

# Leveraging Doctor of Nursing Practice Scholarship to Meet Organizational Leaders' Expectations

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**Background:** The Doctor of Nursing Practice (DNP) degree prepares nurses for engagement in practice scholarship to improve health outcomes at multiple system levels. Organizational leaders' and employers' perceptions and expectations of DNP-prepared nurses require further study. **Objective:** To explore the perception of organizational leaders regarding expectations and engagement of DNP-prepared nurses in practice scholarship activities. **Methods:** Guided by the Actualized DNP Model, a cross-sectional design was used to survey organizational leaders ( $N = 87$ ) regarding DNP-prepared nurses' engagement in practice scholarship. **Results:** Findings indicate 92% ( $n = 80$ ) of participants believed practice scholarship should be an expectation of DNP-prepared nurses serving in a variety of roles. Of the 77 respondents to the scholarship engagement questions, 97.4% ( $n = 75$ ) reported that DNP-prepared nurses engaged in one or more practice scholarship activities over the past year. **Conclusions:** Aligning DNP practice scholarship competencies, as outlined in the American Association of Colleges of Nursing 2021 Essentials, with organizational needs, expectations, and provision of sufficient time to support these scholarship activities is needed. **Implications for Nursing:** Opportunities exist for DNP-prepared nurses to articulate and demonstrate their value by conducting practice scholarship through innovative advanced nursing roles to realize organizational goals. Organizational support is necessary for practice scholarship activities to transform DNP education.

**Keywords:** organizational systems; DNP scholarship; organization leaders expectations; practice scholarship

## Introduction

Doctor of Nursing Practice (DNP)-prepared nurses are educated to be transformative leaders in 21st-century healthcare delivery (Gray et al., 2023). DNP graduates are prepared to serve as full partners in healthcare redesign and improvement, consistent with the recommendations put forth by the National Academies of Sciences, Engineering, and Medicine (National Academies of Sciences, Engineering, and Medicine [NASEM], 2021) and the Triple Aim: improving the experience of care, improving the health of populations, and reducing healthcare costs (Berwick et al., 2008). The DNP-prepared nurse is educated to engage in practice scholarship and generate new knowledge through innovation, evidence translation, and improvement processes using concepts from nursing and other disciplines to create new insights to solve practice issues (Boyer, 1990; Burson, 2020).

## Background

Advanced nursing competencies, outlined in the American Association of Colleges of Nursing (AACN) Essentials (American Association of Colleges of Nursing [AACN], 2021), describe practice scholarship competencies as systems thinking, teamwork, collaboration, quality improvement (QI), financial stewardship, innovation, implementation science, and the translation of evidence into practice. There is a consensus in the literature that DNP-prepared nurses can translate evidence into practice and develop QI initiatives related to an organization's mission and vision (AACN, 2022; Dols et al., 2019; Hammersla et al., 2021; Kesten et al., 2022; Tovar et al., 2020). One study addressed the engagement in practice scholarship by surveying practicing DNP-prepared nurses in a cross-sectional design ( $N = 269$ ). Findings revealed that DNP-prepared nurses were evaluating current clinical knowledge (85.9%), translating current best evidence into practice (76.7%), and evaluating new care delivery strategies (65.5%; Kesten et al., 2022). However, there is a paucity of evidence exploring organizational leaders' expectations of engagement in practice scholarship activities by DNP-prepared nurses.

Scholarship in practice requires dedicated time, and although DNP-prepared nurses hold advanced practice and leadership roles, employers may not be aware of how best to optimize their contributions or fully understand their unique competencies (AACN, 2022; Martsolf et al., 2021; Nichols et al., 2014). Auerbach et al. (2014) found that employers and healthcare organizations needed outreach to understand the added competencies and capabilities of DNP-educated nurses, yet little momentum toward this outreach effort has been achieved in nearly a decade. *The State of DNP Education in 2022* report reinforced these findings, indicating that these challenges continue to persist (AACN, 2022).

While the DNP degree may prepare the graduate with competencies to enhance advanced nursing roles, current roles within healthcare organizations may not be defining the expectations for DNP-prepared nurses to demonstrate outcomes that positively impact healthcare delivery and health outcomes (Conrad et al., 2024). There is a consensus in the literature that DNP-prepared nurses hold a variety of roles, such as advanced practice clinicians, administrative or executive roles, health policy officers, quality officers, informaticists, and educator roles (AACN, 2022; Beeber et al., 2019). However, roles and position descriptions are not typically designed for DNP-prepared nurses to exercise their unique scholarship competencies in practice (Nichols et al., 2014). Evidence indicates that this may be due to a lack of employers' knowledge and the DNP-prepared nurse's need to articulate and promote the competencies attained in their educational preparation (AACN, 2022; Beeber et al., 2019). Employers did identify a commonality among DNP nurses: They lead initiatives outside their roles, such as QI, staff development, and big data analysis for problem-solving (Beeber et al., 2019).

Employers have difficulty distinguishing DNP-prepared nurses from other advanced practice nurses, but they acknowledged the expanded perspectives of DNP-prepared nurses in areas such as population health, system levels, and policy knowledge (Beeber et al., 2019). Evidence is scarce in the literature that describes the alignment of DNP-prepared nurse competencies and the expectation of

organizational leaders for their use and/or value in the practice setting.

## Conceptual Model

The *Actualized DNP Model* was the conceptual framework used to guide this study (see Figure 1). The model, developed by Burson et al. (2016), describes the unique qualities and potential for impact of the DNP-prepared nurse. The three-component model is dynamic and circular, and comprises DNP education, innovative advanced nursing roles, and outcomes. In the first component of the model (DNP Education), advanced education and the practice skill set attained during DNP education are highlighted. By gaining competencies in advanced clinical practice, leadership, interprofessional collaboration, policy/advocacy, population health, and informatics, the DNP-prepared nurse applies evidence-based practice and expert care in the clinical arena from a system-level lens.

In the second component of the model (Innovative Advanced Nursing Practice Roles), the DNP-prepared nurse implements practice scholarship competencies in a variety of roles to effect organizational change and develop new practice knowledge. The DNP-prepared nurse utilizes evidence-based science to produce practice-based knowledge through innovative projects that improve healthcare outcomes and positively impact society and the nursing profession, which is the third component of the model (Outcomes).

## Objectives

The objective of this study was to examine the perception of those who interact with or employ DNP-prepared nurses with regard to (a) the expectations for DNP-prepared nurses to engage in practice scholarship activities and (b) the perception of engagement of DNP-prepared nurses in practice scholarship activities over the past year.

## Methods

### Design

A cross-sectional study design was used with an electronic survey of organizational leaders who interact with or employ DNP-prepared nurses about their expectations and perspectives of DNP-prepared nurses'

engagement in practice scholarship. This article focuses on new data, not previously published in the primary study (Kesten et al., 2023).

## Setting/Sample

An a priori power analysis determined a sample size of 108 participants was needed for correlational analysis, assuming a moderate effect size ( $f^2 = 0.15$ ),  $\alpha = 0.05$ , and power of 80% (Soper, 2023). However, due to a slowed response rate, a convenience sample of 101 participants were recruited via two national membership organizations of nurse leaders (the American Organization of Nurse Leaders and the National Doctor of Nursing Practice). Members who have direct interaction with or oversee DNP-prepared nurses in their practice were invited to participate in the survey. They could respond individually if they had such interactions or were encouraged to share the survey link with their employer for participation. After data cleaning, 87 completed questionnaires were used in the analysis. Further details of the sampling procedure are described in the primary study (Kesten et al., 2023). The George Washington University Institutional Review Board issued an exemption from ethics approval.

## Outcome Measures

To meet the objectives of this study, a researcher-designed electronic survey was developed using constructs from the literature, national nursing organization position statements, standards for doctoral nursing education, and expert reviews, as a review of the literature did not identify a validated tool. Five doctoral-prepared faculty from three states in the United States and one international country served as content experts by reviewing the survey tool and establishing content validity. Eight employers, not included in the study, piloted the survey before it was distributed via the national nursing leader member organizations' websites, social media sites, and follow-up community board announcements. Demographics and DNP organizational relationships and roles, perception of competencies, and reasons for hiring a DNP-prepared nurse were assessed and are described in Kesten et al. (2023). The outcome measures in this report were expectations for DNP-prepared nurses to engage in practice scholarship activities and the perception of engagement of

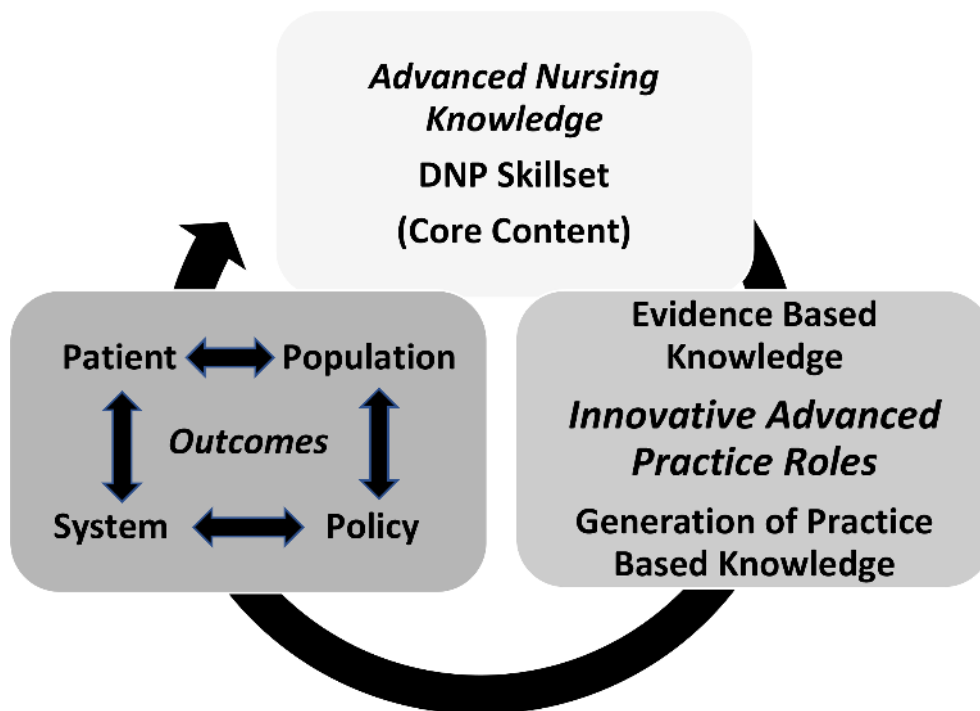


Figure 1. The Actualized DNP Model.

Note. DNP = Doctor of Nursing Practice.

Source. Reprinted with permission from Burson et al. (2016).

DNP-prepared nurses in practice scholarship activities over the past year.

## Data Analysis

Survey data were analyzed using SPSS 28 software (IBM Corp, 2022) in consultation with a statistician. The principal investigator, statistician, and coauthor verified the data to ensure accuracy. Due to sample size, descriptive statistics alone were generated for each variable. A mean total score was calculated for all engagement-related items to allow for statistical analysis.

## Results

### Demographics

The sample ( $N = 87$ ) was a national sample consisting mostly of White (77%,  $n = 67$ ) females (88.5%,  $n = 77$ ), with a mean age of 52.2 years ( $n = 74$ ,  $SD = 10.3$ ). More than half (52.9%,  $n = 46$ ) of the respondents reported greater than 5 years of experience interacting with or employing DNP-prepared nurses. The survey respondents' roles were nurse leaders/administrators (41.3%,  $n = 36$ ), advanced practice registered nurses

(25.2%,  $n = 22$ ), and nurse educators (20.7%,  $n = 18$ ) working primarily in a hospital/health system (51.7%,  $n = 45$ ). Most respondents (74.7%,  $n = 65$ ) indicated that the DNP degree was their highest degree earned. The survey respondents indicated that the roles DNP-prepared nurses filled varied widely, with many serving multiple roles such as health system and/or nurse leader (96.6%,  $n = 84$ ), nurse practitioner (66.7%,  $n = 58$ ), quality and safety (26.4%,  $n = 23$ ), and/or educator/faculty (13.8%,  $n = 12$ ; Kesten et al., 2023).

### Organizational Leaders' Expectations for Practice Scholarship of DNP-Prepared Nurses

The second component of the Actualized DNP model focuses on the potential for the DNP-prepared nurse to engage in practice scholarship within their advanced nursing role. To determine if this aligns with organizational leaders' expectations, the respondents were asked: "Do you or your organization believe practice scholarship should be an expectation of DNP-prepared nurses?" *Practice scholarship* was defined as clinical inquiry in the form of QI, research, and evidence-based practice. *Clinical inquiry* was defined as the

practice of asking questions about clinical practice. Of the 87 participants, 92% ( $n = 80$ ) responded “yes” that practice scholarship should be an expectation of a DNP-prepared nurse.

### Organizational Leaders’ Perceptions of DNP Engagement in Practice Scholarship

To evaluate the perception of DNP engagement in practice scholarship, the respondents were provided with 23 examples of practice scholarship derived from the literature, national standards, and an expert panel. Participants were asked if the DNP-prepared nurses had engaged in any of these examples in the organization over the past year, with “yes,” “no,” and “unsure” as selection options. Of the 77 participants who completed this set of questions, 97.4% ( $n = 75$ ) reported that DNP-prepared nurses engaged in one or more scholarship activities. On average, the respondents reported that DNP-prepared nurses were engaged in approximately 16 of the 23 examples of practice scholarship ( $n = 77$ ;  $M = 15.74$ ,  $SD = 6.14$ ). The respondents in this survey ( $N = 87$ ) indicated the top four practice scholarship engagement activities were implementing evidence-based practice (90.6%,  $n = 77$ ), evaluating current clinical knowledge (86.9%,  $n = 73$ ), conducting a change in practice project (85.1%,  $n = 74$ ), and translating research and utilizing evidence to improve health, impact practice, and effect change in health systems (81.6%,  $n = 71$ ). The most frequent responses indicating “no” were securing competitive funding to support innovations in practice (48.2%,  $n = 41$ ) and publishing in peer-reviewed journals to influence practice (34.9%,  $n = 30$ ). Survey responses indicating the most frequent “unsure” responses were utilizing secondary data sets (19.5%,  $n = 17$ ) and evaluating or reporting population health outcomes, satisfaction, or cost outcomes (18.4%,  $n = 16$ ). In addition to the predetermined responses, respondents reported that DNP-prepared nurses engaged in other forms of practice scholarship such as publications and presentations, hosting webinars, delivering lectures in academic settings, academic–practice partnerships, developing products, working in clinics, verifying COVID-19 placement of cases in healthcare organizations, and student education and mentoring. An overview of the

results is described in Table 1. Missing values were eliminated from percent calculations.

## Discussion

### Organizational Leaders’ Expectations for Practice Scholarship of DNP-Prepared Nurses

The survey results on whether organizational leaders believed that practice scholarship should be an expectation of DNP-prepared nurses revealed strong affirmation that organizational leaders’ expectations of DNP-prepared nurse to engage in practice scholarship are high, regardless of their role within an organization. DNP-prepared nurses generate new knowledge through innovation, scientific evidence translation, QI processes, and generation of practice-based knowledge. These practice scholarship and leadership competencies are consistent with the self-perception of DNP-prepared nurses ( $N = 269$ ) surveyed by Kesten et al. (2022), indicating proficiency in translating research into practice and in the design and implementation of QI initiatives. These systems-based practice scholarship competencies are needed to address care gaps and improve health outcomes, and therefore are vital to include in advanced nursing education (Moran & Rotondo, 2024).

### Organizational Leaders’ Perceptions of DNP Engagement in Practice Scholarship

In this study, DNP-prepared nurses’ capacity to effect needed changes within the healthcare delivery system was recognized. The top four practice scholarship activities selected by respondents as demonstrating engagement in practice scholarship are consistent with the hallmarks of the DNP degree and the desired competencies of advanced nurses regardless of their role or specialty (AACN, 2021). Engagement in practice scholarship activities can be instrumental to operationalizing an organization’s vision, mission, and strategic plans, focusing on daily operations and the role responsibilities of advanced nurses, regardless of their workplace settings. Furthermore, practice scholarship initiatives conducted within organizations can positively affect policy and population health. Findings from this study confirm *The State of DNP Education 2022* report that organizational leaders perceive that DNP-prepared nurses hold the practice scholarship competencies required to meet the AACN

**TABLE 1.** Organizational Leaders' Perception of DNP Engagement in Practice Scholarship in the Past Year (*N* = 87)

	Yes	No	Unsure
Practice scholarship activities	<i>n</i> (valid %) <sup>a</sup>	<i>n</i> (valid %) <sup>a</sup>	<i>n</i> (valid %) <sup>a</sup>
Implemented evidence-based practice ( <i>n</i> = 85)	77 (90.6)	5 (5.9)	3 (3.5)
Evaluated current clinical knowledge ( <i>n</i> = 84)	73 (86.9)	5 (6.0)	6 (7.1)
Conducted a change in practice project ( <i>n</i> = 87)	74 (85.1)	10 (11.5)	3 (3.4)
Translated research and utilized evidence to improve health, impact practice, and effect change in health systems ( <i>n</i> = 87)	71 (81.6)	7 (8.0)	9 (10.3)
Developed clinical guidelines, innovations, and new program initiatives ( <i>n</i> = 87)	69 (79.3)	13 (14.9)	5 (5.7)
Addressed work environment issues ( <i>n</i> = 86)	68 (79.1)	11 (12.8)	7 (8.1)
Led interprofessional teams to improve healthcare outcomes ( <i>n</i> = 86)	67 (77.9)	11 (12.8)	8 (9.3)
Mentored new practice scholars ( <i>n</i> = 86)	66 (76.7)	15 (17.4)	5 (5.8)
Disseminated practice findings at local, regional, and/or national venues ( <i>n</i> = 87)	65 (74.7)	17 (19.5)	5 (5.7)
Evaluated clinical practice models to transform healthcare delivery ( <i>n</i> = 87)	63 (72.4)	17 (19.5)	7 (8.0)
Received national recognition from peers for expertise, excellence, and innovation in practice ( <i>n</i> = 87)	62 (71.3)	21 (24.1)	4 (4.6)
Analyzed system-wide data to evaluate practice patterns ( <i>n</i> = 87)	59 (67.8)	18 (20.7)	10 (11.5)
Provided expert review for committees/boards, QI projects, articles, and/or texts ( <i>n</i> = 87)	57 (65.5)	25 (28.7)	5 (5.7)
Analyzed and implemented healthcare policies ( <i>n</i> = 87)	55 (63.2)	19 (21.8)	13 (14.9)
Consulted with healthcare organizations to build capacity for improving care ( <i>n</i> = 86)	54 (62.8)	21 (24.4)	11 (12.8)
Led or partnered in research as PI or co-PI ( <i>n</i> = 87)	54 (62.1)	29 (33.3)	4 (4.6)
Designed and implemented new systems of care delivery ( <i>n</i> = 86)	53 (61.6)	22 (25.6)	11 (12.8)
Published in peer-reviewed journals to influence practice ( <i>n</i> = 86)	50 (58.1)	30 (34.9)	6 (7.0)
Utilized secondary data sets to evaluate healthcare practices and/or outcomes ( <i>n</i> = 87)	50 (57.5)	20 (23)	17 (19.5)
Evaluated and/or reported population health outcomes, satisfaction, and/or cost outcomes ( <i>n</i> = 87)	48 (55.2)	23 (26.4)	16 (18.4)
Addressed clinical costs ( <i>n</i> = 86)	45 (52.3)	26 (30.2)	15 (17.4)
Conducted systematic reviews ( <i>n</i> = 86)	41 (47.7)	29 (33.7)	16 (18.6)
Secured competitive funding to support innovations in practice ( <i>n</i> = 85)	31 (36.5)	41 (48.2)	13 (15.3)

**Note.** DNP = Doctor of Nursing Practice; PI = primary investigator; QI = quality improvement.

<sup>a</sup>Missing values eliminated from percent calculations.

2021 Essentials for advanced nursing and to engage in scholarship activities (AACN, 2022).

The setting of the DNP-prepared nurse's primary employment can alter scholarship expectations; for example, QI initiatives can be the priority in practice settings, whereas traditional scholarship metrics such

as research and the dissemination of findings are likely to be the priorities in academia. In advanced practice roles, traditionally the focus has been on the care of the individual and reimbursement for the care provided. However, payment structures are evolving with the emergence of value-based care, where providers are

reimbursed based on the quality of care provided to individual patients within a population. Therefore, a systems-level lens to care delivery, which is embedded in the DNP scholarship competencies, is becoming more important as the evaluation of outcome metrics is specific to the population served by the provider and the organization.

As identified in the Actualized DNP Model, DNP-prepared nurses are educated to address the complex dynamics of patients and healthcare systems and evaluate the health of populations through practice scholarship (AACN, 2021, 2022; Kesten et al., 2022). However, the acquisition of practice scholarship competencies is not enough. Strategies are needed to leverage and articulate the value-added competencies of DNP-prepared nurses to their employers and organizations. One strategy is to recognize the potential of advanced nurses in their current roles and the formation of new, innovative roles with expectations and opportunities to consistently engage in practice scholarship. For example, advanced nurses with competencies in translating evidence into practice through QI projects are encouraged to articulate their unique skill set to employers, including calculation of return on investment and cost savings related to quality or process improvement initiatives that improve healthcare outcomes (Hanners et al., 2023; Waldrop & Reynolds, 2023).

By measuring practice scholarship outcomes in an organization, including return on investment, cost savings of QI efforts, and impact, it is likely the advanced nurse will positively impact the organization and employer satisfaction and lead to prioritizing health equity (NASEM, 2021; Nundy et al., 2022). Further research is needed to validate these findings and to determine if there are discrepancies between employer expectations and satisfaction with DNP-prepared nurses' engagement in practice scholarship activities from a wide variety of organizations in acute, primary, and managed care. Intentional recruitment of non-nurse leaders and employers may be needed to provide a broader perspective of those who hire DNP-prepared nurses.

## Limitations

Findings from this study are limited due to the use of convenience sampling, which may have impacted the sample size and composition of the study. The large percentage of survey respondents holding a DNP

degree may have introduced bias, despite targeted and focused recruitment of leaders in organizations. Most respondents were organizational leaders who hold DNP degrees themselves and either work with or interact with other DNP-prepared nurses. Participants were asked to "select all that apply" for roles of DNP-prepared colleagues, making it difficult to focus on responses for any one specific group of respondents, like those in leadership positions or those in clinical roles. Ambiguous terminology within the survey such as "population health" could infer the population served within a clinic, or a broader national population may have limited respondents' feedback, which could have influenced the study outcomes.

## Implications

***DNP-Prepared Nurses' Call to Action.*** To ensure recognition as valued partners in healthcare redesign, DNP-prepared nurses can demonstrate their potential to lead in translating and applying scientific knowledge through experiential learning. This approach can lead to improved practice within clinical, academic, and administrative roles (NASEM, 2021; Nundy et al., 2022). To do this effectively, DNP-prepared nurses need to be proficient systems thinkers and evolve as transformational leaders. For example, DNP-prepared nurses can identify gaps in healthcare delivery or recognize suboptimal population health outcomes, and address these issues by researching the best evidence to tackle the practice gap, demonstrate capacity to implement solutions, and use data to evaluate the impact of their initiatives. It may be necessary to negotiate protected time to engage in practice scholarship activities, which depends on organizational support, position responsibilities, and data metrics to demonstrate positive healthcare and cost outcome measures. Findings from this study suggest that organizational leaders expect DNP-prepared nurses to engage in practice scholarship within the practice setting. These insights substantiate the need for DNP-prepared nurses to be systems thinkers and advocate for the delineation of practice scholarship expectations within their job descriptions as well as the designated time to achieve desired outcomes.

***Organizations Leaders' Call to Action.*** There is an opportunity for organizations to intentionally engage DNP-prepared nurses in practice scholarship activities

to further the goals of the organization and navigate the ongoing challenges of care delivery. While DNP-prepared nurses are engaging in practice scholarship and meeting the expectations of organizations, an opportunity exists to improve the level of practice scholarship engagement, especially related to evaluating population health outcomes and cost-benefit analyses. These two areas are important to achieving the Triple Aim (improving population health, enhancing the care experience, and reducing costs; Berwick et al., 2008). For DNP-prepared nurses to be true partners in healthcare redesign, they need to be provided with opportunities within organizations to engage in practice scholarship. As noted in this study, some participants who interact with or employ DNP-prepared nurses are unsure about the engagement in practice scholarship activities of DNP-prepared nurses. Effective communication and interprofessional collaboration between the employer and the practice scholar can lead to a better understanding of the value-added competencies of advanced nurses, such as leadership, systems thinking, and innovation in care redesign. This collaborative approach can result in the development of innovative roles to move organizations forward in their strategic priorities (Hlebachuk et al., 2023). Formally acknowledging the expectations of the DNP-prepared nurse in their job description can reflect the value of practice scholarship in an organization and provide avenues for the advancement of nurse leaders and clinicians.

## Conclusion

By addressing the components of the Actualized DNP Model, the potential for the DNP-prepared nurse to apply knowledge and competencies in current and innovative advanced nursing roles can optimize outcomes at multiple system levels. Improving healthcare now and in the future demands the competencies outlined in the AACN 2021 advanced level Essentials, as well as opportunities for engagement in practice scholarship to realize the value and expectations for DNP-prepared nurses in an organization.

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