



Utilization of the DNP NP to Meet North Carolina Healthcare Needs

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Introduction

The DNP degree emerged as a response to the need for educational parity of advanced practice registered nurses (APRNs) with other health professions and the belief that leadership by DNP prepared APRNs will improve the healthcare system, improve quality, accountability and access to care, and lower health care costs.

Evolution of DNP Programs

- 2001 University of Kentucky's College of Nursing opened the first DNP program
- 241 DNP programs currently
- 59 programs in the planning stages
- DNP enrollment increased from 11, 575 to 14, 699 students from 2012-2013
- DNP graduates increased from 1,858 to 2,443
- Providing outcome data is essential to the nursing profession.

Purpose

To describe DNP prepared NPs practicing in NC, to delineate changes in their roles and responsibilities, and to highlight practice leadership and clinical scholarship.

Objectives:

1. To identify how the DNP NPs are being utilized to meet healthcare needs in NC;
2. Are DNP NPs being utilized to the fullest extent of their education?
3. Are DNP NPs being utilized to the fullest extent in their clinical area of expertise?
4. How is the DNP NP working to improve patient outcomes?

Methods

Descriptive quantitative design to collect data from DNP NPs practicing in NC using a self-developed tool sent electronically via Survey Monkey. The IRB of Georgia Southern University approved this study.

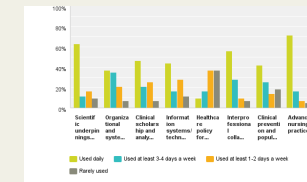
Survey Tool included questions related to:

- Demographics
- DNP Position
- Competencies (Essentials)
- Practice Barriers
- Advancing DNP NPs in the healthcare system
- Program of study
- Academia
- Moving the profession forward

Demographics

N=454 NPs in NC and n=47 with a DNP degree

| Characteristic | n=47 |
|-----------------------------------|--------------|
| Demographic: | |
| Age (years): Range (mean) | 30-66 (45.5) |
| Range | |
| Sex, % | |
| Female | 92.50% |
| Male | 7.50% |
| Race, % | |
| White | 85% |
| African American | 7.5 % |
| Work | |
| Practice setting, % | |
| Nurse managed clinic | 4.88% |
| Federally qualified health clinic | 4.88% |
| Outpatient primary care | 14.63% |
| Internal Medicine | 2.44% |
| Nursing Home | 2.44% |
| Health Department | 2.44% |
| Academic institution as faculty | 12.20% |
| Occupational health clinic | 2.44% |
| Specialty clinic | 17.07% |
| Hospital-acute care | 17.07% |
| Other | 17.07% |
| Salary in dollars | |
| 0-50,000 | 5.41% |
| 60,001-70,000 | 5.41% |
| 70,001-80,000 | 2.70% |
| 80,001-90,000 | 21.62% |
| 90,001-100,000 | 32.43% |
| 100,001-110,000 | 18.92% |
| 110,001-120,000 | 10.81% |
| >120,001 | 2.70% |



Daily use of AACN Essentials in Practice

Discussion and Recommendations

- Using the 8 AACN Essentials daily
- Initiating and evaluating patient outcomes in practice
- Barriers to practice and full autonomy remain issues: collaborative agreements with physicians, lack of knowledge regarding the DNP role, and lack of administrative support
- Clinical practice not included as part of tenure approval
- RAND study: collaborate with fellow colleagues to conduct outcome studies to better understand the impact of DNP graduates on patient care nationwide and provide data to healthcare organizations to better understand added competencies and capabilities of DNP educated APRNs
- Significant implications for practice, policy, academia, and research

Major References

- American Association of Colleges of Nursing. (AACN). (2004). Position statement on the practice doctorate in nursing. Retrieved from <http://www.aacn.nche.edu/dnp/position-statement>
- American Association of Colleges of Nursing. (AACN). (2006). Essentials of doctoral education for advanced nursing practice. Retrieved from <http://www.aacn.nche.edu/publications/position/DNPEssentials.pdf>
- Apold, S. (2008). The doctor of nursing practice: Looking back, moving forward. *The Journal for Nurse Practitioners*, 4(2), 101-107.
- Ash, L., & Miller, C. (2014). Interprofessional collaboration for improving patient and population health. In M. E. Zaccagnini, & K. W. White (Eds.), *The doctor of nursing practice essentials* (pp. 217-256). Burlington, MA: Jones & Bartlett Learning.
- Auerbach, D. I., Martsoff, G., Pearson, M. L., Taylor, E. A., Zaydman, M., Muchow, A., Spetz, J., & Dower, C. (2014). The DNP by 2015: A study of the institutional, political, and professional issues that facilitates or impede establishing a post-baccalaureate doctor of nursing practice program. Retrieved from <http://www.aacn.nche.edu/DNPstudy>
- Institute of Medicine. (IOM). (2003). Health professions education: A bridge to quality. Washington, DC: The National Academies Press.
- Institute of Medicine. (IOM). (2010). The future of nursing: Leading change, advancing health report recommendations. Washington, DC: National Academies Press. Retrieved from <http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx>

Enrollments and Graduations in DNP Programs: 2004-2013

