

The Doctor of Nursing Practice for Women's Health Nurse Practitioners



The National Association of Nurse Practitioners in Women's Health (NPWH) supports a pragmatic approach for the continuing evolution to the Doctor of Nursing Practice (DNP) degree as entry level for women's health nurse practitioners (WHNPs). During the transition, study of the impact of DNP education on quality, access, and cost of healthcare should be ongoing. Policies must be in place to ensure that currently practicing WHNPs are not disenfranchised from practice in any way. Furthermore, NPWH advocates for concerted strategies to maintain an adequate number of highly qualified WHNPs to meet the healthcare needs for individuals and communities.

Background

In October 2004, the American Association of Colleges of Nursing (AACN) published a position paper with the recommendation to transition the entry-level degree for advanced practice registered nurses (APRNs) from the master's degree to the DNP by the year 2015.¹ The AACN position paper outlined several trends to support the need for a practice doctorate for advanced nursing practice. These trends included continuing expansion of scientific knowledge, technology and informatics advances, increasing complexity of healthcare systems, the need for improved patient outcomes, and the need for parity with other healthcare professionals.

The Institute of Medicine (IOM) 2011 report, *The Future of Nursing: Leading Change, Advancing Care*, recognized that more would be expected of the APRN as the healthcare system grows in complexity, scientific knowledge continues to expand, and technology advances.² APRNs would need competence in aspects of healthcare that require additional coursework and aligned clinical experiences. Further, the IOM report recognized the importance of DNP-prepared APRNs as clinical scholars who translate research and positively affect individual and population health outcomes at organizational and systems levels.

Based on the AACN's *Essentials of Doctoral Education for Advanced Nursing Practice*, DNP curricula go beyond that of master's programs.³ DNP programs prepare APRNs as leaders in evidence-based practice, quality improvement, systems thinking, and clinical scholarship. DNP curricula provide critical learning in the areas of informatics and technology, healthcare policy and advocacy, population health, and interprofessional collaboration to improve healthcare.

In 2015, the National Organization of Nurse Practitioner Faculties (NONPF) reaffirmed a commitment to advancing the DNP degree as entry level for the NP role.⁴ Further, NONPF recommended that all NP programs provide a post-baccalaureate to DNP with a seamless, integrated curriculum that prepares graduates with NP core competencies,⁵ population-focused

competencies,⁶ and competencies of the DNP Essentials.³

Significance to women's healthcare and WHNP practice

NPWH affirms that master's and certificate programs have fully prepared WHNPs with the competencies required to provide safe, quality healthcare for women. NPWH also recognizes the growing complexity of healthcare environments and the continuously expanding body of scientific knowledge regarding women's health and healthcare needs. DNP education provides WHNPs with advanced competencies significant to providing women's healthcare and enhancing NP practice.

Women benefit when WHNPs are prepared with the highest level of scientific knowledge and the ability to translate that knowledge quickly and effectively into practice. Proficiency in leading quality improvement strategies that create and sustain positive change at organizational and policy levels leads to improved health outcomes. Advanced preparation in the inter-professional dimension of healthcare enables WHNPs to facilitate collaborative team functioning. DNP-prepared WHNPs provide a critical interface between practice, research, and policy, with a focus on women's health.

NPWH also recognizes challenges that must be addressed regarding the move to the DNP as entry level for WHNP practice. The DNP degree will require longer educational programs that add to educational costs. Longer educational programs may also slow the number of WHNPs prepared to meet national healthcare shortages. Financial gain for the WHNP prepared at the DNP level is not guaranteed.

NPWH recommendations

- DNP education must include availability for preparation in the WHNP population focus.
- The DNP curriculum for the WHNP population focus must incorporate the *WHNP Guidelines for Practice and Education*.⁷
- NPWH and other APRN organizations must collaborate to address the challenges presented in making the transition to the DNP as entry into practice for APRNs in an informed and equitable manner.
- NPWH and other APRN organizations must participate in and support research to study the impact of DNP education on quality, access, and cost of healthcare.
- NPWH will continue to advocate at organizational and legislative levels to ensure that policies and regulations support the practice of all WHNPs. NPWH will support only those policies and regulations for NP practice, education, and reimbursement that do not disenfranchise WHNPs without DNP degrees. ●

References

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