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Voices of chief nursing executives informing a doctor of nursing practice program

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ABSTRACT

The purpose of this article is to describe the business case framework used to guide doctor of nursing practice (DNP) program enhancements and to discuss methods used to gain chief nurse executives' (CNEs) perspectives for desired curricular and experiential content for doctor of nursing practice nurses in health care system executive roles. Principal results of CNE interview responses were closely aligned to the knowledge, skills and/or attitudes identified by the national leadership organizations. Major conclusions of this article are that curriculum change should include increased emphasis on leadership, implementation science, and translation of evidence into practice methods. Business, information and technology management, policy, and health care law content would also need to be re-balanced to facilitate DNP graduates' health care system level practice.

Introduction

Today's rapidly evolving health care environment and the proliferation of doctor of nursing practice (DNP) programs converging with local and national nursing faculty shortages initiated a call to action for faculty leaders teaching in the program. The educators identified the need to facilitate the development of resilient, flexible graduates of the DNP program to meet the current and future requirements of practice environments (Terhaar, Taylor, & Sylvia, 2016). Concurrent challenges for faculty include the high demand for nursing leaders, the increasing number of DNP programs, and the low supply of nursing faculty. The aforementioned challenges have the potential to compromise faculty's ability to maintain contemporary program content necessary for DNP students to assume health care system leadership roles.

With ten DNP programs in the State at the time of this study and 264 DNP programs in the United States (AACN, 2015), it was important to assess the customer perspective of the DNP employer regarding relevance and differentiating value of the DNP program for those preparing for health care system leader roles. As the chief nurse executive typically hires system-level DNP graduates, we focused our efforts on determining the perspectives of these executives. While interdisciplinary partners provide input into post-employment competencies, identifying the DNP nurse leader competencies are typically in the purview of the chief nurse executive. In addition to the above concerns, program costs and a taxing one-to-one faculty workload for the students' scholarly projects motivated faculty leaders to re-examine DNP program improvement potential. Initially founded in 2010, with the support of Health Resource Services Administration grant funding, the post-master's DNP program was a doctoral-level leadership program for advanced practice registered nurses (APRNs).

School and faculty leaders recognized the need to provide a DNP program that would prepare graduates to not only meet national standards (American Association of Colleges of Nurses, 2011), but to also meet future system-level leadership requirements, align with faculty workload, and decrease variability in student progression and scholarly project completion. The initial DNP scholarly project extended over the length of the DNP program (three to six years). The DNP Program Team (DNP faculty), curriculum committee, school leaders and staff identified the following high-level aims: Develop DNP students' experiential learning opportunities to enhance real-world competence; align the program's resource usage; standardize the processes for achievement of student learning outcomes, program outcomes, and student progression.

As a critical first step and guided by a business case framework actual and potential employers of the university's DNP leadership graduates were interviewed. The interviews included their perspectives regarding DNP graduate preparation, the leadership in healthcare skill sets needed, and preparation gaps present in current graduates seeking a DNP health care executive leadership role. The purpose of this article is to describe the business case framework used to guide the program enhancements and to discuss the essential methods used to gain perspectives of chief nurse executives about desired DNP curricular and experiential content for DNPs functioning in health care system executive roles.

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Program assessment framework & questions

To ensure that a highly relevant and current plan for the overall program and curricular improvement was developed, the initial needs assessment interviews were guided by a business case framework by Ellis, Embree, and Ellis (2015) that included four areas of impact. The first area of impact was strategic and involved DNP program financial status. This was the return on the investment and the cost/benefit of potential program changes. The second area followed a stakeholder analysis and considered education/practice impact. Following the analysis, stakeholders for the overall curriculum process were identified. The overall curriculum process changes are outside the scope of this article. Stakeholders included nurse leaders/practice partners, university administrators, faculty, recent DNP alumni, and staff. The market impact was the third area of the framework and considered strengths, weaknesses, opportunities, and threats (SWOT) of the current DNP program versus other regional DNP programs. The final area was the program change impact and included input from students and the above listed stakeholders. The stakeholders affecting the program revisions included CNEs who typically hired DNP leaders.

The program change impact also included future program revisions based on area CNE interviews, and the comparison of the current program to the Essentials of Doctoral Education for Advanced Nursing Practice, the American Organization of Nurse Executives competencies, (AONE, 2011), and the American College of Health-Executives (ACHE, 2015) competencies. The AONE (2011) and ACHE (2015) competencies guide national certifications including the Nurse Executive Basic and Advanced Board Certification and the American College of Health Care Executives' Certification, which is employer expected national certifications for nurse executives and health care executives. The ACHE competencies are similar to the AONE competencies.

The DNP Program team vision was to facilitate high-level aims that would lead to student experiential competence development, program resource alignment, student learning outcomes, program outcomes, and process standardization for student progression. Using the business model framework, strategic impact determination encompassed analyses of the finances or program and interview expenses, as well as potential program change expenses. Twenty percent of the DNP program cost was the one-to-one faculty advising expense for the scholarly inquiry project. Failing to “break even” was the program's reality, and a variety of factors impacted program fiscal viability, including student progression and faculty workload. DNP content and program restructuring was based upon CNE interview content, program change expenses, and the current and projected program change.

The education/practice impact was stakeholder consideration-practice partners, administrators, faculty, and staff. A stakeholder analysis helped the team determine pertinent partners. The goal of the stakeholder analysis was to develop cooperation between stakeholders and the DNP Program Team. Types of stakeholders are typically primary (directly affected) or secondary (indirectly affected), and are key members or those having significant influence or importance. Steps in the analysis were to identify stakeholders, use brainstorming to determine how to best connect with identified persons, prioritize the value of those identified, and enhance relationships with high priority stakeholders to increase the leverage of their talent (Newcomer, Hatry, & Wholey, 2015). Other stakeholders were faculty teaching in the DNP program. Keeping stakeholders informed of the process of CNE interviews was key, as faculty is responsible for the curriculum.

The team identified questions to guide decision-making about additional important stakeholders to include as the DNP Program Team was broadened to receive the CNE interview results and framework analyses, and to redesign the DNP program (outside the scope of this article). The questions to guide selecting additional stakeholder input were:

1. Who are the individuals likely to be affected positively or negatively by the content or program changes?
2. What is the influence of these individuals or groups?
3. What is the degree of influence of these stakeholders on the DNP program?
4. What is the DNP program influence on clinical partners?

The market impact was the third area of the framework and considered strengths, weaknesses, opportunities, and threats of the current DNP program versus other DNP programs in the region. A nationwide market review of 138 DNP programs in the United States indicated that 36 programs or 26% were leadership-focused DNP programs (AACN, 2015). Important conclusions from this information were that first, there was an opportunity to significantly differentiate the DNP program regionally as a premier program preparing systems-level healthcare leaders, as nearly all of the regional DNP programs were APRN focused to gain deeper immersion into advanced practice roles. Second, our current fee structure was significantly below the market for leadership-focused programs. For us, this afforded ample evidence to support a simultaneous effort to propose a revised fee structure.

The final area was the program change impact, which included the students and everyone who would touch the student in the DNP program. The program change impact included how the program would be revised based on content extracted from stakeholder interviews, and comparison of the current program to the DNP Essentials (AACN, 2011), and the AONE (2011) and ACHE (2015) competencies.

Setting and CNE interview sample

The DNP Program Coordinator (a former business chief executive officer), the Associate Dean for Graduate Programs and the Master of Science in Nursing Leadership in Health Systems Coordinator (a former CNE) met to identify strategy, goals, and a plan to facilitate meaningful DNP program changes. These three DNP faculty members conducted the initial needs assessment to guide DNP program change.

Given the project's aims, current and potential clinical partners were targeted for interview. Current clinical partners hiring our DNP graduates included three of our clinical partners. Our past DNP graduates included clinical nurse specialists, nurse practitioners, and nurse educators. Defining the stakeholders for interview helped to define the regional market and the desired sample of CNEs. The DNP Program market area and desired sample were identified as current or potential clinical partners-CNEs: the ten system CNEs within 20 miles of the University. At this point of time, DNP system leaders were typically hired in this region by the chief nurse executives for system-level positions. Of the CNEs within 20 miles of the university-40% were Doctorate of Philosophy (PhD) prepared, 40% were Masters of Science in Nursing (MSN) prepared, and 20% were DNP prepared. Coming from a variety of health care organizations, CNEs represented the following systems: a safety net health care system, the local veteran's system, a faith-based system, a large academic health center, a community health system and a comprehensive community health system. Half of the CNEs interviewed represented Magnet ® designated facilities.

Procedure

Prior to CNE interviews, the DNP Program team first gained the authors' University Institutional Review Board approval. The next step for the DNP Program Team was contacting the CNEs by telephone prior to inviting them for interviews, which helped to ascertain interest in assisting the DNP Program team. All ten CNEs approached consented to be interviewed by the DNP program team. Upon agreement to assist the team, the CNEs were then contacted by email regarding potential dates for individual or group interviews. Coordination of dates and times that the interviews could occur were then determined. Targeted interviews were planned to assist in obtaining information about needed program content and skills that CNES felt that DNP graduates needed for system level health care roles. The methodology for this study consisted

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