The National Association of NURSE PRACTITIONERS in WOMEN'S HEALTH

POSITION STATEMENT

Role of WHNPs in the Scholarship of Discovery, Practice, and Teaching

The National Association of Nurse Practitioners in Women's Health (NPWH) recognizes a critical need for women's health nurse practitioner (WHNP) scholars in discovery, practice, and teaching to improve women's and gender-related healthcare and health outcomes. WHNPs with earned doctoral degrees can make unique contributions to scholarship with their combination of advanced practice nursing knowledge and skills and expertise in women's and gender-related health.

The education and experience of WHNPs provide them with informed, unique perspectives on how women's and gender-related health is inextricably linked to the intersectionality of biology, genetics, behaviors, identities, social determinants, and life transitions.[1,2] Scientific research led by WHNP scholars is needed to expand the evidence base to understand the connections among these facets. Translational science led by WHNP scholars is needed to develop, implement, and evaluate strategies based on the evidence to reduce health disparities and improve healthcare and health outcomes.[3]

NPWH asserts that women's and gender-related healthcare and health outcomes at individual, population, organizational, and systems levels benefit by having WHNPs with PhD preparation generating new knowledge and WHNPs with DNP preparation leading the integration and application of findings within evidence-based practice. Growing and supporting a robust and diverse cadre of WHNPs prepared with the highest level of scientific knowledge and the ability to translate that knowledge quickly and effectively into evidence-based practice improves women's and gender-related healthcare and health outcomes. This benefit has yet to be fully realized.

NPWH advocates for strategies to grow and support this cadre of WHNPs in the scholarship of discovery, practice, and teaching. Such strategies should include attention to the instruction of future WHNPs to ensure they learn about opportunities for leadership in scientific research and translational science that can be attained through doctoral education. DNP-prepared WHNP faculty should be available to mentor students in their role as practice scholars. WHNPs and WHNP students with an interest in research should have opportunities to engage with PhD-prepared WHNPs for mentoring to learn more about the nurse scientist role. Graduates of DNP and PhD programs should have access to mentorship in the scholarship role. Strong clinical-research partnerships need to be created to demonstrate value and lead the advancement of women's and gender-related health. Opportunities for dissemination of women's and gender-related health scholarship work generated by WHNPs are crucial. NPWH has a commitment to enhance venues for dissemination as well as scholarship collaboration.

NPWH recognizes the financial, time, and other challenges in obtaining doctoral degrees and the need to support doctorally-prepared WHNPs to be able to fully engage in scholarship focused on women's and gender-related health. NPWH commits to communicating with WHNPs and WHNP students to have a more complete understanding of these challenges and the potential strategies to effectively address them.

NPWH also appreciates the value in research that demonstrates the ways in which WHNPs influence access to care, reduction of health disparities, health outcomes, and cost of care. The profession benefits when strong evidence of how WHNPs positively influence women's and gender-related healthcare and health outcomes is generated and disseminated. This work has implications for health policy, healthcare systems, and the entirety of the WHNP profession.

BACKGROUND

In this position statement, NPWH chose to consider scholarship using the Boyer Model. The landmark work of Ernest Boyer has provided an expanded definition of scholarship with independent and overlapping functions inclusive of discovery, integration, application, and teaching.[4] In a 2018 position statement, the American Association of Colleges of Nursing (AACN) broadened the definition of nursing scholarship to explicitly recognize the inclusion of discovery or scientific inquiry, teaching, and practice.[5] In nursing, the hallmark of these scholarly activities is the cumulative impact on healthcare, health outcomes, and the profession.

Building on the work of Boyer and others, a common understanding is that scholarship must include dissemination of one's work for review and critique by peers, to inform others, and to allow for reproducibility and building on by other scholars.[6] The AACN definition of nursing scholarship includes the communication of knowledge generated through scientific inquiry that informs practice, nursing education, policy, and healthcare delivery.[5] WHNP scholars advance science, improve clinical practice, influence policy, and create best educational practices, all to enhance women's and gender-related health and advance the nurse practitioner (NP), and in particular, the WHNP profession.[5]

The PhD-prepared WHNP employs the scholarship of discovery through a multitude of methods of scientific inquiry. Their research creates new knowledge, refines or expands existing knowledge, and is translatable into practice, education, and policy.[1] As nursing faculty, WHNPs with PhD degrees can bring rich lines of women's and gender-related health research to the academic setting with opportunities for interdisciplinary collaboration. WHNP faculty members who are conducting research and disseminating their scholarship provide opportunities for students to witness and participate in the generation of research that will become the evidence base for practice.[7] PhD-prepared WHNPs also work as nurse scientists in academic hospitals or health systems settings providing consultation, leading research initiatives, and educating and mentoring staff to encourage interest in research and act as role models.[8] Other research settings for PhD-prepared WHNPs include health-related nonprofit and for-profit organizations, governmental organizations, and private industry.

A downward trend in nursing PhD enrollments in the United States presents a challenge to maintaining and expanding the scholarship of discovery. In 2015, there were approximately 5,012 enrollments and in 2021, there were 4,476. A slight increase was seen in the number of graduates from 707 in 2015 to 803 in 2019. However, that number declined to 733 in 2021.[9] The number of enrollments and graduations that include WHNPs, or even how many were advanced practice registered nurses, is not readily available.

In the American Association of Nurse Practitioners (AANP) 2020 National Nurse Practitioner Sample Survey, only 1.6% of the survey respondents indicated they held a nursing PhD degree, with another 1.7% reporting they held another nursing doctorate (not including DNP) or a non-nursing doctorate[10] The highest degree held and primary certification areas of respondents were not correlated. Given that only 2.2% of respondents indicated they were WHNPs, it can be concluded that the number with a nursing PhD or other research doctorate is small.

Completing a PhD program is time intensive and expensive. As the DNP becomes required for entry to practice as a WHNP, fewer students may consider advancing their education to the PhD level. Opportunities to be mentored by WHNPs with PhD degrees are limited. The promotion of the role of WHNPs as research scientists to students in WHNP programs also is often minimal.

The availability for entry at different points to doctoral programs (ie, DNP to PhD, PhD to DNP, dual PhD-DNP, non-nursing doctoral degree to WHNP) is needed to provide a variety of options to meet the needs of students. Innovation to support WHNPs with PhD degrees in mentoring WHNPs currently in or recently graduated from PhD programs could be beneficial. Strategies to embed the value of nurse researchers within a WHNP curriculum could encourage students who might not otherwise consider pursuing a PhD degree to do so.[11]

WHNPs with DNP degrees work in a variety of settings and roles including direct patient care, healthcare administration, safety and quality improvement teams, and as faculty in schools of nursing. They employ the scholarship of practice (integration and application) when they address opportunities for innovation and change in practice, collaborate in the development of policies or regulations in the light of new evidence, evaluate outcomes and impacts of new practices, and disseminate their scholarship to diverse audiences using a variety of modalities.[12] As faculty, they are able to use clinical expertise to develop realistic learning modules, simulations, and case studies that can be shared at conferences and in publications.[13] The utilization of DNP-prepared WHNPs as nurse scholars in clinical settings and as faculty has not yet been fully recognized.[13–15]

Unlike nursing PhD programs, DNP programs continue to grow exponentially. As of 2021, there were 407 DNP programs and another 106 new DNP programs were in the planning stages. Approximately 40,834 students were in DNP programs with 10,086 graduations in 2021.[16] The majority of these students were in an NP concentration.[9] In the AANP 2020 National Nurse Practitioner Sample Survey, 14.7% of the survey respondents indicated they held a DNP degree.[10] Again, the highest degree held by respondents was not correlated with their primary certification area, so we do not know how many of those reporting a DNP degree were WHNPs.

As the move of entry-level NP education to the DNP degree progresses, programs will be challenged to attain and maintain adequate numbers of DNP-prepared faculty to advise and mentor students in scholarly projects. Attention to standardized rigor and content of the curriculum in preparing graduates for practice scholarship is critical.[14] Decisions about which population-focused tracks can and should be maintained also is a concern. The generation and dissemination of compelling data on how WHNPs positively influence women's and gender-related healthcare and health outcomes is important to support the maintenance and growth of WHNP tracks in DNP programs.

IMPLICATIONS FOR WHNPS AND WOMEN'S AND GENDER-RELATED HEALTH

PhD-prepared WHNPs are essential to conducting and interpreting research required to support evidence-based women's and gender-related healthcare that improves outcomes and reduces health disparities. DNP-educated WHNPs have a lead role in translating evidence into practice and participating in strategic planning for quality improvement and health equity in women's and gender-related healthcare. There is a vital space for both PhD-prepared and DNP-prepared WHNPs in academia. Their visibility and scholarship allow students to learn about and have a better understanding of these roles and the connection with women's and gender-related health.

It is recognized that DNP- and PhD-prepared WHNPs have distinct skill sets. There is a uniqueness in the focus of their scholarly work. It is these distinct skill sets and uniqueness in focus that create value and opportunities for effective collaborative efforts.[17–20] The competencies of both groups of doctorally prepared WHNPs must be combined and leveraged to ensure that the WHNP profession has a leadership role in the integration of research into practice. Women's and gender-related health research, evidence-based practice, and quality improvement are not mutually exclusive and instead must be unified for the most benefit at individual practice, organizational, health systems, and policy-making levels.

Opportunities for mentorship and networking among WHNP scholars should be expanded for support, sharing ideas, promoting collaboration, and fostering dissemination of scholarly work.[18,19,21]

NPWH LEADERSHIP

NPWH will provide leadership to ensure:

- Resources are available to inform WHNPs and WHNP students about leadership roles in scientific research and translational science and opportunities for pursuing doctoral education.
- Venues are available for doctorally prepared WHNP scholars to connect, share, and collaborate to enhance and disseminate their scholarly work.
- Advocacy for WHNP scholars to participate on national level committees to support research centered on women's and gender-related health.
- Continuing education and other resources are available to support WHNP scholars in remaining informed of current gaps in women's and gender-related health knowledge and evidence-based practice that need to be addressed.
- WHNP scholars have support to generate and translate knowledge on how WHNPs influence access to care, reduction in health disparities, health outcomes, and cost of care.

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