

DNP Prepared Faculty – Fact, Fiction or Something in Between

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Introduction

- The American Association of Colleges of Nursing (AACN) proposed the Doctor of Nursing Practice (DNP) as a terminal degree in 2004.
- The degree was designed for those nurses who wanted to stay rooted in clinical expertise, in addition to scholarship.
- Moving the education of Nurse Practitioners to the doctoral level allows the nurse to meet the needs of a more complex healthcare system and improve health outcomes.
- The Essentials of Doctoral Education for Advanced Practice Nurses developed in 2006 (AACN, 2006) began to inform the roles which would be in habited by nurses with this degree.
- Despite a growing nursing faculty shortage already apparent and worsening yearly, teaching expertise was not included.
- This decision continues to have a negative effect on the hiring of nurses with earned DNP degrees into tenure-track positions. (Agger, Oermann, & Lynn, 2014).

The DNP Prepared Nurse As Educator Making the Case

•Neither DNP nor Nursing PhD programs include courses specific to education such as teaching and learning styles or modalities, curriculum development, etc. (Bullin 2018)

•Effective teaching would/should require additional coursework in the previously mentioned subject areas as well as others for bout DNP and PhD prepared faculty. (Kalb, 2008; Lewallen & Kohlenberg, 2011).

•The PhD model requires significant amounts of time to be spent pursuing areas of research and the grant money necessary to support it.

•Effective teaching requires significant amounts of time for student engagement and student related activities which is often in competition with the time needed for research and associated activities. (Bellini, McCauley, & Cusson, 2012).

•Research responsibilities of Nurse-PhD's often force them to become removed from the clinical arena at a time when clinical information is accelerating at warp-speed which requires nurses to continually stay abreast of new information.

•The distance a PhD prepared nurse has from practice can lead to an increased disconnect between education and practice – one of the most common complaints of service areas employing new graduate nurses.

Discussion

- One definition of advanced practice nursing intrinsically thought of as any nurse who performs above the usual and expected level of a Registered Nurse; ie: Nurse Administrator, Chief Nursing Officer, Nursing Educator, Clinical Nurse Leader, Nurse Practitioner and others. (Gardner, 2011)
- Currently only four (4) roles have been designated as advanced nursing practice: certified, nurse practitioner, certified clinical nurse specialist, certified registered nurse anesthetist and certified nurse midwife. (NCSBON, 2008)
- The DNP prepared nurse, firmly rooted in practice as the expert clinician, can play a vital role in changing the narrative of the nursing education - clinical divide.
- DNP prepared faculty members naturally make the connection between practice and education making it a perfect fit as expert clinicians.
- The nursing faculty shortage is significantly, negatively impacting the numbers of students being admitted into programs of all levels. (AACN, 2017)
- Like the clinical doctorates in medicine (MD) and pharmacy (PharmD), the DNP prepared nurse educator can help alleviate the nursing faculty shortage (National Research Council, 2005).
- Both DNP and PhD prepared nurse educators should take courses in education as a discipline, to ensure competency in the faculty role (Kalb, 2008; Lewallen & Kohlenberg, 2011).
- According to the American Nurses Association 2017 Annual Survey results, out of the 3667 records of the faculty with a DNP degree, 304 are tenured and 891 are on tenure track but not tenured yet.(personal communication, April, 2019)



Implications for Practice

- As the nursing faculty shortage continues to increase over time the negative impact, including economic program capability, on colleges and universities with schools of nursing across the country will continue to grow.
- The quality of healthcare will be negatively affected as the numbers of nurses in the workforce declines due to factors such as faculty retirement and stagnant numbers of nurses with PhD's.
- DNP prepared faculty nurses can assist in closing the gap between the numbers of nurse faculty required to meet the growing need for nurses at all level in the United States as a result of the aging 'baby boomer' generation and the Affordable Care Act increasing the numbers of insured people.
- New ways of looking at tenure requirements may need to be established to accommodate DNP prepared nurse faculty occupying tenure lines at a college or university.
- Salaries for faculty will need to be addressed due to the significant gap between practice and academia.

Models of Care



Conclusion

- According to the AACN Nursing Faculty Shortage Fact Sheet the primary contributing factors to the nursing faculty shortage in the United States are the ageing of current faculty, a large wave of retirements, poorer compensation for faculty than other areas of nursing, and not enough qualified graduates of Master's and Doctoral Programs to meet the current, or projected, demand.
- Neither PhD nor DNP curricula include specific coursework in education theory or educational strategies.
- Both PhD and DNP prepared nurses who occupy faculty positions should take courses in education theory and strategies.
- DNP prepared nurses are eminently prepared for the role of nursing faculty in all settings where student nurses learn.
- DNP prepared nurses are a logical choice to fill faculty positions.
- DNP prepared nurses as faculty, with their focus on clinical practice may be one of the solutions to the gap between nursing education and clinical practice.

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