American Association
of Colleges of Nursing

TALKING POINTS

RAND Study on *The DNP by 2015*

In 2004, member schools affiliated with the American Association of Colleges of Nursing (AACN) voted to endorse the *Position Statement on the Practice Doctorate in Nursing*, which called for moving the level of preparation necessary for advanced nursing practice from the master's degree to the doctorate by the target year of 2015. Over the last 10 years, the nation's nursing schools have made great strides in moving towards this target. Currently, the majority of schools with Advanced Practice Registered Nurse (APRN) programs, the largest subset of all advanced nursing practice programs, either offer or are planning to offer a DNP at the post-baccalaureate and/or post-master's level.

Despite this impressive progress, AACN acknowledges that all schools will not be able to fully transition their master's-level APRN programs to the practice doctorate by 2015 and that many schools are electing to maintain both master's and DNP options to prepare APRNs. To better understand the issues facing schools moving to the DNP, the AACN Board of Directors commissioned the RAND Corporation to conduct a national survey of nursing schools with APRN programs to identify the barriers and facilitators to offering a post-baccalaureate DNP. The Board requested a report that includes recommendations for next steps that AACN can take to help schools accelerate programmatic change and overcome challenges.

The resulting study is titled *The DNP by 2015: A Study of the Institutional, Political, and Professional Issues that Facilitate or Impede Establishing a Post-Baccalaureate Doctor of Nursing Practice Program* and is available on the AACN's web site at www.aacn.nche.edu/DNPstudy. The following talking points were developed to highlight key findings and themes, clarify the study's focus, and identify AACN's next steps.

Principal Findings and Themes

- Schools of nursing have made great progress in transitioning to the DNP by the target date of 2015. Currently, DNP programs, either at the post-baccalaureate (BSN-DNP) or post-master's (MSN-DNP) level, are offered at more than 250 schools nationwide.

- The report authors found near "universal agreement" among nursing's academic leaders regarding the value of DNP education in preparing nurses to serve in one of the four APRN roles, specifically Nurse Practitioners, Clinical Nurse Specialists, Certified Registered Nurse Anesthetists, and Certified Nurse-Midwives.

- Though the master's degree remains the dominant route into APRN practice at this point in time, the educational landscape is changing. Approximately 30% of nursing schools with APRN programs now offer the BSN-DNP, and this proportion will climb to greater than 50% within the next few years.

- Student demand is strong for all types of programs – BSN-DNP, MSN-DNP, and the MSN – that prepare APRNs. Approximately 65% of schools with BSN-DNP programs also offer master's level APRN programs.

- The national movement toward offering the BSN-DNP and closing master's level APRN programs is expected to accelerate. Currently, between 11-14% of schools with APRNs programs only offer the BSN-DNP as their entry-level option into advance practice. An additional 27% of schools with or planning a BSN-DNP intend to close their master's level APRN programs within the next few years.

- Many employers are unclear about the differences between master's-prepared and DNP-prepared APRNs and could benefit from information on outcomes connected to DNP practice as well as exemplars from practice settings that capitalize on the capabilities of DNPs.

- Barriers identified by schools transitioning to the BSN-DNP include a lack of faculty, costs and budgetary concerns, insufficient clinical sites, and resource challenges associated with overseeing DNP scholarly projects.

- The requirement of the DNP for certification and accreditation is an important factor in a school's decision to transition fully to the BSN-DNP.

- AACN's endorsement of the practice doctorate was cited as a strong motivator to schools in their decision-making to offer the DNP. Academic leaders are looking to AACN to provide guidance and support to overcome challenges related to offering the BSN-DNP.

Study Focus and Design

- The RAND study focuses on the movement to offer the post-baccalaureate DNP degree, not the post-master's DNP degree.

- Though AACN's DNP position statement called for moving all programs that prepare individuals for advanced nursing practice to the doctoral level (e.g., leadership, policy, informatics, and public health, among others), the RAND study only focused on programs preparing nurses for one of the four APRN roles.

- Data from Certified Registered Nurse Anesthetist (CRNA) programs were largely excluded from the findings because the timetable to require the doctorate for CRNA practice has been set for 2025 by the Council on Accreditation of Nurse Anesthesia Educational Programs. The National Board of Certification and Recertification for Nurse Anesthetists will require a doctoral degree for all graduates who enter into an accredited nurse anesthesia educational program on or after January 1, 2022.

- A mixed methodology approach was used to complete the study. The authors conducted a national survey of 400 nursing schools offering APRN programs, which elicited a 63% response rate (n=345), and qualitative interviews with 29 deans/directors (7% of the total population of schools with APRN programs). Within the small sample of individuals interviewed, the level of support for the BSN-DNP ranged from enthusiastic to moderate to opposing.

Next Steps for AACN

- To facilitate the continued transition to the DNP, the report authors recommend that AACN conduct outcome studies to assess the impact DNP graduates are having on patient care; provide outreach and data to employers showing the value-added benefits of recruiting DNP-prepared nurses; showcase success strategies that can be used by schools to overcome challenges, including securing clinical sites; and provide greater clarity and guidance around the DNP final project. AACN's Board of Directors will consider these recommendations at their strategic thinking retreat in January 2015.

- Two AACN task forces – the Implementation of the DNP Task Force and the APRN Clinical Training Task Force – are currently working on white papers that will address some of the barriers identified in the RAND study. To find out more about these task forces and their charges, see www.aacn.nche.edu/about-aacn/committees-task-forces.

- AACN will engage members in discussions regarding the DNP study's findings and case studies in our conference and webinar programming. Strategies for overcoming barriers, case studies from schools that have transitioned fully to the BSN-DNP, and outcomes related to DNPs in practice will be compiled and shared with employers and other stakeholders via the AACN web site and other communication channels.

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*The **American Association of Colleges of Nursing** (AACN) is the national voice for university and four-year college education programs in nursing. Representing more than 750 member schools of nursing at public and private institutions nationwide, AACN's educational, research, governmental advocacy, data collection, publications, and other programs work to establish quality standards for bachelor's- and graduate-degree nursing education, assist deans and directors to implement those standards, influence the nursing profession to improve health care, and promote public support of baccalaureate and graduate nursing education, research, and practice. Learn more at www.aacn.nche.edu*

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