



ANPD Discussion Paper:
Nursing Professional
Development (NPD)
Practitioner Responsibility in
Advising for Academic
Advancement

2017

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NPD Practitioner Responsibility in Advising for Academic Advancement

Discussion Paper

Introduction

Nursing professional development (NPD) practitioners are often asked, “Which direction do I take in furthering my education?” This discussion paper delineates the role of the NPD practitioner in advising nurses who seek to advance their education. As mentioned in the *Nursing Professional Development: Scope & Standards of Practice* (3rd edition), one of the roles of the NPD practitioner is mentor (p. 6). The NPD practitioner is described as one who advances the profession by contributing to the professional development of others. This is inclusive in supporting lifelong learning by helping individuals develop across practice, professional, and educational settings (Harper & Maloney, 2016).

Discussion

Florence Nightingale was the first nurse to answer the question, *why education?* Nightingale’s theory set the standard for modern nursing education; she believed that nurses should be “specifically educated and trained for their position in healthcare” (Petiprin, 2016). The Institute of Medicine (IOM) (2010) report, “The Future of Nursing: Leading Change, Advancing Health,” recommended that nursing increase the number of Bachelor of Science in Nursing (BSN) nurses from 50% to 80% and double the percentage of nurses who hold doctoral degrees by the year 2020. As of 2016, there are approximately 3,184,283 active registered nurses in the United States with less than one percent (approximately 30,000) prepared at the doctoral level (Kaiser Report, 2016; Nickitas & Feeg, 2011). The IOM (2010) strongly supports the concept of nurses as full partners in collaboration with interprofessional colleagues in its efforts to redesign health care in the United States. For nurses to meet future goals and be representative in health care as equal partners there must be an increase in the number of nurses with advanced degrees. Data from the American Association of College of Nursing (AACN) (2015) showed an increase of 10.4% in RN-to-BSN programs, 6.6% in master’s programs, 3.2% in research-focused doctoral programs, and 26.2% in practice-focused doctoral programs; however, these increased numbers are not adequate to meet the future needs of nursing care.

The American Nursing Association (ANA), the National League of Nursing (NLN), the National Association of Clinical Nurse Specialists (NACNS), and AACN have developed criteria, position statements, and recommendations for educational programs for nurses including BSN, Master of Science in Nursing (MSN), Clinical Nurse Specialist (CNS), Post-graduate Certificate Educational Programs, Doctoral Degree in Nursing (DNP), and Doctor of Philosophy (PhD) programs. These criteria are research-based and include core values, faculty development, diversity, program capacity, and research opportunities. Other recommendations for programs include practicum opportunities, expansion of knowledge, transition to higher learning programs, leadership preparation, and a focus on patient safety and outcomes. The NPD practitioner, although not recommending a specific college or program, should

advise the nurse to choose a program that meets these criteria. The NPD practitioner may provide the nurse with resources to access this information from the organizations' websites and to obtain this information from a school or program. Graduation from an accredited degree program is essential for testing, future employment, and continuance of education. Many state boards of nursing list accredited programs they will accept when applying for licensure.

If learners intend to pursue advanced degrees, it is recommended that they enroll in a BSN program as an entry level into nursing. If the learners select an Associate Degree nursing program, they should consider a program that will articulate into a BSN program. Over 600 RN-to-BSN programs currently exist in the United States, giving prospective students options such as face-to-face classes, online learning, and blended education. With prerequisite science courses required prior to enrolling, RN-to-BSN curricula commonly include Health Assessment, Pharmacology, Evidence-based Practice, and Leadership courses. In addition, a clinical or evidence-based practicum is commonly required. Depending on the pace of study, transfer credits, and curricular requirements the student may complete the RN-to-BSN program in one to two years.

Graduate nursing programs abound in the United States, offering Master of Nursing (MN), MSN, DNP, Doctor of Nursing Science (DNSc), and PhD degree programs. AACN's [Program Directory](#) lists over 500 master's degree programs and 280 doctoral programs. All of these options can be broadly categorized as either practice or non-practice oriented. Practice oriented degrees prepare nurses for roles involving direct patient care including nurse practitioner, nurse anesthetist, nurse midwife, and clinical nurse specialist. For most advanced practice roles, the MSN is quickly being replaced by the DNP as the preferred entry-level degree. Non practice-oriented degrees prepare nurses for roles outside direct patient care, such as educator, researcher, informatics, and nursing leadership roles. A master's degree is preferred for NPD practitioners, clinical educators, nurse managers, and other nurse leaders. A master's degree is often acceptable as entry level for academic faculty and researchers, but a terminal degree is preferred. While academic faculty may pursue either a PhD or DNP, aspiring researchers should pursue a PhD.

Different options are available to facilitate the path to achieving these degrees. Common pathways include entry level master's degrees for those with a bachelor degree or master's in another discipline; RN-to-MSN programs designed for associate degree nurses to achieve the master's level in about 2 – 3 years; and the baccalaureate-to-master's degree for those seeking to earn an MSN, MN, or Master of Science (MS) to build on an undergraduate nursing foundation. Other programs include the dual master's degree that pairs an MSN with a Master of Business Administration (MBA) in business or a Master of Health Administration (MHA) or Master's in Public Health Administration (MPA). A post-master's certificate is also available for those who have earned a master's degree and are seeking to focus on a program of study.

For those entering doctoral or post-doctoral programs in nursing, fast-track baccalaureate to doctoral programs allow the baccalaureate prepared nurse to earn a doctoral degree in about 3 – 4 years. For more information about graduate nursing degrees, please refer to [AACN's brochure on graduate education](#).

Orsolini-Hain (2012) found multiple perceived barriers nurses must overcome to further their academic advancement. Perceived barriers include receiving mixed messages from employers regarding support for return to school, a lack of vision of what can be gained by an advanced degree, and minimal salary

increases with advanced degrees as net earnings increase by only 6.8%. Salary increases after degree completion are not always sufficient to recoup the educational expense in a timely manner.

Common barriers including costs and schedule may be overcome by tuition reimbursement, flexible work arrangements, and professional advancement. While many organizations offer some form of tuition reimbursement, few provide reimbursement up front or offer paid time off to complete clinical requirements. If the nurse decreases work hours to attend school, he or she may no longer be eligible for benefits. Other considerations for the potential student include: work schedule, format of classes (on campus, online, or blended), application processes, unfamiliar academic processes (e.g., technology for online learning), and lack of practice/academic partnerships. When choosing a program, the nurse should be encouraged to explore scholarships, tuition discounts, schedule adjustments, and the availability of preceptors for completion of clinical hours (Duffy et al, 2014; Kalman, Wells, & Gaven, 2009; Sarver, Cichra, & Kline, 2015; Altman, 2011). As adult learners they should be aware of how they best learn and choose an environment that will provide encouragement and meet their specific needs.

Conclusion

Understanding the types of programs available, recommended criteria, how the degree will affect the career of the nurse, and the barriers present will assist the NPD practitioner when advising nurses seeking educational advancement. The IOM has requested that nurses serve as ‘partners’ in the future direction of healthcare. At present, the inadequate number of nurses with advanced degrees limits the nursing profession’s ability to fulfill that “partnering role” within healthcare. As NPD practitioners, we believe it is essential for nurses to seek advanced degrees to produce a workforce capable of meeting future healthcare demands. The NPD practitioner’s advice for individuals seeking to continue their education should reference the organizations above to provide the nurse with guidelines to consider when searching and choosing a program that is right for them.

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