The success of the doctor of nursing practice (DNP) programs has exceeded everyone's expectations and resulted in increased interest in doctoral education in nursing. A shortage of doctorally prepared nurse educators continues to plague the profession and has a severe impact on the ability of schools of nursing to educate future generations of nurses. As a terminal degree in nursing practice, there is little focus on DNP graduates who are prepared as educators. To remedy this deficit, this article will therefore discuss and highlight (a) the significant potential of the DNP to combat the current nursing faculty shortage and to close the practice-education gap, (b) the specialized role of DNP graduates as educators and leaders in nursing education, and (c) the implications of the DNP for nursing scholarship. (Index words: DNP, Nursing education, Nurse faculty shortage) J Prof Nurs 27:311–314, 2011. © 2011 Elsevier Inc. All rights reserved.

The Faculties Nurse Shortage

A decade ago many nurse leaders warned that the thinning ranks of nursing educators caused by the retirement of the baby boomer generation and an inadequate replacement pipeline of younger nurses who were opting for more lucrative careers in nursing service or as nurse practitioners would be unable to fill the increasing demand for nurses to serve the health care needs of an aging population (Brendtro & Hegge, 2000). Data from both the National League for Nursing (NLN) and the American Association of Colleges of Nursing (AACN, 2005) paint a dismal picture of the current faculty staffing crisis. The NLN (2007) reported 1,900 vacant full-time faculty positions in 2007 that affected 36% of reporting schools.
Among the reporting schools, almost 80% found recruitment of faculty holding a master's degree either “difficult” or “very difficult” (NLN, 2007). By 2008, the faculty vacancy rate was creeping up toward 10% (Allan & Aldebron, 2008). However, by 2009, the nurse faculty vacancy rate had decreased to 6%, no doubt a reaction to the economic recession that postponed the retirements of many nurse faculty effectively offering a temporary partial reprieve (AACN, 2009). According to the 2009–2010 AACN Special Survey on Vacant Faculty Positions, almost 56% of nursing school survey respondents reported faculty positions left unfilled (Fang & Tracy, 2009).

The current nurse faculty shortage is compounded by a shortfall of doctorally prepared nursing faculty. Data from 2004 indicated that less than 1% of nurses (26,100) were educated at the doctoral level (Potempa, Redman, & Landstrom, 2009). In 2001, only half of full-time nurse faculty in schools of nursing with baccalaureate and graduate programs had doctoral degrees (Berlin & Sechrist, 2002). The situation for associate degree and diploma nurse faculty is even more dismal with less than 7% holding a doctoral degree (NLN, 2005). Until the recent expansion of DNP programs, the numbers of doctorally prepared nurses were stagnant with graduations from nursing doctoral programs hovering around 400 annually (Potempa et al., 2009). The number of advanced practice nurses enrolling in DNP programs is growing rapidly, from 70 in 2009 to more than 5,000 last year (AACN, 2010). Another problem is that only some of doctorally prepared nurses choose to stay in the academe. Many sought employment in nursing service lured by more competitive salaries (Fitzpatrick, 2008; Potempa et al., 2009).

The ramifications of a shortage of qualified nurse faculty have significant implications to nursing education and practice. Virtually every nursing organization has reported that qualified student applicants to schools of nursing have been turned away due in large part to the nurse faculty shortage and limited clinical sites (AACN, 2009; Potempa et al., 2009; Pullen, Mueller & Ashcraft, 2009; Rother & Lavizzo-Mourey, 2009). The NLN estimated that “75% of the current faculty population is expected to retire by 2019” (NLN, 2005), and one conservative estimate projected that between 200 and 300 doctorally prepared faculty are eligible to retire each year (Berlin & Sechrist, 2002). Nurse educators, professional organizations, policy makers, and politicians have recommended a host of creative solutions (AACN, 2009; Allan & Aldebron, 2008; Berlin & Sechrist, 2002; Foxall, Erickson Megel, Grigsby & Billings, 2009; MacIntyre, Murray, Teel & Karshmer, 2009; Potempa et al., 2009). However, given the projected numbers and the limited implementation of previously proposed solutions, the looming crisis scenario is hard to ignore. A viable solution is to recruit DNP graduates to assume faculty roles and provide opportunities for DNP students to take electives in nursing education or specialize in nursing education in DNP programs. These might just be the innovations and/or solutions that our profession needs to address the nurse faculty shortage and to significantly narrow the gap between practice and education.

### DNP and Nursing Education

DNP programs that offer education elective courses or education leadership options provide experienced master's-prepared nurses with formal preparation in educational theory, testing, evaluation, curriculum development, and a capstone educational practicum. The DNP degree with a focus on education embodies all aspects of the NLN Core Competencies for Nurse Educators (2005).

The DNP program at the Frances Payne Bolton School of Nursing at Case Western Reserve University provides an exemplar. Its educational leadership concentration option prepares master's-prepared nurses for faculty roles in clinical and academic settings. Graduates of these programs are fluent in the application of the core competencies of nurse educators and can implement evidence-based teaching practices. As part of the program requirements, students are expected to complete a teaching practicum and a research project or thesis. Consequently, these graduates are well prepared to develop, implement, and evaluate nursing curriculum based on contemporary practice standards such as the Quality and Safety Education for Nurses and the Institute of Medicine core competencies for health providers and to develop, implement, and evaluate innovative teaching strategies among others.

The most recent book by Benner, Sutphen, Leonard, and Day (2010) critically evaluated our current nursing education system and confirmed what we already know as fact: that there is a need to change how we currently prepare future nurses. The findings described in this timely publication have strongly advocated the need for nursing education and practice to come together and have called for innovative teaching and learning approaches to prepare future nurses (Benner et al., 2010). The nursing profession continues to struggle to bridge the disconnect between theory and practice, and it is now becoming very clear that we need to change the way we educate future nurses and need to look at innovative ways to continue to meet current and future health care demands. The emergence of DNP as the terminal practice doctorate does not only advance our profession but also provides our profession the opportunity to close the gap between education and practice.

The need for competent nurse educators who are prepared for the many rigors and demands of a faculty role has been well supported by both the AACN (2010) and the NLN (2005). DNP-prepared faculty have the clinical expertise and the practical and theoretical knowledge to be an excellent resource and role model to future nurses. After all, nursing is first and foremost a practice profession. Moreover, DNP-prepared faculty will enhance the credibility of the nurse educator role. DNP-prepared nursing faculty can serve as both mediators and translators between nursing education and nursing practice.
In addition, DNP-prepared nurse educators are well poised to assume leadership roles in academia. DNP-prepared nurses are contributing significantly to nursing education in academic leadership roles such as dean, director, or administrator of nursing programs and schools. Their contributions and leadership can be witnessed at small nursing programs at liberal arts colleges and schools of nursing at large research-intensive universities.

The preparation these leaders receive during their DNP education prepares them well for their role in academic leadership. The AACN DNP Essentials (2006), especially Essential II (Organizational and Systems Leadership for Quality Improvement and Systems Thinking) is especially pertinent for the leader in an academic setting. This Essential ensures that the DNP graduate is prepared with essential skills such as advanced communication and the ability to lead quality improvement initiatives. Business, finance, economic, and health policy principles are components of this Essential. In addition, this Essential encompasses administrative and leadership skills for the DNP such as understanding organizational culture, analysis of initiatives, and budgetary development.

The DNP academic administrator is fully prepared to engage in organizational evaluation and change and has a firm understanding of organizational and health systems and the capacity to be a change agent.

**DNP and Scholarship**

DNP-prepared faculty are engaged in advancing the scholarship of nursing using Boyer's Model of Scholarship. Boyer's definition of scholarship has been used with relevance and application to defining scholarship in nursing. Boyer describes four areas: (a) scholarship of discovery; (b) scholarship of teaching; (c) scholarship of practice, and (d) scholarship of integration (Boyer, 1990). As the number of DNP-prepared faculty increases, there will be a growing recognition of their contribution to the nursing profession in strengthening nursing scholarship.

The DNP expert clinician who is in the educator role is engaged in the scholarship of teaching. The DNP-prepared faculty member role models and shares his or her advanced clinical knowledge and understanding of the discipline of nursing with students. Development and evaluation of teaching methods, innovative programs, and program outcomes are also demonstrative of activities DNP faculty members conduct, which are reflective of the scholarship of teaching (AACN, 1999; Loomis, Willard, & Cohen, 2007). Moreover, Boyer (1996) envisions that the scholarship of teaching shapes both research and practice.

As a clinical expert and scholar clinician, DNP faculty members who are engaged in clinical practice as a component of their faculty position are engaged in the scholarship of application. These faculty members continue to develop clinical and professional abilities. Dissemination of clinical expertise through peer-reviewed publications or professional presentations are other examples of engagement in the scholarship of application (AACN, 1999; Loomis et al., 2007).

The generation of new knowledge, which has been traditionally used to define and measure academic scholarship, falls within the Scholarship of Discovery. The DNP-prepared faculty is generally educated with a greater emphasis on the translation of research into practice rather than the generation of new research. This information-sharing endeavor that fuels the theory–research–application cycle is an important pillar of scholarship. The DNP-prepared nurse faculty could play pivotal roles in this cyclical dynamic and could effectively partner with nurse scientists in building nursing knowledge and improving practice or take a lead role in clinical research projects (AACN, 1999; Boyer, 1990; Loomis et al., 2007). This is the type of collaboration espoused by nursing organization and nursing leaders.

The scholarship of integration describes the interdisciplinary scholarship that is engaged in by faculties. DNP faculty members can and do engage in this form of scholarship. There is no doubt that DNP's can participate in interdisciplinary work to interpret and bring new insight to original research, thereby revealing research data in a novel and more meaningful way in a new or greater context (AACN, 1999; Boyer, 1990; Loomis et al., 2007).

**Summary**

We are currently witnessing an interesting and important phase in our profession. The emergence of DNP as a terminal degree in nursing practice has given our profession the much needed ‘shot in the arm’ to reexamine our discipline. Although some view this as a negative disruption to our advancement as a discipline, there are many others who consider this as positive initiative. This article discusses the contribution of DNP-prepared educators in nursing education. As an advanced and specialized role, DNP-prepared nurse educators and leaders in nursing education would significantly contribute to the advancement of this ever-evolving profession.

**References**


