**Classroom Policies Per Instructor for Peer Responses**

Responses to peers are a **minimum of** 100 words **(with citations and references per APA Format).** All assignments must have citations and references for credit. **Sources must be published within the last 5 years and appropriate for the assignment criteria and relevant to nursing practice.**

I expect conversation, rather than drop a quote and leave. It is best to add references and personal experiences or current events. Again, just as if you were in a ground classroom, the goal is to share and stimulate a conversation, not simply agree with everything. On that note, it is ok to agree, just support your answer and why. If I suspect copy and pasting, you will receive a zero.

**Classroom Resource Materials**

Ask support for logins

**Chapter 3 in Trends in Health Care: A Nursing Perspective**

URL: <https://www.gcumedia.com/digital-resources/grand-canyon-university/2018/trends-in-health-care_a-nursing-perspective_1e.php>

**The Future of Nursing: Leading Change, Advancing Health**

URL: <http://www.nationalacademies.org/hmd/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx>

**Exploring the Value of Continuing Education Mandates**

URL: <https://www.ncsbn.org/CEStudy.pdf>

**Continuing Competency**

URL: <http://www.wsna.org/nursing-practice/continuing-competency/>

**DNP Fact Sheet: The Doctor of Nursing Practice (DNP)**

URL: <https://www.aacnnursing.org/News-Information/Fact-Sheets/DNP-Fact-Sheet>

**Scope of Practice**

URL: <https://www.nursingworld.org/practice-policy/scope-of-practice/>

**Transforming Nursing Education**

URL: <https://campaignforaction.org/issue/transforming-nursing-education/>

**Advanced Practice Nursing Fact Sheet**

URL: <https://nursejournal.org/advanced-practice/advanced-practice-nursing-fact-sheet/>

**American Association of Colleges of Nursing (AACN)**

URL: <https://www.aacnnursing.org/>

**Discussion Question:**

Discuss the correlation between nursing education and positive patient outcomes. Include current research that links patient safety outcomes to advanced degrees in nursing. Based on some real-life experiences, explain whether you agree or disagree with this research.

**Peer’s Answer:**

**Wendy Wylie**

One area of interest that has grown in popularity recently is the difference between an Associate prepared nurse verses a Bachelors prepared nurse. Nurses prepared either way will have to sit for the same examination, the NCLEX-RN. The difference between Bachelor’s prepared nurses and Associate prepared nurses is the difference in curriculum. Associate prepared nurses are taught clinical and technical skills as well as critical thinking and the nursing process. Bachelors prepared nurses are given a wider array of skill including management, leadership, holistic approach, public health nursing, and legal aspects.

There have been many studies that link the education level of nurses to various patient outcomes. Time and time again, it has been shown that nurse’s hospitals that have a higher BSN ratio have better patient outcomes. Less patient deaths occur and failure to rescue rates are reduced (American Association of Colleges of Nursing, 2014). Linda Aiken has been leader in the research of nursing education in relation to patient outcomes.

In an article published by The American Nurse (2012) titled, Lower mortality in Magnet® hospitals references a study by Linda Aiken linking patient mortality rates to nursing education level. In the study referenced, 564 hospitals were surveyed, 56 of which were recognized as Magnet® hospitals. Magnet® recognized hospitals are known for higher ratio of BSN prepared nurses, lower nurse-patient ratios, a high nurse satisfaction rate, and high positive patient outcomes (The American Nurse, 2012). Furthermore, the study concluded that in the hospitals that achieved and maintained Magnet ® recognition were linked with less patient deaths and an increase in patient outcomes for surgical patients (The American Nurse, 2012).

 Associate prepared nurse originally came about due to a nursing shortage during World War II (Mahaffey, 2002). The introduction of the program led to an increase of nurses who were ready to care for those affected by the war. This was the Associate Degree programs purpose. Fortunately and unfortunately, the program has continued. It is fortunate that the program has continued, in this writer’s opinion because nurses are always needed and the Associate program is generally less expensive and requires less of a time commitment before employment. Unfortunately, there are still a high percentage of associate prepared nurses, about 45% (Department of Health and Human Services, 2013). With the changing health care system and an aging Baby Boomer population, Bachelor prepared nurses are in demand because of their broadened skill set and capacity for leadership and management.

 This writer works with a high population of associate prepared nurses who do not believe that nurse need to have a bachelor’s degree, but this nurse believes that bachelor’s prepared nurses are better prepared to meet the challenges placed on today’s nurses. This writer agrees with the need for BSN prepared nurses. There are certain aspects of nursing that an ADN or diploma nurse will not receive. Some of the skills unique to a BSN nurse are leadership, management, and a more holistic critical thinking capability. This writer does not believe that nurses with ADN or diploma preparation are any less of a nurse, but the BSN nurse is the nurse of the future. BSN nurses are better equipped to face the challenges and changes on the health care horizon.

References:

American Association of Colleges of Nursing. (2014). Creating a more highly qualified workforce. Retrieved from http://www.aacn.nche.edu/media-relations/fact-sheets/nursing-workforce.

American Nurses Association. (2012). Lower mortality in Magnet® hospitals. American Nurse, 44(6), 11. Retrieved from http://library.gcu.edu:2048/login?url=http://search.ebscohost.com.library.gcu.edu:2048/login.aspx?direct=true&db=a9h&AN=90073015&site=eds-live&scope=site

Department of Health and Human Services. (2013). The U.S. nursing workforce: Trends in supply and education. Retrieved from http://bhpr.hrsa.gov/healthworkforce/reports/nursingworkforce/nursingworkforcefullreport.pdf

**Peer’s Answer:**

**Andrea Rocha**

In 2008, “The Robert Wood Johnson Foundation (RWJF) and the IOM launched a two-year initiative to respond to the need to assess and transform the nursing profession” ("The Future Of Nursing," 2010, para. 2). One to the initiatives in this report was to increase the number of BSN educated nurses to a goal of 80% by 2020. Although, the has not quite been met, the number of BSN enrollments has increased tremendously.

This initiative is intended to increase patient safety and improve outcomes. In the article Attention Health Care Leaders, the authors report that by increasing the number of BSN educated nurses in staffing is needed to achieve quality and cost benefits. The article states that “an annual cost savings of approximately 5.6 million dollars was equated to reduced readmissions by roughly 248 days when the proportion of BSN-prepared nurses was increased to 80 percent or more” (O’Brien, Knowlton, & Whichello, 2018, p. E5). In addition, more hospitals are seeking status as a Magnet hospital, a status that recognizes nursing excellence. All leadership in Magnet designated facilities must be at least BSNs and these hospitals must have 80% BSN staff nurses or a plan outlined to achieve this level of BSN educated nurses.

The correlation between nursing education and positive patient outcomes is a topic of discussion often visited in nursing circles. As an older nurse, at one time I would have argued that ADN nurses are just as qualified as BSN. I have seen in my experience, EXCELLENT nurses that are ADNs but most of these are nurses that have been in the field for a long time and have lots of experience. Recently, I have been observing that the new, young nurses I work with are reaching higher clinical skills faster and I believe that is because they have a level of critical thinking already in place with BSN degree, whereas the ADN nurses take time to get that degree of critical care thinking.

References

O’Brien, D., Knowlton, M., & Whichello, R. (2018). Attention health care leaders: Literature review deems baccalaureate nurses improve patient outcomes. Nursing Education Perspectives, 39(4), E2-E6. https://doi.org/10.1097/01.NEP.0000000000000303

The future of nursing: Leading change, advancing health. (2010). Retrieved from http://www.nationalacademies.org/hmd/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx

**Peer’s Answer:**

**Cathy Wills**

Patient care and health management have become increasingly complex. Nurses must be prepared to deal with these complexities at the bedside and within the community. The IOM (2010) has determined that the greater the number of nurses prepared at the baccalaureate level, the better prepared the nursing workforce is to address complex needs (Thomas, 2018). This is further supported by the American Association of Colleges of Nursing (AACN), which maintains that nurses must have more knowledge regarding community-based primary care, disease prevention, health promotion, and cost-effective, coordinated care (American Association of Colleges of Nursing [AACN], 2018).

Per Thomas, baccalaureate-level nursing degrees should become the entry point of general nursing practice. Though this is commonly understood among the nursing profession, it is crucial to discuss why-Two new graduate nurses at the bedside have seemingly similar skills and knowledge and require the same amount of real-world experience and training, regardless of education level; however, there is knowledge as well as critical-thinking and clinical-reasoning skills emphasized within baccalaureate nursing programs that are necessary to address the complex decision making that occurs at the bedside. This is evident in the research findings pertaining to nursing education and the rates of patient morbidity and patient mortality, which are significantly less among baccalaureate-prepared nurses (Thomas, 2018).

I did not really recognize the difference between an ADN and BSN degree until I started taking the courses to obtain my BSN. I now can see the difference in their practices and patient care-I can even start to see a shift and change in my practice and patient care for the better! From my personal opinion, I think the big difference is the BSN nurse is more prepared in educating the patient on their conditions and can think outside the box to solve a patient's issue or concern. I know a lot of great ADN nurses but it may take them some time to develop their critical thinking skills compared to a BSN nurses who may already be prepared right out of school.

**This is a real-life experience comparing an ADN and future BSN nurse in my facility of analyzing a patient's problem**: An ADN nurse came to me and was concerned that a patient's O2 saturations were low (85%). The patient had been back in forth from the bed and wheel chair with portable O2 tank. The patient was lying in the bed and the ADN nurse assumed that he was still connected to his w/c portable O2 but he had placed on his room O2 that was not connected to his wall oxygen. I followed his O2 tubing back to the source it was coming from and realized he was not receiving any oxygen at all. The patient was placed on his prescribed O2 level and was back up to 96% within a few seconds. Call it experience? Maybe? So yes, I do believe that a more educated prepared nurse is linked to increased positive patients outcomes.

Reference

Thomas, J. (2018). Professional Development in Nursing. In Grand Canyon University (Ed.), Trends in Health Care: A Nursing Perspective, (ch. 3). Retrieved from <https://www.gcumedia.com/digital-resources/grand-canyon-university/2018/trends-in-health-care_a-nursing-perspective_1e.php>

**Discussion Question:**

Discuss the difference between a DNP and a PhD in nursing. Discuss which of these you would choose to pursue if you decide to continue your education to the doctoral level and explain why.

**Peer’s Answer:**

**Trisha Mcpheeters**

According to Gaines (2020), a Doctor of Nursing Practice (DNP) is a clinical practice degree and a Doctor of Philosophy in nursing (Ph. D) is a research-focused degree. The primary focus of a DNP degree is to prepare nurses to become expert clinicians, creating more efficient practices and improving patient outcomes (Thomas, 2018). Nurses obtaining a Ph. D focus on discovering new knowledge and the application of the new knowledge and research into practice, promoting improved health care and patient outcomes. Generally, Nurse Practitioners looking to advance their degree will look to obtain a DNP and nurses with their master’s degree in education or research that want to advance their degree will pursue a Ph. D. There are a few other differences between a DNP and Ph. D in nursing, including the amount of time it takes to earn these degrees. A DNP program can take anywhere from one to four years to complete. A Ph. D program can take as little as three years to complete, although many individuals take five to seven years to complete the program. When comparing annual salaries, DNP’s make between $125,000 to $150,000 per year, Ph. D nurse educators make an average of $81,350 annually, and Ph. D nurse researchers make an average of $81,500 annually (Gaines, 2020). Comparing certification renewals, DNP’s must renew every 5 years through exam or a combination of CEUs and clinical hours, but Ph. D’s are not required to renew. Both DNP and Ph. D nurses are in high demand in academia.

If I were to choose to pursue a doctoral degree in nursing, I would most likely choose to pursue a Ph. D in nursing. At this time, I am still up in the air about if or when I would further my degree in nursing past my BSN. Part of the reason for my indecision is because I am still unsure where I want to go in nursing. I haven’t found the field of nursing I want to spend the rest of my career in yet. I currently work on Med-Surg but know I do not want to continue to be a Med-Surg nurse the rest of my life. I find interest in OB and hospice and would like to venture into one of these two fields once I have completed my BSN. I’m just not sure what specialty I would choose for my MSN. A part of me would like to become a nurse educator to help with the nursing shortage, but if my true calling is in OB then I may choose to become a nurse midwife. In the end, I would like to advance my degree in nursing but depending upon the area of nursing I choose will ultimately determine if I pursue a doctorate degree in nursing.

References

Gaines, K. (2020). DNP vs Ph. D. in Nursing – What is the Difference? Retrieved from <https://nurse.org/education/dnp-or-phd-in-nursing-difference/>

Thomas, J. (2018). Professional Development in Nursing. In Grand Canyon University (Ed.), Trends in Health Care: A Nursing Perspective, (ch. 3). Retrieved from <https://www.gcumedia.com/digital-resources/grand-canyon-university/2018/trends-in-health-care_a-nursing-perspective_1e.php>

**Peer’s Answer:**

**Wendy Wylie**

Nursing is unique because it not only offers PhD programs, but also Doctorate of Nursing Practice (DNP) programs as well. The differentiation is basically, nursing PhD’s focus on research and development within nursing practice, where as DNP’s are skilled in clinical practice and evidence based practice.

The degree program for a PhD in nursing will include the teachings needed to succeed in nursing research. The focus is to develop nursing practice and advance the profession through scientific discovery (American Association of Colleges of Nursing [AACN], 2014). PhD’s have a deep understanding of nursing and the nursing process and strive to improve practices, find best practices and increase evidence based practice to improve the nursing profession.

The focus of DNP’s is to be skilled and expert in nursing clinical practice. DNP’s are the nurse practitioners, advance practice nurses and leaders in patient care (AACN, 2014). Basically, DNP’s and PhD’s help each other. PhD’s research and develop practices for DNP’s to implement (AACN, 2014a). Both have a strong desire to improve and implement evidence based practices to ensure that patients are getting appropriate, gold standard care.

This nurse has future goals to become a DNP in either Family Care or Women’s Health. This writer loves patient care and excels in hands on education and training with patients. Research implementation is her strong point versus research development. Evidence based practice is a much needed skill and this writer believes that by becoming a DNP, she will be able to provide excellent patient care and improve patient outcomes.

 References

 American Association of Colleges of Nursing. (2014). Key differences between DNP and PhD/DNS programs. Retrieved from http://www.aacn.nche.edu/dnp/ContrastGrid.pdf

 American Association of Colleges of Nursing. (2014a). The doctor of nursing practice (DNP). Retrieved from <http://www.aacn.nche.edu/media-relations/fact-sheets/dnp>

**Peer’s Answer:**

**Andrea Rocha**

The Doctor of Nursing Practice is a doctoral degree that is usually earned by the experienced nurse who wants to advance in his or her clinical nursing career or move into executive leadership. Most who obtain their DNP move on to become advanced nursing practice professionals, such as nurse practitioners, nurse midwives or even nurse anesthetists. Or, they become senior nursing executives in charge of a large healthcare facility or department. The DNP is focused on the advancement of understanding of nursing practice. The DNP curriculum will usually stress both leadership and clinical skills. Graduates will be ready to translate research in nursing into new nursing standards of care. This will help them to lead interdisciplinary healthcare teams, improve patient care, and effectively evaluate outcome among specific patient populations. DNP programs also have a focus on information technology in many cases. The healthcare system in the US is evolving very quickly, and new technology has the chance to greatly improve patient care and outcomes. Some of the technology that is often covered in a DNP program are: Electronic medical records, Telehealth technology, Decision support tools and Data mining systems (Healthgrad, n.d.).

The focus of most Ph.D. in nursing programs is on research. The purpose of the Ph.D. program is to prepare nursing scientists to develop entirely new nursing knowledge to advance the science and practice of nursing. Graduates of a Ph.D. in nursing program have the skills to lead nursing research teams, and can design and conduct clinical studies. Then, they can disseminate that new knowledge for nursing and relevant disciplines. Common learning outcomes for a Ph.D. in this field are: be able to generate and disseminate nursing knowledge to bring advances to the field, and to facilitate translation into practice with patients, design and evaluate nursing care innovations to improve outcomes in healthcare environments, engage in and be a leader of nursing research teams with the goal of enhancing nursing patient care, influence the health science agenda in a way that leads to better nursing practices and patient outcomes. One of the most common paths for Ph.D.’s in nursing is educational leadership and teaching in nursing. Nurses who study the education concentration in a Ph.D. in nursing program are prepared to design, research, implement and evaluate educational programs for nurses. This includes formal academic nursing programs that lead to a degree (Healthgrad, n.d.).

I would like to choose DNP grogram if I continue to my nursing education in the future because DNP delivers practice-based training on the clinical application of higher-level nursing knowledge, I like to take direct patient care because I can acquire more clinical knowledge, skills and improve critical thinking. I enjoy my patients recovering from illness or disease.

Reference

Healthgrad. (n.d.). DNP vs PhD in Nursing Degree Difference. Retrieve from <https://www.healthgrad.com/nursing/dnp-vs-phd-nursing>...