Entry into Advanced Practice Nursing: The Practice Doctorate

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Contextual analysis of issue

The nursing profession has had a long history of developing programs that were expected to “fill the need for practice doctorate” (Fulton & Lyon, 2005, p. 1). Many different doctorate programs for the nursing profession had evolved since the 1970s such as the Doctor of Nursing Science (DNS or DNSc) degree, and the Doctor of Science in Nursing (DSN) degree, the Doctor of Education (EdD) degree, and the Nursing Doctorate (ND) degree. The DNS was offered in many schools because there were limited numbers of faculty that held PhDs. University administrators did not want to offer nurses the ability to study for such prestigious degrees. At the same time, they were able to offer a substitute professional degree such as the DNS. Eventually, schools were able to prepare enough doctorate faculty, and when they were able to prove that faculty had the appropriate “research program trajectory” (Meleis & Dracup, p. 1), schools filed applications to grant PhD degrees to nurses (Meleis & Dracup, 2007).

The research focused PhD does not meet the need for a clinical practice focused doctorate. The doctorate of nursing science (DNS/DNSc/DSN) and education (EdD) had intended to meet the needs for advanced clinical practice and education, but these degrees have shown to be similar to the “research-intensive PhD program” (Marion et al., 2003, p. 2). The Nursing Doctorate (ND) does have clinical practice goals but the few programs available are varied. They have not produced the number of graduates needed (Marion et al., 2003).

In 2002, the National Organization of Nurse Practitioner Faculties (NONPF) and the American Association of Colleges of Nursing (AACN) met to discuss and examine the quality of practice focused doctorate programs. The task force was recognizing the differences between the
research-focused and practice-focused doctoral degrees with the goal to improve those practice focused programs. In 2004 the AACN released a land-mark position statement that the Doctorate of Nursing Practice (DNP), a practice-based program, should be the terminal degree for Advanced Practice Nurse (APN) education by the year 2015 (American Association of Colleges of Nursing [AACN], 2004).

There are many sociopolitical factors that contribute to the need for advanced practitioners to increase their knowledge and skill levels. Those factors include an ever growing elderly population who are exceeding life expectancy, increased chronic illness, and the demand for high quality cost-effective health care. Physicians continue to specialize in medicine and fewer are choosing family practice. There is an increased need for other types of “fully accountable primary care providers to meet the needs” of the health care consumer (O’Sullivan, Carter, Marion, Pohl, & Werner, 2005).

Social, educational, and health care movements are all pushing a higher level of nursing practice and a renewed interest in the practice doctorate. These trends will require effective nursing care and high levels of satisfaction (O’Sullivan et al., 2005).

The current information age has created a vast potential for dramatic health care improvements . . . most other health care professions have expanded their master degree programs to practice doctorates (e.g., public health, pharmacy, psychology, physical therapy) in response to the increasing need for knowledge and skills (O’Sullivan et al., 2005).

The current master’s level nursing programs are already exceeding the usual credit load required for a typical master’s degree. This has created concerns “that professional nurse graduates are not receiving the appropriate degree for a very complex and demanding academic
Entry into Advanced experience” (AACN, 2004). There are also concerns that master’s degree advanced practice nurses do not have “parity” (National Association of Neonatal Nurses [NANN], p. 2) with other disciplines and the practice doctorate would put nursing on an even playing field with other disciplines who already have established practice doctorates (NANN, 2008).

Theoretical or researched-based analysis of the issue

The National Organization of Nurse Practitioner Faculties (NONPF) is the organization that provides leadership in promoting nurse practitioner (NP) education. In 1990, NONPF published a set of domains and core competencies for primary care NPs. The competencies were based on Patricia Benner’s (1984) domains of expert care nursing. She “described domains and competencies for advanced nursing practice” (National Organization of Nurse Practitioner Faculties [NONPF], 2002, p. 2). The competencies were also adapted from the work of Karen Bryckzynski (1989) “who explored the clinical practice of nurse practitioners” (NONPF, p. 2). There are seven domains and within each domain are 75 specific competencies (Hamric, Spross, & Hanson, 2009). NONPF supports the practice doctorate and the DNP title for preparation of NPs. In support of the practice doctorate, they have identified nine additional “competency areas” for the DNP graduate (National Organization of Nurse Practitioner Faculties [NONPF], 2006).

In 2004, NONPF released four curriculum models. The models they suggest follow the theoretical basis of Benner’s novice to expert concepts. Each model has the same level of competencies starting with a pre-professional level moving into basic nursing, clinical leader, nurse specialist and finally to the doctoral competencies (National Organization of Nurse Practitioner Faculties [NONPF], 2004).

Review of Related Research and Literature
There is a great deal of controversy about the proposed DNP. Many organizations are supporters of the idea while many currently practicing advance practice nurses do not believe the DNP will solve the problems but possibly create more conflict within the profession.

**Issue’s impact on the moral commitment to the public**

Silva and Ludwick (March 20, 2006) refer to Nursing’s Social Policy Statement, published by the American Nurses Association, noting that there is a contract between society and nursing that grants nursing the authority to practice in return for nursing’s commitment to society in relation to health and public good. It is their perspective that significant changes in nursing, such as the DNP, affect not only nursing but also the society as a whole, and we have a social responsibility to consider how the proposed DNP changes affect the “greater good of society” (Silva & Ludwick, 2006 p. 1). The AACN’s 2004 proposal is focused on definitions of advance practice nursing and other requirements including curriculum for the DNP. Social considerations would include the recipients of the nursing care being proposed. The DNP proposal does not seem to be grounded in nursing’s social policy (Silva & Ludwick, 2006).

The National Association of Clinical Nurse Specialists has pointed out that “there are no studies to show that doctorally-prepared advanced practice nurses have better outcomes than masters-prepared advanced practice nurses” (National Association of Clinical Nurse Specialists [NACNS], April 2005, p. 2). They question how the DNP will contribute to patient safety and if the DNP nurse will be cost effective and affordable.

**Issue’s impact on education (nursing and public)**

There seems to be an on-going problem with nursing shortages. There are not enough nurses to give direct care to patient populations. This problem is further magnified by the shortage of nurse educators to teach all the different levels of nursing (Chase & Pruitt, 2006).
It will be challenging for colleges and universities to implement the doctorate programs and phase out the master’s nursing programs by 2015. Financial resources and state support is needed for this to be successful. It will also be challenging to the colleges and universities to expand doctorate programs while nursing faculty shortages are already felt (Cartwright & Reed, 2005).

“Nursing has learned over decades that having multiple pathways to the same title (RN) has led to confusion” (Chase & Pruitt, 2006, p. 159). The DNP will create even more confusion as the public has already recognized the titles of the nurse practitioner, nurse midwife, and nurse anesthetist. They have already formed expectations about the quality of care they receive from these specialty nurses. As for the nursing profession, they too had already accepted the master’s level nurse as giving competent advance practice. Re-educating not only the public but within the nursing profession itself will need to take place with a new level of advanced practice (Chase & Pruitt, 2006).

It is suggested that most master’s degree programs require 30 semester hours for graduation and the current master’s of science in nursing (MSN) programs are requiring approximately 45-50 credits for graduation. The DNP would require approximately 80-100 post-baccalaureate credits (Chase & Pruitt, 2006). AACN has been concerned that advance practice nurses have not been given proper credentials for their education. They believe the master’s degree is not sufficient for the credits earned, thus they believe the DNP would be the solution to this issue (American Association of Colleges of Nursing [AACN], October 2006).

The cost of attaining a DNP is also under scrutiny. Questions are rising as to whether the DNP is affordable to the students and would this further contribute to the shortage of nurse
specialties? It has been suggested that the tuition costs of attending such a program could run as high as $80,000 to $100,000 (Chase & Pruitt, 2006).

**Issue’s impact on advanced practice/including legal-regulatory dimensions**

Advanced practice nurses together have fought the legislative battles to gain autonomy and prescriptive authority (Chase & Pruitt, 2006). The issue of the DNP on the scope of nursing practice has become a concern with the 2004 AACN position that all advanced practice education consist of the doctorate by 2015. It has become a concern because making the change from the master’s to the doctoral degree means there must be a change in the scope of practice in order to show the difference in care provided by the DNP versus the care delivered by current advanced practice nurses. It is not clear how the state boards of nursing will credential the DNP program or how they will monitor scope of practice (Chase & Pruitt, 2006). There are risks involved in opening up practice acts to change languages to include the DNP. Opening the practice acts invites the attention of stakeholders who may want to change components of acts as well as prevent the changes needed to include the DNP. Many states vary on the regulations of the advanced practice nurse and current nurse practice acts. There is no insight as to how the different states will regulate the DNP.

Another issue to be considered is the grandfathering of current MSN advanced practice nurses. These current MSN advanced practitioners provide essential services to the current health care needs and the patients they treat. New advance practice nurses need direction and guidance from the current MSN prepared specialists (Fulton & Lyon, 2005).

**Recommendations for issue resolution**

*Oriented to APN practice role/setting*
Silva & Ludwick recommend, from an ethical standpoint, “that increased thought be given to the recipients of nursing care and the social responsibility due them by the DNP nurses” (Silva & Ludwick, p. 2). They also recommend that further purposeful data be gathered and used while the DNP is being created and implemented.

Colleges and universities are going to have to take a close look at the financial feasibility of such doctorate programs and decide if they are going to offer one or both types of nursing doctorates. It will be important to educate the public about the DNP and explain that the change is being made to further improve quality care and to assure that advance practice nurses have the high education and preparation needed to care for the patients they treat (Cartwright & Reed, 2005).

Grandfathering of current advanced practice nurses needs to be addressed. There needs to be assurance that these nurses can continue to practice without further education (Fulton & Lyon, 2005).

Oriented to APN practice dimensions

Issues related to competencies and domains of practice are continuing to be addressed and reviewed by the AACN and NONPF. NONPF has developed competencies for the DNP and AACN task forces need to continue to develop guidelines for institutions, licensing and accrediting bodies (Lenz, 2005). The recommendations that continue to ring through the literature are focusing on the need for more dialogue. More collegial communication is needed to discuss the many issues that the DNP creates. Expanding conversation on the issues and including many stakeholders and the nurse practitioner community is needed (Fulton & Lyon, 2005).
Conclusion/Summary statement

There is much work to be done to fulfill the vision for the DNP. This author does believe that the DNP will raise the bar in nursing and help achieve parity with other disciplines, but the goal of 2015 is premature. It seems the issues that are brought out in the literature leave the reader hanging with more questions about the need for the DNP, the timing of the DNP, and the education and faculty requirements for the DNP, not to mention how the DNP will be licensed and credentialed (Glazer, 2005). It seems more time and evaluation are needed to determine if the DNP should indeed be the entry level into advanced practice nursing by 2015 (Chase & Pruitt, 2006).
References


