Transition from Practice to Academia: Three DNP prepared nurses experiences

Introduction

Current Nursing Faculty Trends
- AACN reports that nationally the nursing faculty vacancy rate is 6.9%.
- Faculty shortage reasons: aging faculty workforce, competition from higher paying clinical positions and school budget constraints.
- Less than 1% of current nursing faculty are doctorally prepared.
- 2014: DNP program enrollment increased by 26.2% while PhD enrollment increased by 3.2%.
- 55% of DNP graduates surveyed reported having interest in assuming a faculty role.

Objectives
1. Present current trends (background) for DNP prepared nurses in faculty roles.
2. Relate Benner’s Model to faculty role transition as influenced by the DNP essentials.
3. Present three cases of DNP prepared faculty experiences of role transition.
4. Lessons learned to assist other expert clinician DNP prepared nurses considering a transition to academia.

Review of Literature

DNP prepared faculty presents viable alternative for addressing the current nursing faculty shortage (Nicholas & Dyer, 2012)

DNP prepared nurses add dimension and breadth to nursing education programs (Gatti-Petito, et al, 2013)

84% of DNP-prepared participants agreed that the DNP degree prepares nurses for academic leadership roles (Ulda, K., & Mancuso, J., 2015)

DNP’s fill well prepared for the demands of the faculty role and leadership positions in academia (Ulda, K., & Mancuso, J., 2015)

Neither PhD nor DNP programs are designed to prepare educators (Gatti-Petito, et al, 2013)

DNP prepared nurses add dimension and breadth to nursing education programs (Gatti-Petito, et al, 2013)

Review of Literature

Benner’s Model


Theoretical Framework: Benner's Model

Academic Leader

- Level 5: Aligns with AACN statement. DNP prepared clinicians have expertise at the highest level of nursing practice.
- Essential II: Organizational and systems leadership for quality improvement and systems thinking.

Clinician

- Level 5: Capable to see situations as “wholes” rather than parts. Learn from experience & modify plans as needed.
- Essential II: Quality, communication skills, principles of business, sensitivity to diversity, managing ethical dilemmas.

Leader

- Level 4: Literature suggests mentoring for role development.
- Essential II: Understanding of policies (including policy creation), organizational structures, communication, business acumen, sensitivity to diversity & understanding ethical dilemma.

Role Transition: Three DNP Prepared Nurses

Cases

1. SH CPNP-PC: Expert 20 yrs of specialty pediatric care, practice guided by deep knowledge & experience.
3. SS APRN-BR: Expert 16 yrs of ambulatory care practice guided by deep knowledge of evidence and intuition.

Three DNP Prepared Nurse Cases

Teaching Role & Stage

- MSN Program Director: Competent-rely on advanced planning & organization.

Leadership Role & Stage

- DNP Program Director: Proficient-ability to communicate with production, ethical decision making & planning & organization.

DNP Essential I: Leadership

- Business savvy: nurse education, advanced communication & process skills.

DNP Essential II: Leadership

- Business savvy: nurse education, advanced communication & process skills.

References


References

Clinical Scholars Review, 5(8), 442-448


Journal of Professional Nursing, 28(2), 82-85.


Journal of Professional Nursing, 28(2), 82-85.

