

Community/Public Health Nursing Practice Leaders Views of the Doctorate of Nursing Practice

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Background

- Rationale for advancing specialty education to the practice doctorate
 - Increasing complexity of care
 - Expanded knowledge base/competencies for advanced practice roles
 - Increasing credit hours for Master's programs
 - Parity with other health professionals
 - Assist with faculty shortage
- Rapid proliferation of DNP Programs

Practice Doctorate

- Graduates:
 - Independent practitioners with advanced knowledge/skills in various APN specialties
 - Enhanced ability to effect change in complex healthcare systems
 - Advanced practice preparation, “including but not limited to four current APN roles” (AACN, 2004)
- Scope of advanced nursing practice (AACN,2006)
 - “any form of nursing intervention that influences health outcomes for individuals or populations”

DNP Essentials

- 8 essentials modeled after Master's
- Advanced nursing practice (Essential 8)
 - APN Focus
 - Direct care of individuals and families
 - Required courses
 - Aggregate/Systems/Organizational Focus
 - Administrative, Healthcare Policy, Informatics, Population-based specialties
 - No direct care
 - Specialty focused competencies determined by specialty organizations

C/PHN Specialties Input

- Lack of inclusion of C/PHN specialties before Position Statement approved 10/04
- Little C/PHN organizational presence at stakeholder meetings in 2005
- Literature: scant discussion of Aggregate/ Systems/Organizational focus
- While few nurses with C/PHN doctoral degree focus, unclear if educational needs of population focused practice represented

Purpose

- Obtain practice leaders opinions about DNP in meeting educational needs of the C/PHN workforce:
 - Overall perspective of degree
 - Essential knowledge and skills required in DNP
 - Match with skill set needed by advanced practice nurse in C/PHN specialties
- Critical as alternative degrees available

Methods

- Sample: 9 nurse leaders in population focused and community-oriented nursing specialties
 - 2 occupational health
 - 2 school nursing
 - 3 public health
 - 1 home health
 - 1 hospice
- Interview process
- Transcript review and validation steps

Themes

- Role of APN in specialty
- Educational background for APNs
- View of DNP Essentials
- Role for DNP in specialty
- Awareness of DNP in specialty
- Benefits and challenges to DNP in specialty
- Other comments

Role of APN in Specialty

- APN as direct care providers
- APNs as licensed and credentialed
- Often MS prepared
- Administrators and program managers not seen as APNs (est. 1/3 public health officers are PHNs)

Role of APN in Specialty

- MS prepared people, not APNs, usually in leadership/management roles
- No consensus on CNS as APN role
- School nurses often MS prepared, function in direct care, but not considered APNs

- MS degree not equated with APN
- Variety of MS degrees in specialties
 - MSN in public health
 - MSN in school health
 - MPH
 - MBA
 - MS in other disciplines
 - DrPH

View of DNP Essentials

- Overall content appropriate
- Missing specialty content
- Emphasized need for
 - Policy
 - Outcomes management
 - Organizational analysis
 - Systems/QI

View of DNP Essentials

- Lack of content on interdisciplinary teams/collaboration
- What person can do (skill set) for organizational goals (outcomes) is more critical than particular degree

Awareness of DNP in Specialty

- Specialties had little awareness of DNP
- Several interviewees knew about DNP through participation in national meetings

Benefits to DNP in Specialty

- No particular advantage to degree
- Skill set useful
- In school settings, salary increases attached to doctorate; educational parity with other professionals useful

Challenges to DNP in Specialty

- No pay differential for doctorate (except in school setting)
- Little incentive to return to school (tuition reimbursement)
- What is valued added to this over DrPH?

Other Issues

- Too much focus on top level of practice and not enough attention to entry into practice
- Disconnect between practice and academia
- APN outcomes are currently good-why revise educational programs
- What happens to MS specialty programs?
- Who defines specialties?
- School nurses saw their role as shifting from population based to direct care

Discussion

- In the specialties discussed here, not ready to focus on DNP
 - Not a priority issue
 - Strengthen bridge between academic and practice to help refine knowledge and skill sets
 - Further research on “value added” of DNP to practice/system outcomes

Discussion

- Implications for creating “silos of practice”
 - Is CNS role for population based specialties?
 - Education for practices that cross specialties
- Re-examine themes/commonalities across C/PHN specialties

- Nursing education to meet needs of the public's health
 - Increasing complexity of health care needs across settings
 - Direct care APN skills have role, but limitations
 - Need for advanced practice in direct care roles without medical diagnosis and treatment skills
 - APPHN
 - Case management
 - Policy
 - QI