

Leading DNP Professionals Practice Competencies for Organizational Excellence and Advancement

Kathy Malloch, PhD, MBA, RN, FAAN

The doctorate in nursing practice (DNP) role is quickly emerging across the United States in numerous practice settings, especially in hospitals, outpatient services, and academic institutions. There is now a need for guidelines to evaluate the enactment of the standards used to create DNP education and practice, competencies expected in practice, and the outcomes and value created by this role. This article presents a DNP Performance Demonstration and Impact template created on the basis of the AACN (American Association of Colleges of Nursing), NONPF (National Organization of Nurse Practitioner Faculties), and AONE (American Organization of Nurse Executives) standards to assist leaders in evaluating DNP performance from a standards-driven perspective.

Key words: *advanced practice evaluation, DNP competency-based practice standards, DNP role performance evaluation*

WITH THE INCREASING availability of nurses with a doctorate in nursing practice (DNP), numerous opportunities to advance the transformation of health care exist. Currently, there are approximately 20 000 DNP-prepared nurses in practice¹ (DNP Annual Outcomes Survey), with anticipated increases annually.^{2,3} There is a need to be clear not only about the quality and cost contributions of these new practitioners but also about the performance competencies for this role. Leaders of DNP-prepared nurses must necessarily use their new and advanced knowledge to optimize their impact on health care quality, safety, and costs.

With the addition of DNP professionals to health care organizations, there is an oppor-

tunity to raise the expectations of health care leadership with the realization of this new role.⁴ As a caution, we want to be certain not to dumb the new role down, reduce it, and/or attempt to “fit” the new DNP knowledge and competencies into traditional master’s prepared leadership expectations. While it might be tempting to simply include the DNP role in traditional leadership performance expectation models, organizations would be seriously shortchanged and miss out on the advanced knowledge and skill set of the doctorally prepared nurse if higher levels of performance were not expected. Specifically, we need to define and embrace the anticipated deliverables of doctoral nursing practice, namely, the ability to lead complex systems and advance the translation and integration of evidence into practice in organizations. We need to push the walls of leadership to embrace the future in which incredible opportunities are regularly unveiled by higher-level thinking. In this article, an overview of the DNP role, a brief summary of 3 content areas, and performance behaviors are proposed for those now employing individuals with DNP preparation.

Author Affiliations: *KMLS, LLC, Glendale, Arizona; College of Nursing and Health Innovation, Phoenix, Arizona; and Ohio State University, College of Nursing, Columbus, Ohio.*

The author declares no conflict of interest.

Correspondence: *Kathy Malloch, PhD, MBA, RN, FAAN, KMLS, LLC, 7116 West Behrend Dr, Glendale, AZ 85308 (www.kathymalloch.com).*

DOI: *10.1097/NAQ.0000000000000200*

OVERVIEW OF DNP ROLE

The DNP is described as a terminal doctorate degree for nursing practice. It is a practice-focused degree, different from the research-focused degree (PhD). The DNP prepares nurses with advanced knowledge in population health models, evidence-based practices, and innovative ways to care for patients. The DNP includes several specialty roles in which nurses function at an advanced level of practice. These specialty roles may include leadership, research, clinical practice, policy and advocacy, education, or, ideally, an integration of these roles.⁵ Each of these roles advances the translation of available evidence into practice.

On the basis of the DNP advanced practice education content and competencies identified in the AACN (American Association of Colleges of Nursing) Essentials, NONPF⁶ (National Organization of Nurse Practitioner Faculties) standards, and AONE (American Organization of Nurse Executives) population health competencies,⁷ we expect the DNP professional to provide services in 3 major areas to achieve meaningful outcomes (Figure 1):

- Supporting and advancing the profession of nursing from the individual's perspective;
- Facilitating knowledge in the evidence-innovation dynamic; and
- Facilitating leadership and dissemination of new knowledge in the practice system infrastructure.

The authors created these categories to more readily translate the DNP role into competency-based practice standards for employers of DNP professionals. It is anticipated that continuing clarification and delineation of these practice competencies will occur as more specificity of each of the 3 areas is developed.

ADVANCING THE NURSING PROFESSION ROLE AS AN INDIVIDUAL

The first major area is about advancing the profession of nursing within the health care system and marketplace. Ensuring professional integrity and alignment of the profession with the system is a fundamental expectation of the DNP role. The DNP professional fully reflects and reinforces the sacred nature of the calling of nursing to serve and care for others.⁸ It is important to note that professionals, by definition, owe their allegiance first to the profession and second to the organization. The professional must be directly aligned with those they serve and committed to the work of the nursing profession.

As the DNP professional assumes leadership roles, new expectations and challenges emerge. The DNP leader has the obligation to see to it that a professional can do his or her work well, with the necessary resources and the level of quality both the professional and those they serve require. It is a balancing act for the DNP leader in an organization. He or she must balance the variables affecting professional work with the expectations

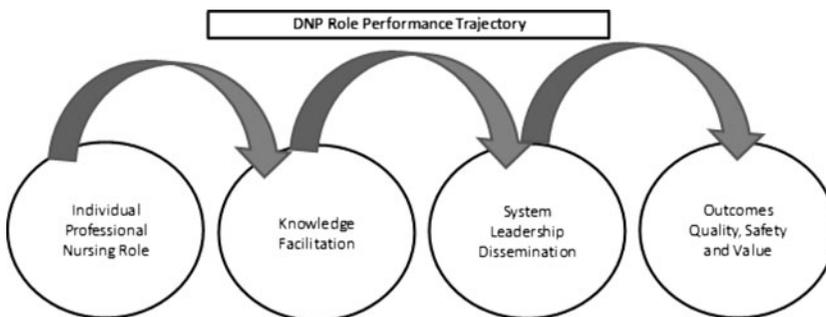


Figure 1. DNP role performance trajectory. DNP indicates doctorate in nursing practice.

of the leadership role. Regardless of these challenges, maintenance of the integrity of the profession remains the priority for the DNP leader. Expectations for mentoring and recruitment of nurses are also included in the profession of nursing content area.

Mentoring

As an expert nurse, role modeling is critical. This forms the basis for high-level coaching and mentoring of clinicians, aspiring leaders, and the community. In contrast to the master’s prepared nurse, the DNP professional focuses on the translation work of nurse scientists into practice beyond the traditional application of available evidence. The creation, review, and measurement of effective mentoring programs are an expectation for this role. As a mentor, the DNP professional specifically serves as a resource for facilitating discussion and resolution of complex ethical dilemmas. The DNP professional provides guidance in the work of challenging professional and system status quo practices and the removal of ineffective dogmatic behaviors.

Recruitment

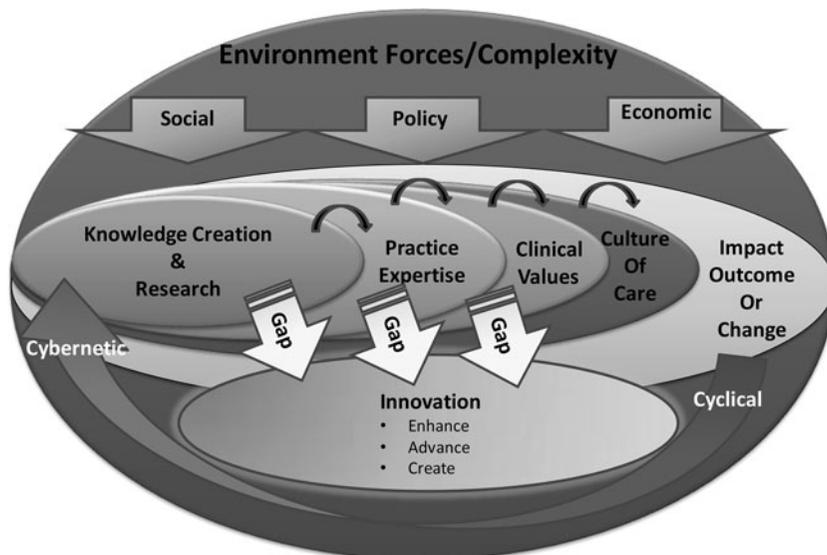
Another important role of the DNP professional is focused recruitment as part of iden-

tifying future leaders and current team members who are ready for advancement in the organization and profession of nursing. Participation on external boards and professional associations extends the impact and relationships of the DNP leader to recruit the best and the brightest individuals.

FACILITATING KNOWLEDGE IN THE EVIDENCE-INNOVATION DYNAMIC

The second area of DNP expertise is the facilitation of knowledge from an evidentiary perspective. On the basis of the evidence-innovation dynamic, the DNP professional effectively advances knowledge for all system change considerations (Figure 2).⁹ DNP professionals ensure that the work within the organizational infrastructure is driven by the highest level of evidence. When gaps in evidence are identified, innovative processes to create new evidence are undertaken.

With enhanced knowledge, the DNP professional serves as the resource translator of research to practice, ensuring congruence with the organizational context. In addition, as an evidence expert, the DNP professional guides the health care system in



Cybernetic Interface Of Innovation & Evidence⁹

Figure 2. Cybernetic interface of evidence and innovation.

decreasing dogmatic practices and eliminating non-valued-added practices. As a systems expert, the DNP professional identifies areas of care supported by extant, minimal, or no evidence for care being provided.

Expertise in assessing organizational systems is used by the DNP professional to work with the health care team to facilitate organization-wide changes in practice delivery when opportunities for improvement or innovation are identified. In addition to a firm foundation in evidence-based practice, the DNP professional is also knowledgeable in the management of change and innovation.¹⁰⁻¹² Examples of the innovation competencies are creating the context for new ideas to emerge, change management, creating a compelling case and vision for new ideas, resilience, creating effective partnerships/networks, and creative problem solving. Innovation expertise is especially important in testing new care delivery models from a complex adaptive system perspective. Facilitating innovation knowledge development for members of the system is a routine expectation of the DNP professional. For example, moving from the traditional shared governance model to a professional governance is an area for DNP leaders.¹³ DNP professionals use credible processes to ensure that the business case for change is clearly articulated, along with anticipated risks.

The overall business case is necessary to validate both the value of the DNP role in the organization and the specific returns on quality improvements and cost-effectiveness of organizational advancements. This aspect of work is an integral component of all change and innovation in the organization.

Health care quality performance targets

The DNP professional is an essential team member in the assessment and determination of quality performance targets and outcomes. The DNP professional provides a knowledgeable evaluation of the levels of quality achieved, frequencies and impact of adverse outcomes, and the financial impact

on the system. These data provide impetus for any changes in health care. DNP professionals recommend changes on the basis of a logical connection to improved outcomes for patients, providers, and/or the system.

FACILITATING LEADERSHIP AND DISSEMINATION OF NEW KNOWLEDGE IN THE SYSTEM INFRASTRUCTURE FOR PRACTICE

The DNP professional is knowledgeable in the system context and interactions of the organization in which nursing occurs. She or he envisions a preferred future and anticipates the needs of patients, providers, payers, and the system. With a strong foundation in systems theory, and in many cases complexity science and complex adaptive systems, the DNP professional is well positioned to guide the dissemination of evidence, advancement of clinical processes, and outcome achievement. Using knowledge of organizational culture dynamics and the challenges of implementing and sustaining change, he or she actively facilitates dialogue and activities to achieve the desired goals. Using an organizational culture theoretical foundation is critical to understand the dynamics of values and the underlying assumptions that drive the organization. Failure to recognize the complexity of both the organizational culture and the desired change or innovation often results in poor outcomes and organizational setbacks. When outcomes are not as anticipated, the DNP professional engages in timely course corrections to ensure that work continues to move forward. Valuing negative outcomes as a source of learning and information further assists the organization in moving forward.

The focus in this content area is on system infrastructure and interrelationships among key stakeholders. It includes healing and wellness work, examining and evaluating leadership models, interdisciplinary partnerships, technology evaluation and integration, and policy advocacy. Ultimately, the organizational culture must support a practice

environment that is optimally positioned to excel in the provision of health care services.

The work of health care

Specifically, the DNP professional critically evaluates current practices and ensures that the appropriate patient care and wellness services are available and implemented to support or exceed the goals of the organization. Applying the best evidence, he or she focuses on achieving clinical practice that is innovative, reflects application of credible research findings, and course corrects as indicated.

As a patient health and wellness continuum expert, the DNP professional also evaluates and ensures effective population health models of care in which patients are empowered to manage their own health and wellness. The DNP professional recognizes the transient nature of sustainability and reflects high ability to shift to new approaches when conditions change or are believed to be changing in the near future.

Leadership

As a systems expert, the DNP professional focuses on the nature of system interactions and interconnections to understand the leadership effectiveness of the organization. Specifically, the optimal focus is on the innovative and sustainable delivery of continuum-based services, transformation, and/or elimination of outdated processes. The DNP leader continually challenges current ways of thinking about how work is done and how value is determined. Serving as a catalyst for destructive innovation, in which poor, underperforming systems within the organization are dismantled and replaced with improved and innovative models, processes, or equipment, the DNP professional should be considered a master facilitator of change and innovation. This knowledge is then used to create optimal leadership models to achieve high levels of excellence. As the variables in the organizational context change, adjustments to leadership models are often needed. This is all part of the destructive innovation process. Leadership in the com-

plex health care system is based on principles of complexity that recognize the dynamic, emerging, and uncertain nature of the world.

Interdisciplinary partnerships

Determining who to work with from the perspective of effective and efficient teamwork requires careful consideration of not only who should participate but also who does not add any value to the work and does not need to be included. The DNP professional proactively engages with partners within the organization and in the community to advance identified work. He or she avoids partnering with individuals not able to advance or influence the work. Interdisciplinary partnerships among providers, patients, and payers are embraced on a regular basis to ensure appropriate services are planned for and rendered. Optimal engagement of all individuals in the delivery of health care services is the DNP professional's goal. He or she uses shared decision-making processes that involve key stakeholders of the work to achieve sustainable outcomes. (There is significant new literature on interdisciplinary team work that provides guidance in achieving desired teamwork goals.)

Technology evaluation and integration

In the complex health care system, digital resources and functionality have made it possible to gather, analyze, and use data faster than ever before with incredible precision. Big data sets are now available to support evidence-based decision making.^{14,15} This progress now requires similar leadership to ensure that the systems, processes, and outcomes fully support the provision of health care services as the primary work of the organization and that technology and data provide the evidence to support decisions.

Policy advocacy

DNP leaders must become experts in managing and influencing local, state, and national policies that impact health care. Membership on health care boards outside of the organization is especially important to influence

Table. DNP Performance Demonstration and Impact Template

DNP Role Focus		Meets/Exceeds/ Does Not Meet Expectations
Reference Standards	Competencies	Exemplars Impact on Profession, Providers, Partners, and System
<p>Individual Profession of nursing from the individual's perspective (AACN DNP Essentials 1, 4, 5, 7; NONPF Ethics, AONE 1, 3, 4)</p>	<p>Advances the role of professional nursing and the importance of nursing as a calling to serve others</p> <p>Mentors both internal and external nurses in professional role development, developing publications and presentations</p> <p>Coaches colleagues to optimize nursing professionalism</p> <p>Recruitment of appropriate nursing experts</p> <p>Transforms nursing community behaviors to reflect the calling of nursing</p> <p>Uses technology to sustain professional nursing role performance, clarity, and rigor</p> <p>Presentations specific to professional role nursing</p> <p>Presentations to advance the science of nursing</p> <p>Uses analytic methods to critically appraise existing literature and other evidence to determine and implement the best evidence for practice</p>	<p>1. Coordination of Nurses Week Celebration recognizing professional nursing accomplishments.</p> <p>2. Member of state board of nursing committee to advocate for full scope of practice.</p> <p>3. Three publications on optimizing the role of nursing in multidisciplinary teams.</p> <p>4. Three national presentations on multigenerational coaching and mentoring; strategies, and challenges.</p> <p>5. Coached and mentored 10 individuals; 4 of whom have advanced their positions in the last 12 mo.</p> <p>6. Promoted registered nurse full scope of practice with the implementation of clinical nurse leader role into delivery model.</p> <p>1. Created an evidence-driven cardiology continuum of health model integrating 9 disciplines. Quality expectations meet the 99th percentile; costs are 5% (increased patient safety; reduced medication errors) below target.</p>
<p>Knowledge</p>		

(continues)

Table. DNP Performance Demonstration and Impact Template (Continued)

DNP Role Focus		Meets/Exceeds/ Does Not Meet Expectations
Reference Standards	Competencies	Exemplars Impact on Profession, Providers, Partners, and System
<p>Knowledge facilitation in the evidence-innovation dynamic (AACN DNP Essentials 3, 4, 5, 8; NONPF: Scientific foundations, quality, health delivery, practice, technology AONE 2, 4, 5)</p>	<p>Develops and evaluates care delivery approaches that meet current and future needs of patient populations based on scientific findings in nursing and other clinical sciences, as well as organizational, political, and economic sciences</p> <p>Translates relevant research into the development of practice guidelines to improve practice and the practice environment</p> <p>Designs, selects, uses, and evaluates programs that evaluate and monitor outcomes of care, care systems, and quality improvement including consumer use of health care information systems</p> <p>Ensures minimum viable quality achievement levels for clinical areas</p> <p>Creates new metrics and eliminates non-value-added or nonactionable measures; uses measures that matter to organizational goals</p> <p>Accesses multiple knowledge resources such as documents, Web sites, individuals/groups to support recommendations</p> <p>Quality measurement: Filters large data sets to create actionable measures specific to patients, clinicians, systems, and employers⁹</p> <p>Compares internal and external data to determine realistic internal performance targets</p>	<p>2. Revised and streamlined metrics for clinical practice guidelines for critical care nursing.</p> <p>3. Participated in 3 internal research studies and 1 external study with a local university.</p> <p>4. In partnership with medical and rehabilitation staff, eliminated 50 outdated, nonevidence policies and practices and replaced them with innovative principles for practice.</p> <p>5. Provided 4 education programs from recent literature reviews focusing on care coordination across the continuum to 30% of staff in assigned clinical areas.</p> <p>6. Integrated virtual care technology to care for 75% of patients with diabetes and congestive heart failure.</p> <p>7. Developed metrics to measure the value, cost, and quality of the transition of inpatient services to outpatient services.</p>

(continues)

Table. DNP Performance Demonstration and Impact Template (*Continued*)

DNP Role Focus		Meets/Exceeds/ Does Not Meet Expectations
Reference Standards	Competencies	Exemplars Impact on Profession, Providers, Partners, and System
<p>Leadership Leadership facilitation and dissemination of new knowledge in the system practice infrastructure (AACN DNP Essentials 2, 5, 6, 7; NONPF: Leadership, quality, practice, technology, policy, health delivery, ethics; AONE 1, 2, 3, 4, 5)</p>	<p>Evaluates and utilizes research to solve practice problems Recognizes the complexity of the organizational culture and integrates values and assumptions about the work into change initiatives Develops and evaluates new leadership practice approaches based on nursing theories and theories from other disciplines Employs principles of business, finance, economics, and health policy to develop and implement effective plans for practice-level and/or systemwide practice initiatives that will improve the quality of care delivery Demonstrates leadership in the development and implementation of institutional, local, state, federal, and/or international health policies</p>	<ol style="list-style-type: none"> 1. Applied practice guidelines to improve practice and the care environment in a clinical area experiencing low-quality performance and achieved a 5% increase in quality metrics in 6 mo. 2. Created an innovation business case for system population health model for assigned clinical areas in collaboration with 8 key stakeholders. 3. Collaborated with team to create innovative partnerships with pharmacies, medical device vendors, insurers, and patients to advance wellness among these patients. 4. Designed an education program to advance interdisciplinary partnerships with case scenarios and performance metrics for all leaders and managers in the organization. 5. Implemented an innovative accountable care unit using disruptive innovation theory.

(continues)

Table. DNP Performance Demonstration and Impact Template (Continued)

DNP Role Focus		
Reference Standards	Competencies	Exemplars Impact on Profession, Providers, Partners, and System
	<p>Employs consultative and leadership skills with intraprofessional and interprofessional teams to create change in health care and complex health care delivery systems</p> <p>Provides leadership in the evaluation and resolution of ethical and legal issues within the health care organization relating to the use of information, information technology, communication networks, and patient care technology</p>	<p>6. Shifted inpatient care for selected transplant care to an outpatient/community delivery model.</p>
		Meets/Exceeds/ Does Not Meet Expectations

Abbreviations: AACN, American Association of Colleges of Nursing; AONE, American Organization of Nurse Executives; DNP, doctorate in nursing practice; NONPF, National Organization of Nurse Practitioner Faculties.

health care direction. Other subjects, such as the Patient Protection and Affordable Care Act, medical home advancement, and professional licensure board scope of practice advancements, are examples of areas in which the DNP professional is needed for expertise. Special attention should be paid to the regulation of nursing as an important aspect of DNP work in light of the emerging new delivery models, new roles, and the call for nursing to practice to its full scope. Supporting the full scope of licensure practice often requires attention to, and attendance at, physician medical boards to determine sources of support or opposition to practice changes.

DNP ROLE EVALUATION

Using these 3 major areas to evaluate the impact of the work of the DNP professional requires associated behaviors and exemplars to determine the impact of the DNP role on the

profession, providers, partners, and the system. The Table presents a comprehensive approach, including foundational standards and suggested outcomes the DNP professional is capable of achieving. As with any new role, considerations to the initial goals of the role, the expected behaviors, and the outcome value of the role must be clearly determined if the role is to be sustained. In addition, these competencies should be distinct from those of a master's prepared professional to optimize full scope of the DNP degree. Logical connections across the standards, behaviors, and impact require careful thought and reflection to ensure congruence and achievement of the intentions of the role. It is especially important to recognize process behaviors—those necessary to get to the goal. However, the emphasis of any evaluation of clinical practice must be on the value delivered to the profession, patients, providers, and the system.

REFERENCES

1. Doctors of Nursing Practice. DNP Annual Outcomes Survey results and information. <http://www.doctorsofnursingpractice.org/dnp-survey-results>. Published 2012. Accessed March 25, 2016.
2. American Association of Colleges of Nursing. The DNP by 2015. <http://www.aacn.nche.edu/dnp/DNP-Study.pdf>. Accessed March 25, 2016.
3. Chism LA. Understanding the DNP. <http://nurse-practitioners-and-physician-assistants.advanceweb.com/Article/Understanding-the-DNP-Degree.aspx>. Published 2009. Accessed March 25, 2016.
4. Barry J, Winter J. Health system chief nurse executive: is a DNP the degree of choice? *J Nurs Adm.* 2015;45(11):527-528.
5. American Association of Colleges of Nursing. AACN Essentials of doctoral education for advanced nursing practice. <http://www.aacn.nche.edu/dnp/Essentials.pdf>. Accessed March 25, 2016.
6. NONPF. *Nurse Practitioner Core Competencies*. Washington, DC: NONPF; 2012.
7. AONE. AONE Nurse Executive Competencies: population health. <http://www.aone.org/resources/population-health-competencies.pdf>. Published 2015. Accessed March 14, 2016.
8. Prestia AS. Chief nursing officer sustainment: a phenomenological inquiry. *J Nurs Adm.* 2015;45(11):575-581.
9. Davidson S, Weberg D, Porter-O'Grady T, Malloch K. *Leadership for Evidence-Based Innovation in Nursing and Health Professions*. Burlington, MA: Jones & Bartlett Learning; 2017.
10. Williams M, Bender M. Growing and sustaining the clinical nurse leader initiative: shifting the focus from pioneering innovation to evidence-driven integration into healthcare delivery. *J Nurs Adm.* 2015;45(11):540-543.
11. Porter-O'Grady T, Malloch K. *Quantum Leadership: Building Better Partnerships for Sustainable Health*. Burlington, MA: Jones & Bartlett Learning; 2015.
12. White KR, Pillay R, Huang X. Nurse leaders and the innovation competence gap. *Nurs Outlook.* 2016;64:255-261.
13. Clavelle JT, Porter-O'Grady T, Weston MJ, Verran JA. Evolution of structured empowerment: moving from shared to professional governance. *J Nurs Adm.* 2016;46(6):308-312.
14. Broome ME. Big data, data science and big contributions. *Nurs Outlook.* 2016;64:113-114.
15. Measures that matter—but to whom?. *Health Affairs Blog*. <http://healthaffairs.org/blog/2016/03/10/measures-that-matter-but-to-whom>. Accessed March 25, 2016.