



The Value of Nursing Certification: Revisited and Reinforced

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Abstract

Background: Nursing is the largest health care profession in the United States, and as such employment and professional development trends for this group are instructive. A significant ratio of individuals holding the vascular access-board certified credential are registered nurses. A large portion of the nursing workforce holds specialty certification, but this process is mainly voluntary and heavily dependent on the motivation of individual nurses. Certification rates among registered nurses lag behind other health care professions such as medicine.

Review of Literature: A summary of recent research centered on nursing certification is presented and divided into 3 major categories: value of certification perceived by nurses, traits associated with certification, and relationship between nursing certification and patient outcomes.

Conclusions: Although there are many studies available on nursing certification, additional work in the field is needed to promote and show benefits of specialty nursing certifications.

Keywords: certification, patient outcomes, research, traits, value

Background

Certification is “the formal process by which a certifying agency validates a nurse’s knowledge, skills, and abilities in a defined role and clinical area of practice.”¹ Certified nurses are those with specialized knowledge, skills, and experience validated through an acceptable method of evaluation by a specialty board.² Certification is an external mark of an individual health care practitioner’s overall competence in performing the evaluated work; it is not a measure of specific competencies in relation to outcomes of the work.

There is some tension in American health care professions regarding certifications and not all practitioners are firm supporters of certification. Part of that tension arises from ambiguities regarding the nexus between certification and the terms *competent* and *competency*. Competence refers to a potential ability and/or a capability to function in a given situation. Competency focuses on one’s actual performance in a situation.³ Competence, in the form of knowledge needed to perform clinically, can be measured by a certification examination, but true clinical competency is much more difficult to measure.

There is acknowledgment of the need for specialization within the health care professions, and for research detailing the ben-

efits to providers and patients. A greater understanding of the interrelationship between certification and patient outcomes would be beneficial. Specialty certification is important to all vascular access clinicians, yet my research has been focused on nurses. The lessons learned can be applied to all clinicians providing specialized care, not only registered nurses.

Most registered nurses are not certified in the specialty in which they work. An estimate that was published in 2010 was that approximately one-third of the 3.1 million registered nurses held specialty certification.⁴ However, this included skills-based certifications such as basic life support and advanced cardiovascular life support and did not specify specialty nursing certifications as a separate category. The Accreditation Board for Specialty Nursing Certification counts more than 400,000 nurses among its 59 accredited programs (personal communication, Dottie Roberts, April 10, 2017). The exact number of certified nurses is unknown, but it is clearly not a majority of the total number of nurses in practice.

There continues to be a need to focus our professional energies on the benefits of specialty certification, particularly in relation to patient outcomes and consumer confidence in the American health care professions, including nursing. What keeps patients and families from asking for certified nurses? After all, certification in medical specialties is the norm, with more than 80% of practicing physicians in the United States having achieved board certification by one or more of the American Board of Medical Specialties member boards.^{5,6}

I have previously argued for an increase in certification research,⁷ as have several colleagues who have called for

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increasing the institutional and financial rewards for certification of nurses.⁸⁻¹¹ There is a need to make certification an expectation for professional development and to teach the public that specialty certification for nursing professionals has value. But first, we need to expand the body of research, particularly related to the positive patient outcomes of certification.

The State of Nursing Certification Research

An exhaustive review of the literature about nursing certification research is beyond the scope of this article. A reader desiring more depth on the subject would be well served in reading the work of Martin et al,¹² which provides an excellent summary of recent research efforts in this field. Here, I provide a general overview of the topical, noteworthy research.

Research regarding nursing certification falls readily into large categories. A major category of research centers on the value of certification as perceived by nurses. This field of inquiry extends over a decade and many of these studies have used the Perceived Value of Certification Tool (PVCT) developed by the Competency and Credentialing Institute. The second major category is studies of the traits associated or correlated with certification. A third major category is correlational studies between nursing certification and a variety of nursing-sensitive patient outcomes.

Early research was focused on the value of certification to the nurses themselves, particularly in relation to their perceptions of their own professionalism. Several early studies on the value of certification focused on perioperative nurses.¹³ The development and validation of the PVCT led to consistency in research across studies assessing both the value of and barriers to specialty certification among nurses.^{14,15} The early concentration of work in perioperative nursing stands to reason because the PVCT instrument was developed by an organization then known as the Certification Board of Perioperative Nursing that administered perioperative nursing certifications.

The classic, national, multiorganizational study of 11,427 nurses by Niebuhr and Biel¹⁶ also determined the value of and barriers to certification using the PVCT instrument. Those researchers found high value for certification among nurses, specifically related to their personal professional development. The study demonstrated that the value of specialty certification had both intrinsic and extrinsic factors. For example, certified nurses believed that certification enhanced their professional credibility, provided evidence of professional commitment and accountability, and validated their specialized knowledge (intrinsic factors). Extrinsic factors that were identified included recognition from peers, employers, and other health professionals; increased marketability; and increased consumer confidence.¹⁵

Traits or Characteristics of Certified Nurses

My colleagues and I have been interested in the value of certification and the need for more certification research, particularly as related to nurse traits or characteristics, including variables such as empowerment, engagement, emotional intelligence, and leadership. These types of studies fall into the second major category of research, which attempts to correlate nursing certification

with traits or characteristics of the nursing workforce. These studies have included both nurses in specialty areas of practice (eg, critical care and emergency department nurses) and nurses working in management positions. Several of the studies link certification to desirable characteristics for the nursing workforce. Knowledge of the characteristics or traits correlated with nursing certification might facilitate improvements in the overall nursing workforce by increasing certification participation.

Our first study was in a small community hospital among nurses working within all types of hospital units.¹⁷ Among the 254 nurse participants, there were 103 who were certified (40.6%).¹⁷ There were notable differences: Certified nurses had higher perceptions of both formal and informal power, and higher perceptions of access to information.¹⁷ This study was based on the conceptual work of Kanter,¹⁸ who defined power as the ability to mobilize material and human resources to achieve organizational goals, and argued that empowering work environments ensures that employees have access to information, resources, and support, and opportunities to learn and grow. According to Kanter's conceptualization,¹⁸ a person obtains formal power by the position he or she holds in the organization and the authority associated with that position. Informal power is derived from relationships built with coworkers and the respect and trust that flows from these relationships.

This early study, which focused on the linkages between certification and nurse empowerment,¹⁷ was intriguing to the American Association of Critical Care Nurses (AACN). As a result, AACN supported a national study focused on these same variables for critical care nurses who were certified vs. not certified.¹⁹ The total sample included 6589 nurses, 35.8% of whom had AACN certification and 15.3% of whom had other specialty certification(s).¹⁹ Again, there were significant differences in key dimensions of empowerment between certified and noncertified nurses. Those who were certified had higher perceptions of both formal and informal power, and higher perceptions of access to information.¹⁹ Also, certified nurses had overall higher total empowerment scores.¹⁹ Within this same national sample there were significant differences in intent to leave a current position among certified and noncertified critical care nurses. Nurses certified by AACN indicated that they were less likely to leave their position.²⁰

In a further study of certification differences as related to empowerment—this time among 86 perinatal nurses—we found similar differences in total empowerment scores and scores on 5 of 6 empowerment subscales (ie, information, support, resources, formal power, and informal power).²¹ In that study, any type of national certification was considered, including general obstetric nursing and subspecialties such as fetal monitoring, Lamaze, and breastfeeding.²¹

In a national study of 2633 emergency department (ED) nurses,²² we found significant differences between certified and noncertified ED nurses on key dimensions of structural empowerment, specifically formal and informal power. Of the total sample, which included staff nurses, advanced practice nurses, and those in supervisory roles, there was a significant difference in perceptions of formal power between certified ED nurses and noncertified ED nurses.²² The certified ED nurses

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