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Full Length Research Paper

A community centered assessment of a doctor of nursing practice curriculum

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A school of Nursing in New York State, USA has admitted five cohorts of students to a Doctor of Nursing Practice (DNP) curriculum. A longitudinal evaluation of the DNP curriculum was conducted to assess the inherent value of the DNP program. Survey responses highlighted the benefits of the DNP degree to the professional growth of graduates; the benefits that accrued to clients in selected clinical care situations; and to the health care system, when applied within organizational initiatives and programs. A limited response rate constrained the ability to draw generalizable conclusions to the full cohort of DNP graduates.

Keywords: Doctor of nursing practice, Outcomes evaluation, Community-based assessment, Program evaluation

INTRODUCTION

The American Association of Colleges of Nursing (AACN) set a target to increase the educational requirements for the Advanced Practice Registered Nurse (APRN) to the doctoral degree by 2015. This recommendation was made with the intention of providing APRNs with the knowledge and skills commensurate with the highest level of competency for advanced nursing practice. The AACN states that the Doctorate in Nursing Practice (DNP) is designed for nurses seeking a terminal degree in nursing practice and offers an alternative to research-focused doctoral programs. The DNP-graduate is prepared to implement the science developed by nurse researchers prepared in PhD, and other research-focused nursing doctorates (AACN, 2014).

A School of Nursing (SON) residing within a large public university in New York State admitted a first class of students to a DNP curriculum of studies in 2008. The SON program was designed to build on the key elements of the mission to educate professional nurses who will practice at the most advanced level of nursing to improve patient and population healthcare outcomes. The fifth cohort of students was admitted in academic year 2013-2014. A total of 87 DNP degrees have been granted to date; 31 students are currently enrolled; five have withdrawn from the program. The five cohorts have included only those who have already been awarded a master's degree in an APRN discipline. The sixth cohort will also include post-baccalaureate graduates in a seamless BS to DNP program of studies.

The administration and faculty of the SON recognized the importance and the value of longitudinal evaluation of the DNP program, to augment the rigorous program of formative assessment that is implemented throughout each academic year. The major focus of the survey was a qualitative assessment of the perceptions of the personal and professional impacts of job transformation experienced by DNP graduates, and the inherent value of the DNP program to the institution and to the community.

A limitation to the majority of DNP program evaluation studies that appear in the recent literature is that they limit the focus of the assessment to the short-term; primarily on the process of developing curricula of studies; or on short-term program outputs. Raup et al (2010) discuss what they describe as a *comprehensive measurement methodology for assessing student learning* outcomes at the course and program level, within a doctoral nursing education program; but make no effort to assess the translation of these learning outcomes into the world of work. Honig and Smolowitz (2008) present a method of summative and formative evaluation specific to an integrative end-of-program practice experience in their established DNP program (Columbia U); but do not present any evaluative data. Graff et al (2007) report on the formative evaluation of the

first three student cohorts enrolled in and courses developed for a relatively new DNP program (U of Tennessee). The summative evaluation was limited to an exit survey and a 1-year post-graduation survey of graduates. The assessment did not reach out to other program stakeholders, such as employers; therefore offering no opportunity to assess wider-scale programmatic impact. Kaplan and Brown (2009) describe their attempt to develop a more comprehensive evaluation of their DNP program (U of Washington) that includes an employer survey focused on the program's quality and effectiveness. They speak of strategies designed to assure respondents of the confidentiality of responses, such as the use of an outside evaluator. Grey (2013) presents the areas of consensus reached in a recent Dean's Conference on the DNP, noting that the need has been identified to study the outcomes of these new practitioners, and the impact on schools.

The outcomes of DNP graduates should be consistent with the DNP Essentials document that serves as the model for the education of advanced practice nurses (Zaccagnini and White, 2011). These DNP essentials include involvement in evidence-based practice, leadership, healthcare policy, information technology, and scholarship as expected outcomes (AACN, 2005).

DNP programs include those with adirect clinical practice focus and those with an indirect clinical focus (AACN, 2006). The program at this New York State SON is a clinically focused APRN program. It is specific to the specialties of adult health, child health, midwifery, neonatology, midwifery, perinatal women's health, and psychiatric mental health. The direct care specialties are a major focus of the AACN position paper on the DNP degree (AACN, 2004). The National Organization of Nurse Practitioner Faculties incorporated this focus in their competencies (NONPF, 2008). This focus was further supported by the Institute of Medicine Future of Nursing Report (IOM, 2010).

This SON DNP evaluation was specifically focused on the effectiveness of the program, as an indicator of program quality and its strategic value to the community. It was intended to determine whether the program serves long-term social and professional needs. The social benchmark is in keeping with the philosophy expressed by Boelen and Wollard (2009), who predicate that programs for the education of health professionals should be judged by the degree to which they can demonstrate accountability to society, i.e., that the health professional produced by these programs has some importance and utility to the community it serves.

MATERIALS AND METHODS

A mixed methods qualitative and quantitative research strategy was designed for the specific purpose of the study. The sampling strategy proposed included a 100% survey of graduates (anticipating 40% - 50% response rate) and a 5% - 10% sample of administrators, Human Resource (HR) representatives and collaborators/colleagues. The evaluation survey was administered on-line to DNP graduates via Survey Monkey©. An initial survey was followed by three follow-up contacts. The survey was based on interview guides that were developed collaboratively by the co-researchers.

RESULTS AND DISCUSSION

The major constraint encountered in this study was a limited response rate. Thirty-seven (37) DNP graduates initiated the response process. A total of 38 of the 87 eligible respondents (46%) accessed the survey, completing the six (quantitative) demographic questions. However only 16 graduates (18%) provided responses to the questions posed in narrative (qualitative) form, including at least one response from each of the four cohorts of program graduates. The response from external stakeholders was negligible. Follow-up and reminder messages failed to generate any additional respondents or responses. The response rate for the survey was far lower than even the typical 30-40% rate for on-line surveys (Author, 2010). Therefore, while the information that was received is valuable for its purpose, it cannot be considered representative of the population of DNP graduates. The information included in this article is limited to the formal data received from the 16 DNP graduate-respondents and one stakeholder, and reflects the qualitative responses related to six specific questions.

Responses were received from graduates of varied ethnicities, and from at least two males. Respondents varied widely by age (Table 1). They represented a broad range of clinical specialty practice areas, including a majority in psychiatric/mental health and pediatric advanced nurse practice. They were employed throughout the target community; mainly by larger hospital systems; but also included some in private practice of their specialty.

Respondents were asked to describe their experience in negotiating the health care system in the interest of promoting and improving population based practice.The DNP graduates reflected that the experience of weaving one's way through the system was in part affected by the health issue being addressed, with particular difficulties encountered by those engaged with the psychiatric/mental health field. Respondents cited the challenges inherent in health care financing and managed care systems. Responses indicated an awareness of their role in advocating, and providing assistance, so that their patients received necessary care. Responses also indicated an awareness of collaborative models of care; which, to some, were more likely to be successful; and to others, created a barrier to independent patient-care decision-making. *Have a strong*

Table 1. Demographic characteristics of DNP respondents

Ethnicity	N	%
Caucasian/White/Mixed European origin	11	68.75
African American/Black/Jamaican	2	12.5
Hispanic	1	6.25
No response	2	12.5
Age		
35—44	2	12.5
45 – 54	5	31.25
55 – 64	8	50.0
65-74	1	6.25
Gender		
Female	13	81.25
Male	2	12.5
No response	1	6.25
Year of graduation from the program		
2009	7	43.75
2010	5	31.25
2011	1	12.5
2012	2	12.5

clinical lead that has broached systems issues proactively with good outcomes; and alternately, *feel the collaborative is hindering practice*.

More and more often the healthcare system and general population are beginning to recognize/respect and dare I say embrace the role of the NP/DNP.

Since attaining the DNP my interaction with physicians, insurance companies, lawyers, educational experts and colleagues has changed. I am more confident and more respected.

Respondents were also asked to describe the design, implementation and outcomes evaluation of projects for which they had provided theoretical and technical leadership since graduation.The individually-focused responses received to this query indicated that the graduates had, in fact, continued to identify clinical or systems-focused problems to which they could apply the principles of community-based care. Examples of projects offered by respondents included *systems change, quality improvement, integrated health care services, national benchmarking efforts;* development of in-hospital quality assurance programs, such as an early warning scoring system for adults, pediatrics, and obstetrics patients to improve rapid response times in emergency situations, and community-focused programs such as development of a quality improvement study on cholesterol screening and immunization programs for children. One respondent indicated that the lessons learned during the DNP program enabled her *to generate theoretical and technical designs to improve my own business practice.*

The process and/or outcomes of these efforts were reported as having been documented primarily in reports or guidelines documents, limited for use at the local or regional level. Respondents did report, however, that these documents were being made more widely available through the use of the internet and social media sites. A singular exception is the laudable variety of peer- reviewed publications produced by one respondent whose focus is diabetes clinical practice. Essentially all respondents expressed a commitment to follow-up and follow-through of projects already implemented. What remains unclear is whether DNP graduates have limited their focus to completion of projects originally designed during the program of studies; or whether the graduates have gone well beyond, to design and implement additional, creative, patient- or community-focused initiatives.

DNP graduates were asked to describe the ways in which, in their current position, they had advanced the application of nursing knowledge for the purpose of improving health care**.**The wide diversity of responses indicated an understanding of the unlimited opportunities that exist to influence health service delivery. However, the responses offered only very limited opportunity to identify and affirm a linkage between new knowledge gained during the program of study, and its influence on clinical- or systems-focused practice. Three illustrative examples follow:

Every day I teach patients about their physical and mental health and how the body/mind connection cannot be overlooked. My nursing knowledge has served me well in helping patients obtain their optimum health.

Leadership role in glycemic control initiatives across current hospital system's sites; also serving as project co-director for a mentoring role for other hospitals across the U.S.

My current position has allowed a DNP to sit on the Medical Board, co-chair multiple in-hospital committees and improving patient safety and quality based on clinical expertise period.

A point of particular interest in this evaluation concerned the perception of value of the DNP degree to the graduate, and to collaborators in the health care system. Graduates were specifically asked, "What value did the DNP degree add to your ability to achieve the

intended outcomes of this position?" Illustrative responses include:

While not needing the degree for the position I currently hold, it allows me to be seen as an equal with other stakeholders within the system.

The DNP has also widened my scope of practice to consider and advocate at national/global levels.

I am better informed, more knowledgeable regarding research, able to discuss cases from a more biochemical standpoint and to feel more confident in the process.

Provided me with additional skills and knowledge to have a better understanding of health policy, evidence based practice, collaboration with other disciplines and so on to achieve the above mentioned goals.

The terms *credibility* and *leadership* frequently appeared in the responses. One respondent reported that, from the client perspective, *Patient's confidence in me has increased due to the level of education. They see I am devoted to learning and growing as a practitioner and person.*The single response received from an employer/collaborative partner indicated an appreciation of the *research orientation* of the graduate, which, in its turn *strengthened her stature as an NP in our program.*

A related question addressed the performance criteria linked to the job position held by the DNP graduate, asking whether these criteria reflect any added benefit from having the DNP degree. One responded replied that *focused training is always important to refining performance. In the business community, an advanced degree reflects dedication. Respect is most important.*

However, the majority of responses did not offer affirmation of the point, and did not include specific examples of how expectations of performance had changed, after the degree had been conferred.

Respondents were asked to describe the tangible and theoretical benefits, gained on the job, which flow directly from having the DNP degree. They were asked to consider such things as changes in work responsibilities; expansion of employment opportunities; professional benefits gained (e.g., salary differential; organizational title; position on the organizational chart, etc.); or increased autonomy in practice (e.g., change in the supervisory line of authority).

These responses were more limited than might have been anticipated. While, as previously described, the value of the degree was perceived in many cognitive and affective ways, nevertheless, only few graduate-respondents reported any specific advantage that could be directly attributed to having acquired the DNP degree. One illustrative response was: *There have not been any tangible changes, but more of an equalizing on the playing field.* Actual benefits were described as: a) *organizational title of Chief Nursing Officer, and with that the required responsibility; b) salary increase, administrator title; c) expanded my employment opportunities… and allowed me to move "higher up" on the organizational chart; d) increased my visibility within the executive level and hierarchy; e) freedom of creativity in both the clinical and academic arenas; f) I have been eligible to qualify for teaching positions that look for qualified candidates with DNPs.*

The DNP graduates who provided responses to this survey provided examples of benefits that accrued to clients in selected clinical care situations; and to the health care system, when applied within organizational initiatives and programs. Examples of wide dissemination of these advances in health care, via internet and peer reviewed publications (Broome et al., 2013), were offered as evidence. Burman et al (2009) state their position that current master's programs do not prepare nurse-practitioners to assume high-level practice focused on health promotion, linked to a foundation in behavioral sciences; and argue that this content needs to be a central core of DNP programs. Dunbar-Jacob et al (2013) note that nurse educators need to consider whether the current curriculum direction taken by DNP programs is sufficient to prepare graduates for the tasks of shaping health care systems.

Respondents offered some commentary about perceptions of personal benefits that could be attributed to acquisition of the degree. There was some reflection of change in professional attributes (leadership; recognition; respect). Lenz (2005) noted that *in an era in which virtually all health care professions have moved to the doctorate as the terminal practice degree, parity for nursing is not simply a matter of status. Instead, it is increasingly the credential that is needed for credibility in leadership positions.* On the other hand, there was much less commentary about tangible benefits (salary increases; autonomy in practice, organizational advancement) that might have accrued.

SUMMARY AND CONCLUSION

This particularly well-intentioned, and well-designed longitudinal outcomes and impact survey was limited by the small response rate. However, several personal and professional benefits, both tangible and intangible, were perceived by graduates as the added value of the DNP degree. The survey was similarly constrained in its assessment of the impact of the SON DNP program on the community which it serves. The lack of information from community stakeholders (e.g., human resource representatives, and clinical practice partners) severely restricted the ability to make any strong statement of value of the DNP program to its larger social mission, which was a highly prioritized outcome objective of this assessment.

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