On October 23, 2004, The American Association of Colleges of Nursing (AACN) announced a new position statement recommending the Doctor of Nursing Practice (DNP) as the terminal degree for advanced nursing practitioners (http://www.aacn.nche.edu). This policy decision has implications for global nursing as well as US nurses. The case for using the DNP as a model for international nurse education is made in two important ways. First, nurses are flowing across the globe in response to the worldwide nursing shortage, and practicing internationally in large numbers. ‘Although hospitals have experienced many shortages of registered nurses (RNs), most have not lasted as long as the current shortage, which began in 1998. [However, hospital RNs’ employment and earnings increased sharply in 2002, which suggests that the shortage may be easing]. Two-thirds of the increase in employment came from older RNs, with the remainder supplied by RNs born in other countries. The employment response of older and foreign-born RNs indicates how the labor market is likely to respond to future shortages, and it emphasizes the challenges confronting policymakers as the RN workforce ages and eventually shrinks in size’ (Millwood, 2003). With older and foreign-born RNs making up the shortage of nurses in the USA, and elsewhere, the easing of the shortage of nurses will be short-term. The movement of nurses around the globe will increase, and many more nurses will be practicing internationally.

Second, the level of nurse education does make a difference. Research addressing links between nursing education and patient mortality rates is reported in an article published in the Journal of the American Medical Association (Aiken et al., 2003). This scientifically rigorous study clearly demonstrates a significant association between educational levels of hospital nurses and variation in mortality; patients experienced significantly lower mortality and failure to rescue rates in hospitals where more highly educated nurses were providing direct patient care. As an international advanced practice nurse who has contributed to advanced practice nursing curriculums over the last two decades in the USA, China and Japan, my experience has shown that when developing Master degree curriculums for advanced practice nursing anywhere in the world, the same problems predominate. There are critical problems associated with crowded curriculum and the difficulty of finding adequate clinical hours for the APN role in a 2-year Master’s curriculum. Everywhere I have been in the last 20 years I find an enthusiastic and high level of interest both in advanced practice nursing and in international nursing, and a corresponding skepticism regarding curriculum content and clinical hours. It is important that nurses demonstrate to their governments and citizens that the clinical skills and acumen of nurses will provide much greater access to quality care and at a significantly reduced cost.

Making the case for the advanced practice role will be greatly facilitated by having a terminal degree (DNP) that corresponds with the terminal degree for most professionals, as well as credible and legitimizing course content and an appropriate number of clinical hours. Whenever the role is introduced properly to prospective students, health policy decision makers, patients and governments, I have found immediate interest and hope.

A review of the current literature on nurse education globally indicates that nurse educators and leaders have made great strides in developing curriculum that reflects international standards and credentials. Although governments may endorse the role of advanced practice nurses early, it falls to nurse leaders to educate healthcare professionals and consumers as to how and what APNs can deliver in each particular healthcare system. Opportunities to educate these diverse constituencies must be created. In countries where nurse educators are developing the role of APN, they have often not proceeded to the more difficult task of selling it to those within the healthcare hierarchy and to health policy decision makers. Upon graduation from university, nurses often confront outmoded, hierarchical healthcare systems that do not allow nurses to make decisions regarding their practice role, but continue to insist they practice nursing how it was practiced during decades long gone, even when it wastes nurse talent and expertise, and valuable, swiftly diminishing resources. As the role of APN is developed...
throughout the world, these political and policy issues must be addressed.

Many countries are already moving ahead with impressive programs to educate APNs and are effecting change in the cultures of health care delivery systems in their respective countries. I quote from the Pew Commission’s study on the health professions in the USA, with a recommendation written prior to the AACN decision on DNP as the terminal degree, but which is prescient enough to apply to that decision as well as to our present, international cohort of nurses:

Reorient advanced practice nursing education programs to prepare APNs for the changing situations and settings in which they are likely to practice . . . Prepare APNs to translate a core set of skills across institutions and settings, managing persons with health care problems regardless of their location (O’Neil, 1998).

This is a very useful perspective when creating programs and curricula educating nurses for an international advanced practice role. Adopting the DNP as the terminal degree will enhance our ability to persuade decision makers regarding the legitimate and needed role of APNs internationally.

For these reasons I applaud and support the AACN’s decision to effect this policy change over the next 10 years. I urge the international community to consider whether this will promote nursing in their respective countries. The advanced practice nurse brings a high level of clinical, cultural and policy expertise that is the bedrock of modern nursing practice. Nurses everywhere have the same desire; to produce clinically competent nurses who can advance their role, not only with clinical expertise, but also with policy and leadership expertise found in APN programs that will be enhanced by the proposed curricula for the DNP. In order to firmly establish nurses in their many modern roles, the advanced practice nurse with a DNP as envisioned by the AACN’S new policy, will provide a powerful and legitimizing force for enlarging the practice and possibilities of nurses everywhere.

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REFERENCES

