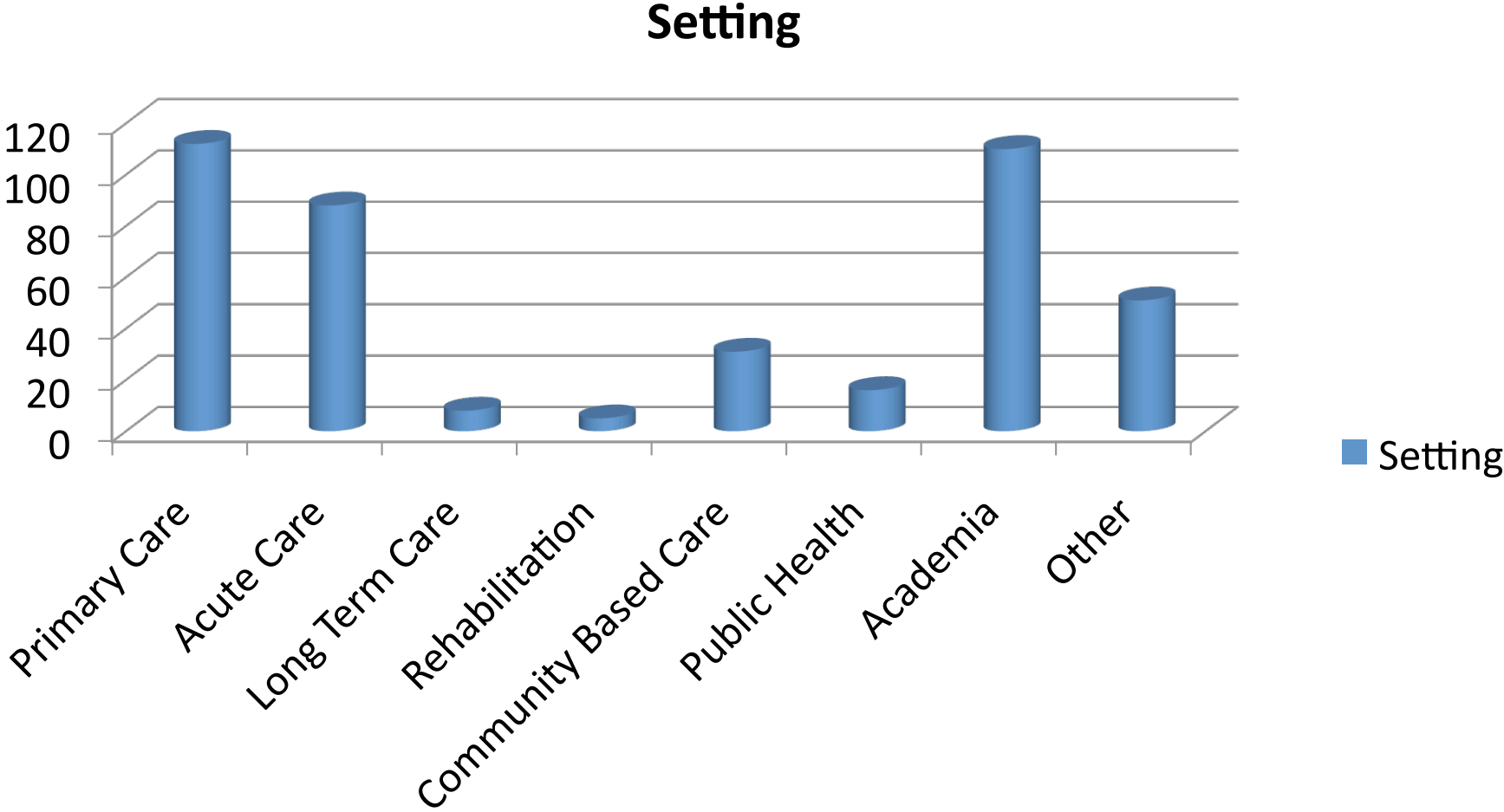
Practice Foci

Practice Setting

DNP Outcomes Survey (N=292)

❑ *AACN Essential 1* - Scientific underpinning of practice

- No question was geared toward this essential
- No individuals commented on future suggestion for inclusion on future questionnaire
- Thoughts regarding the DNP-- more practice _____
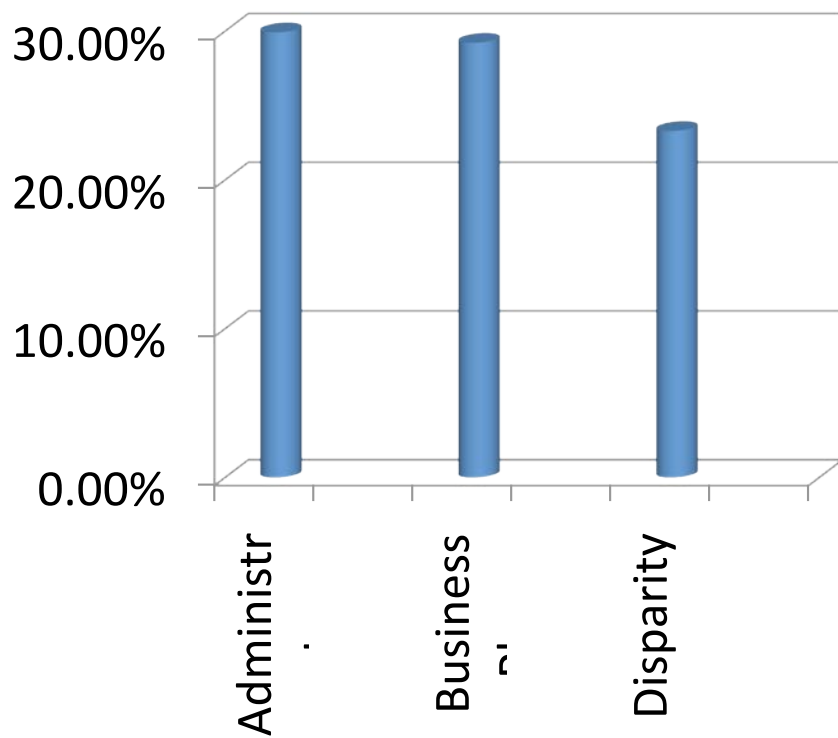
DNP Outcomes Survey (N=292)

❑ _AACN Essential 2_ - Organizational and system leadership for quality improvement and systems thinking

Since obtaining the DNP degree, respondents indicated they:

- function as an administrator within their practice
  (284 responses: n=85/29.93%)
- develop, implement/evaluate business plans r/t practice
  (284 responses: n=83/29.23%)
- Have initiated a program to address disparities within my practice

  (283 responses: n=66/23.3%)
- have a leadership role in a specialty nursing organization
  (235 responses: n=47/20%)
- have a leadership role in a national nursing organization
  (235 responses: n=37/15.74%)
- have a leadership role in a state nursing organization
  (235 responses: n=46/19.57%)
- are currently involved in, or have initiated a nation-wide policy change
  (235 responses: n=24/10.21%)
- are currently involved in, or have initiated a state-wide policy change
  (235 responses: n=67/28.51%)

Utilization of Leadership Competencies

Practice

Leadership Roles
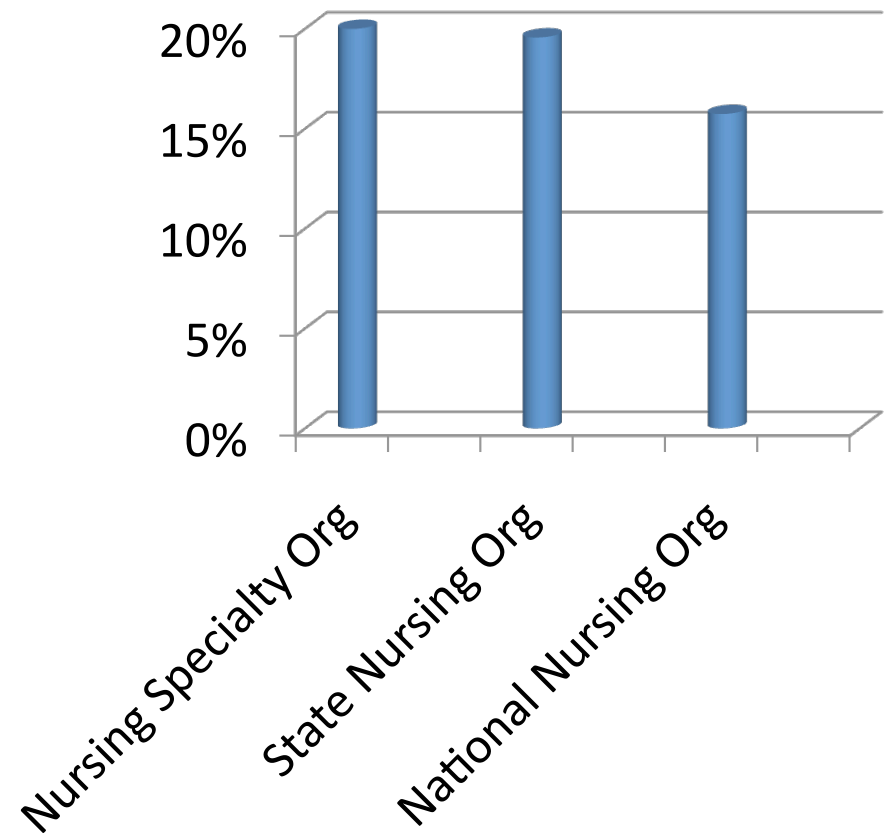
DNP Outcomes Survey (N=292)

❑ *AACN Essential 3* - Clinical scholarship and analytical methods for EBP

Since completing the DNP degree, respondents indicated they:

- utilize EBP skills more
  (283, responses: n=244/86.2%)

- translate and disseminate relevant research into practice
  (284 responses: n=213/75%)

- utilize EBP skills to develop/translate practice guidelines   (283 responses: n=198/70%)

- are able to translate research to identify gaps in their practice
  (N=283 responses: n=189/66.8%)

- actively translate EBP skills outside of their practice setting
  (N=283 responses: n=128/45.2%)

Utilization of EBP
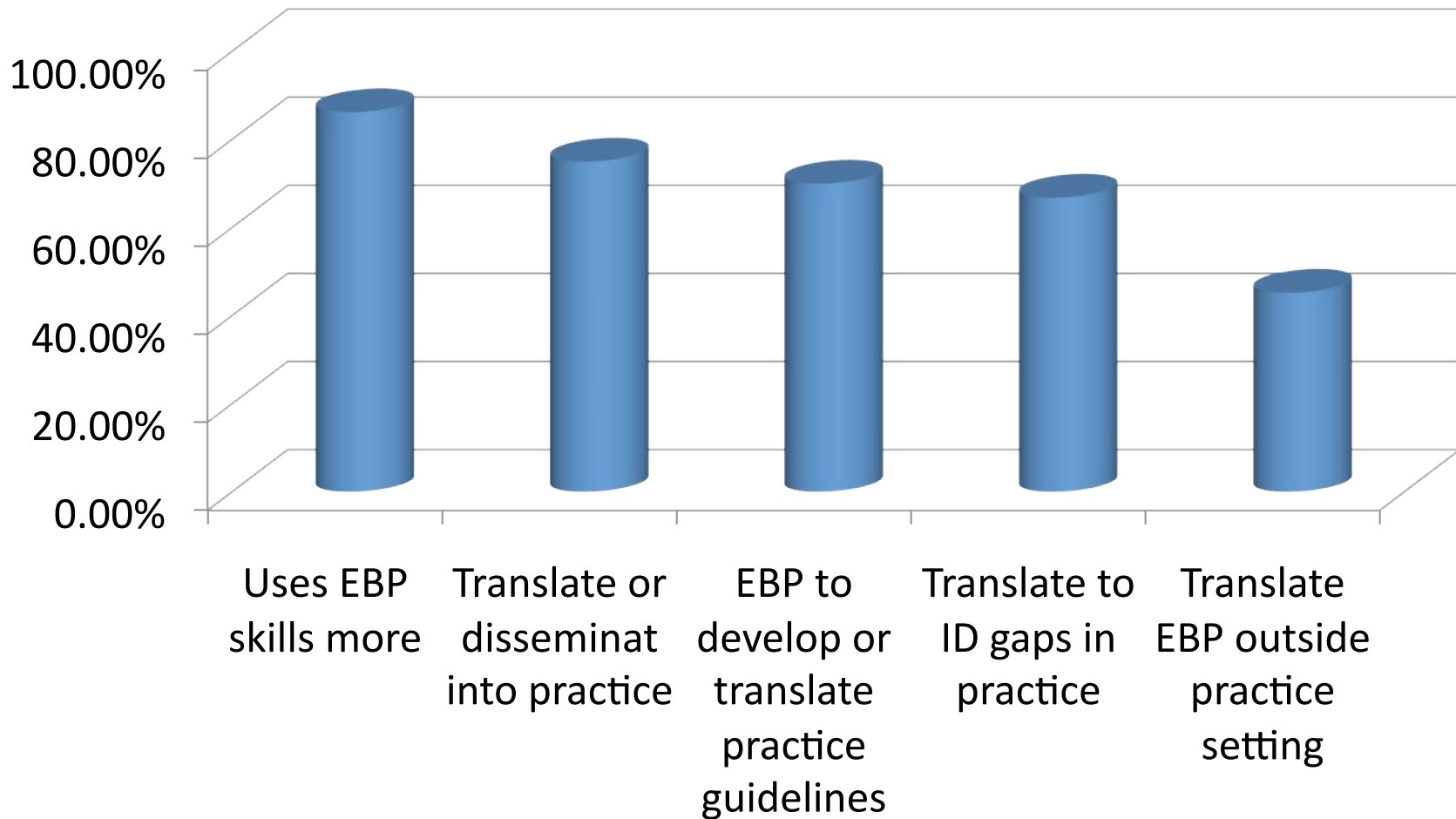
DNP Outcomes Survey (N=292)

❑ _AACN Essential 4_ - Information systems/technology and patient care technology for the improvement and transformation of health care

Since completing the DNP degree, respondents indicated they:

- develop, implement/evaluate information systems
(284 responses: n=68/23.9%)

- utilized available technology to promote a change in practice (283 responses: n=148/52.3%)

# Utilization of Information Systems Competencies
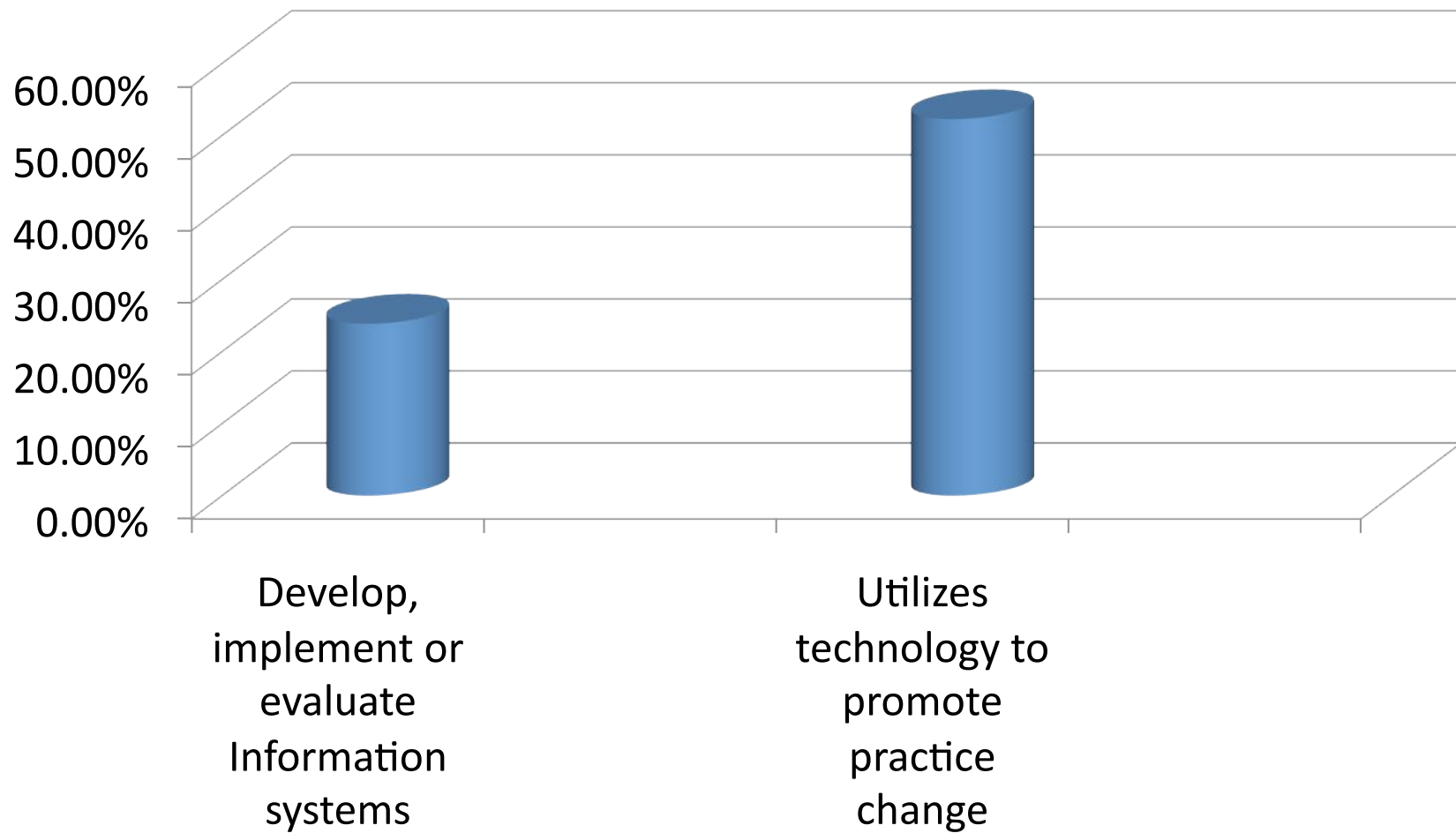
DNP Outcomes Survey (N=292)

❑ *<u>AACN Essential 5</u>* - Health care policy for advocacy in health care

Since completing the DNP degree, respondents indicated they:

- are actively involved in health policy issues related to their practice
  (284 responses: n=119/41.9%)
- initiated a program addressing health disparities within their practice setting
  (283 responses: n=66/23.3%)
- are an active member in a specialty nursing organization
  (235 responses: n=125/53.2%)
- are an active member in a national nursing organization
  (235 responses: n=175/74.5%)
- are currently involved in, or have initiated a nation-wide policy change
  (235 responses: n=24/10.21%)
- are an active member in a state nursing organization
  (235 responses: n=131/55.7%)
- are currently involved in, or have initiated a state-wide policy change
  (235 responses: n=67/28.51%)
- Are currently involved in or have initiated a policy change outside of the U.S.
 (235 responses: n=4/1.7%)

DNP outcomes survey

Health Policy
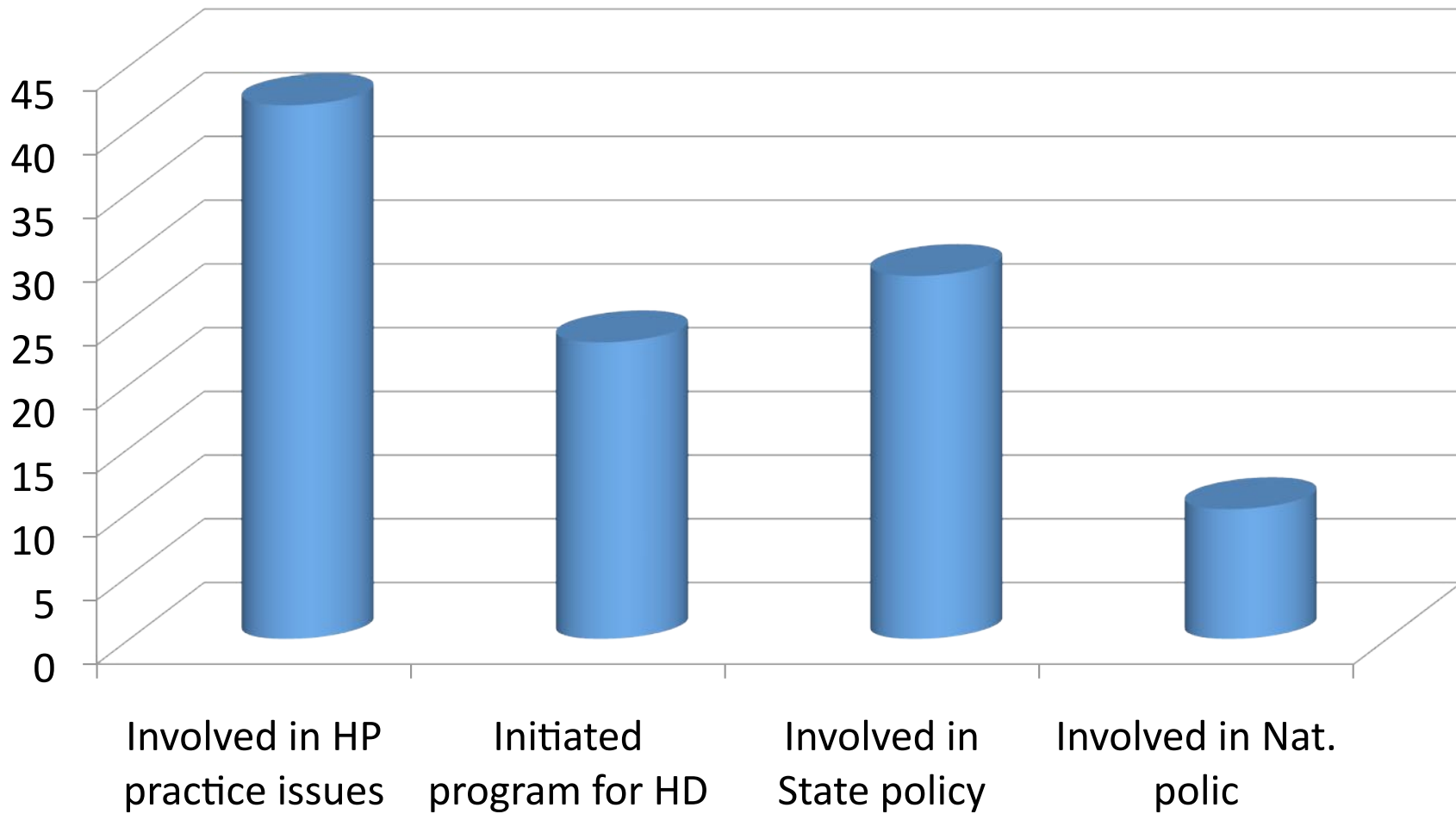
DNP Outcomes Survey (N=292)

❑ *AACN Essential 6* - Inter-professional collaboration for improving patient and population health outcomes
Since completing the DNP degree, respondents indicated they:

- ▪ lead and participate in an interdisciplinary collaborative team
  (284 responses: n=170/59.9%)
- ▪ are able to implement practice changes that affect their patients
  (283 responses: n=188/66.4%)
- ▪ actively participate in interprofessional activities to promote practice change
  (283 responses: n=172/60.8%)
- ▪ pursued/pursuing a practice change initiative
  (283 responses: n=155/54.8%)
- ▪ have a leadership role in a specialty nursing organization
  (235 responses: n=47/20%)
- ▪ have a leadership role in a national nursing organization
  (235 responses: n=37/15.74%)
- ▪ have a leadership role in a state nursing organization
  (235 responses: n=46/19.57%)
- ▪ are currently involved in, or have initiated a nation-wide policy change
  (235 responses: n=24/10.21%)
- ▪ are currently involved in, or have initiated a state-wide policy change
  (235 responses: n=67/28.51%)

Utilization of Inter-professional Collaboration
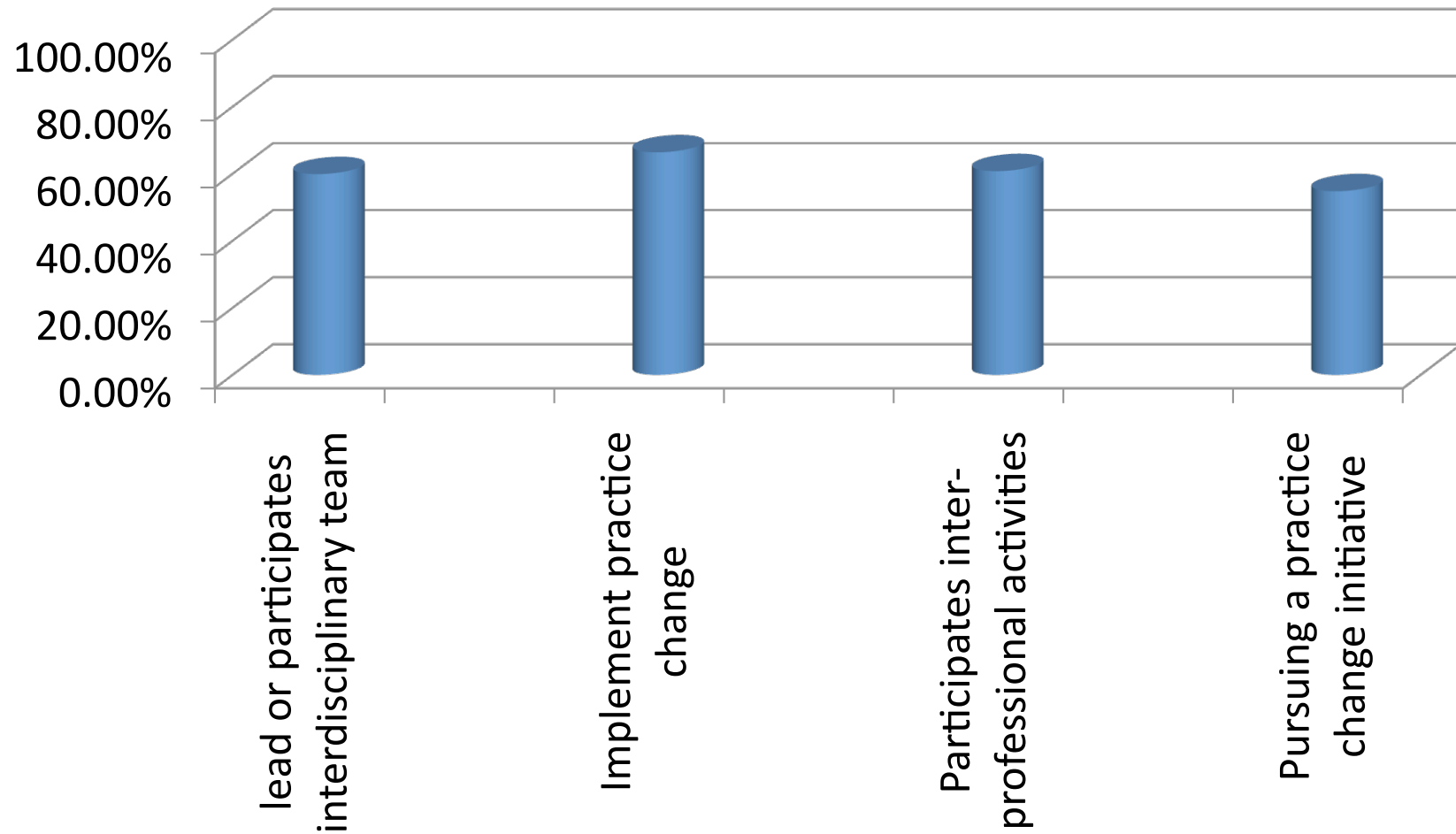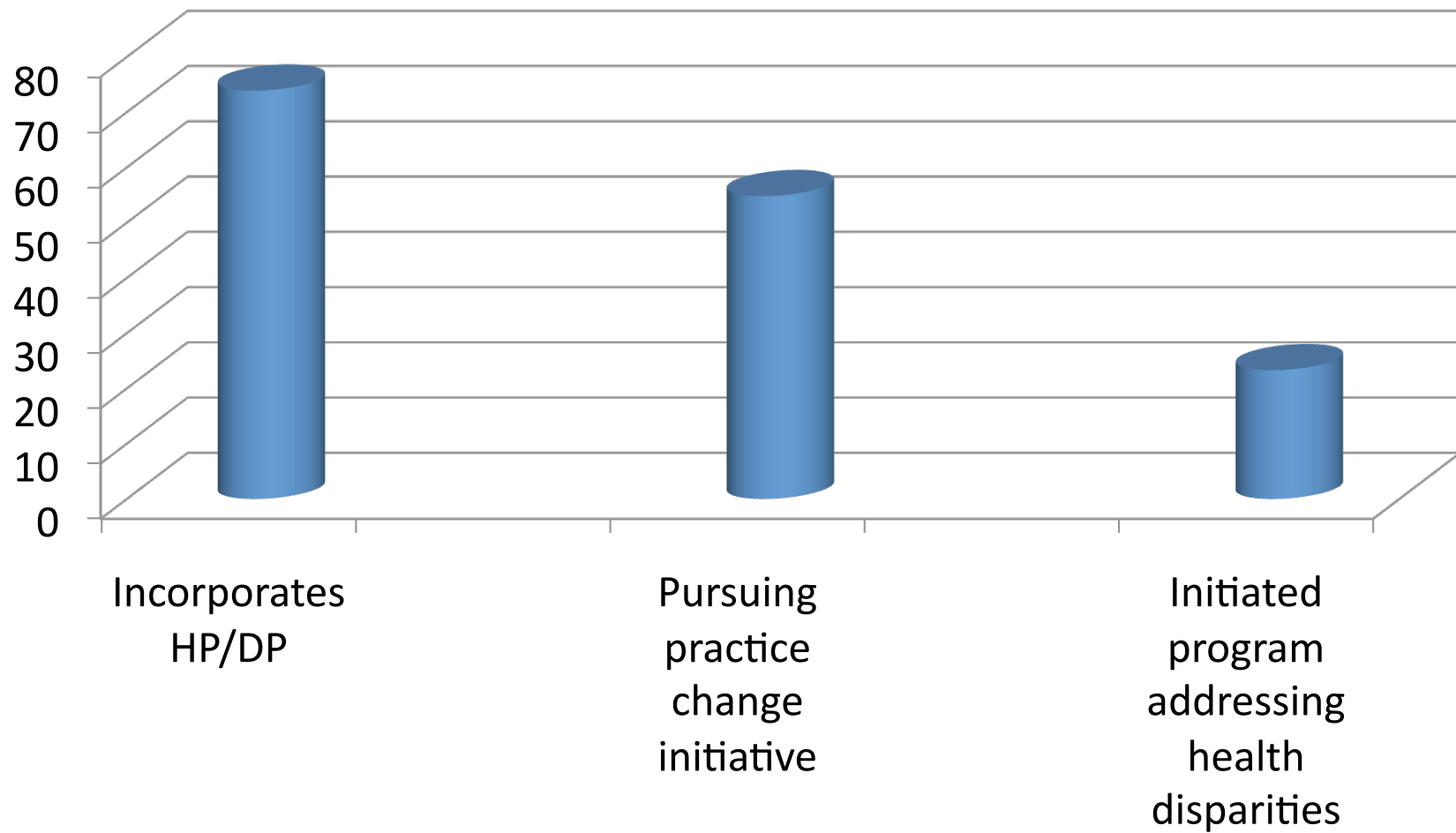

DNP outcomes survey

DNP Outcomes Survey (N=292)

❑ *AACN Essential 7* - Clinical prevention and population health for improving the nation's health

Since completing the DNP degree, respondents indicated they:

- incorporate health promotion and disease prevention
(284 responses: n=210/73.9%)
- pursued/pursuing a practice change initiative
(283 responses: n=155/54.8%)
- initiated a program addressing health disparities within their practice setting
(283 responses: n=66/23.3%)
- are currently involved in or have initiated a policy change outside of the U.S.
(235 responses: n=4/1.7%)
- are more aware of the impact of culture in their practice setting
(283 responses: n=165/58.3%)
- utilize their understanding of cultural differences to guide practice interventions
(283 responses: n=156/55.1%)

Clinical Prevention and Population Health
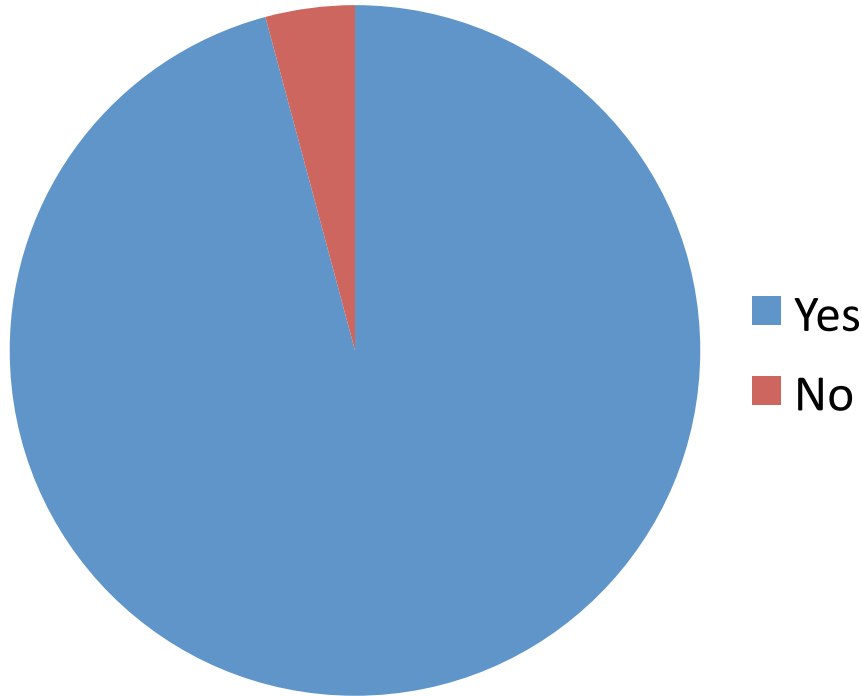
DNP Outcomes Survey (N=292)

❑ *AACN Essential 8* - Advanced nursing practice

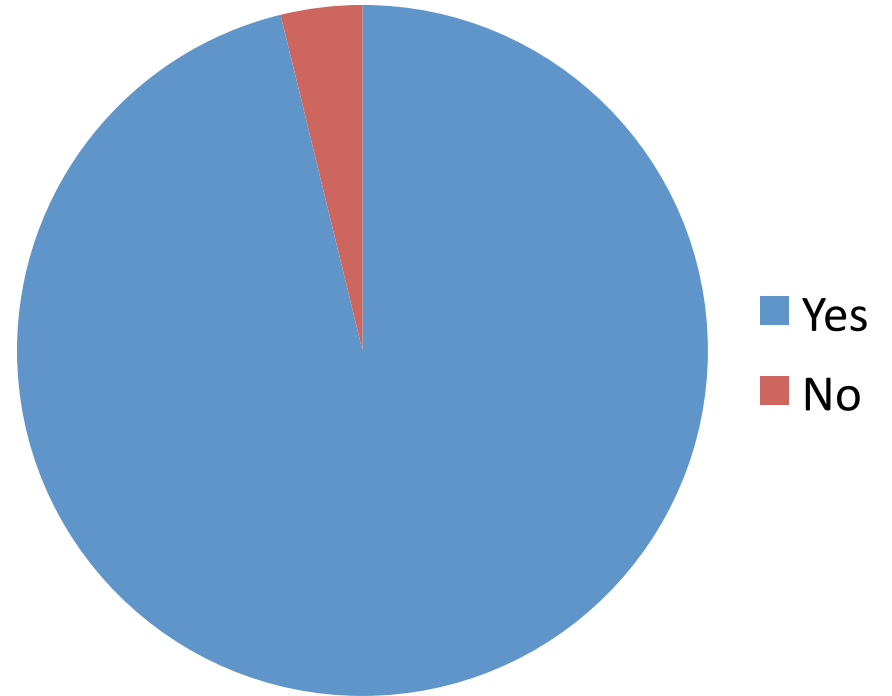*Since completing the DNP degree, respondents indicated they:*

- develop, implement/evaluate practice initiatives
  (283 responses: n=175/61.6%)

- have increased the scope of their practice
  (284 responses: n=144/50.9%)

- Function to the fullest capacity for my role
  (284 responses: n=174/61.3%)

Preparedness

Advanced Doctoral Practice

- Yes
- No

AACN Essentials

- Yes
- No

DNP Outcomes Survey (N=292)

- ❑ Open-ended Question One: Thoughts about earning your DNP
  - ▪ 179 respondents yielded 23 thoughts with 6 themes emerging
    - ○ The Degree (n=38)
      - ➢ Devalued-academia=10,practice=9; misunderstanding=9; empowerment =4; lack of respect=4; dissapointed=1; frustrated=1
    - ○ Role Changes (n=39)
      - ➢ Change agent=11; leadership role=9; academic role=17; practice=2
    - ○ Confidence in competency (n=97)
      - ➢ Evidence based practice=27; leadership=15; practice=14; scholarship 14; policy 10; teaching=9; collaboration=4; global perspective=4
    - ○ Educational programs (n=16)
      - ➢ Disparity in salary=8; lack of clinical practice application=6; faculty not DNP=1; program variation=1
    - ○ Opportunities (n=15)
    - ○ Personal Satisfaction (n=16)

DNP Outcomes Survey (N=292)

❑ <u>Open-ended Question Two</u>: Recommendations for survey questions to help identify outcomes of the DNP degree?

- ■ 81 respondents yielded 57 suggestions with 6 themes emerging:
    1. <u>Role</u> (n=35)

       Role Change=13; Value of Role by others=7; Educator=5; Acceptance/Perception of Role=4; Collegial Equivalence=4; Role Utilization=1; Role Influence=1

    2. <u>Education</u> (n=11)

       Practice Partnership=1; Clinical Hours-1; Satisfaction with education=2; Capstone Project-1; Financial support=1; Terminal Degree=1; Publication=1; Clinical Skills=1; Regret of education=1; Post=doctoral study=1

    3. <u>Practice</u> (n=5)

       Years in Practice prior to degree=1; Future Practice=1; Advanced Certification=3

    4. <u>Opportunity</u> (n=3)

       Career Opportunity=2; Salary=1; Tenure=1

    5. <u>Barriers</u> (n=2)

       Empowerment=1; DNP Role=1

    6. <u>Sacrifice</u> (n=1)

       Professional

DNP outcomes survey