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Feature Article

Retooling the RN workforce in long-term care: Nursing certification as a pathway to quality improvement



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ABSTRACT

This article describes a project to improve nursing care quality in long-term care (LTC) by retooling registered nurses' (RN) geriatric clinical competence. A continuing education course was developed to prepare LTC RNs (N = 84) for national board certification and improve technological competence. The certification pass-rate was 98.5%. The study used a mixed methods design with retrospective pretests administered to RN participants. Multivariate analysis examined the impact of RN certification on empowerment, job satisfaction, intent to turnover, and clinical competence. Results showed certification significantly improved empowerment, satisfaction, and competence. A fixed effects analysis showed intent to turnover was a function of changes in empowerment, job dissatisfaction, and competency (F = 79.2; $p < 0.001$). Changes in empowerment ($t = 1.63$, $p = 0.11$) and competency ($t = -0.04$, $p = 0.97$) did not affect changes in job satisfaction. Findings suggest RN certification can reduce persistently high RN turnover rates that negatively impact patient safety and LTC quality.

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Introduction

The aging of America continues to present a crisis for the geriatric health care workforce. Currently, 13% of the US population is older than 65 years and this percentage will increase to nearly 20% by 2030¹ – creating a burgeoning demand for qualified workforce especially for long-term care (LTC) facilities whose services range from assisted living to nursing homes to other residential care facilities. While relatively few seniors aged 65+ (4.1%) currently reside in nursing homes this percentage rises sharply with age to 13.2% for those 85+ years.¹ These demographic forces coupled with the fact that today's nursing homes have become the *new hospitals* providing more acute rehabilitation for patients too ill to return home after hospital discharge will challenge the LTC industry to better prepare their

nursing workforce. Moreover, the aging baby boomers that comprise a large proportion of the LTC market-share have grown accustomed to high standards of quality health care, and there is little reason to believe these graying boomer consumers will expect anything less than the best from their LTC facilities and health providers as they age.

In 2008, the Institute of Medicine (IOM) focused national attention on the geriatric health care workforce crisis in *Retooling for an Aging America: Building the Health Care Workforce*.² Key recommendations included the need to boost recruitment and retention of the geriatric workforce and to train more health care providers in the basics of geriatric care. The report called for incentives to attract and retain a more qualified and better-prepared geriatric workforce, as well as to provide greater professional recognition and salaries for geriatric specialists and nurses. A primary precept of the study was the inadequate clinical preparation of our current geriatric workforce – including nurses – in having the necessary competencies to care for the older adult. Indeed, the report recommended that health care professionals should be required to demonstrate their

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competency in geriatric care as a criterion of licensure and certification. In 2011, the IOM issued another seminal report entitled, *The Future of Nursing: Leading Change, Advancing Health* that envisioned a role for how nursing, the largest segment of the health care workforce, could lead the transformation of quality health care in the United States. One of this report's key recommendations is need for "... all health care organizations to ensure that nurses continue their education and engage in life-long learning to gain the competencies needed to provide care for diverse populations across the lifespan."^{3(p282)} The purpose of this article is to describe the outcomes and impact of a geriatric workforce research project that was designed to meet the challenge of retooling a more highly qualified LTC RN workforce through national board certification in care of the older adult.

Background

Perhaps no other industry has a greater stake in promoting a qualified geriatric nursing workforce than LTC. Long-term care is a major employer and economic driver in the US. It ranks 10th in jobs with over 2 million workers, represents 1.3% of the nation's gross domestic product, and generates \$529 billion in economic activity \$60 billion in state and federal tax revenues each year.⁴ But LTC has been slow to respond to the IOM^{2,3} retooling recommendations to recruit, retain, and incentivize a more highly educated nursing workforce, which is evidenced by the lowest nurse retention rates (49% for all categories)⁵ of any health care settings (e.g., hospital, clinic, etc).

The RN role in LTC is important for a stable, positive nurse work environment and quality care. Certified nursing assistants provide the preponderance of direct patient care in LTC. However, it is the registered nurse (RN) that supervises, directs, delegates, mentors, trains, and evaluates the overall delivery of total nursing care. Indeed, the level of RN staffing in nursing homes – as opposed to licensed practice nurse staffing – is predictive of organizational quality care indicators including fewer total deficiencies, fewer quality of care deficiencies, fewer serious deficiencies, and fewer lawsuits.^{6–8}

But LTC RNs do not remain in their positions for very long. There have been persistently high RN turnover (42.8%) and high RN vacancy rates (10%)⁵ in LTC and these factors have contributed to lingering image problems, stressful work environments, lowered job satisfaction, and even concerns for patient safety and quality care.^{9,10} Together, these poor RN workforce indicators have been an economic drain for the industry in terms of the associated costs of RN replacement. The most recent estimates for RN turnover are calculated at \$82,006–\$88,032 per nurse,¹¹ which includes costs for pre-hire (i.e., recruitment, vacancy coverage, hiring processes) and post-hire (orientation/training, new-hire productivity, pre-turnover productivity, termination).^{12,13}

There is also some concern that most RNs – especially in LTC – may not be fully prepared through their educational curricula to care for the gerontological patient, which may also contribute to the LTC issues of high RN turnover and low retention. Only about 50% of baccalaureate degree nursing programs include a dedicated course for gerontological nursing care in their curricula.^{14–16} The preponderance of LTC RNs – nearly three-fourths – are associate degree graduates who are even less likely to have had specific gerontological nursing coursework in their 2-year program – making the issue of an underprepared geriatric RN workforce in LTC even more compelling.¹⁷

Studies conducted in acute care settings show that patient outcomes improve when older adults are cared for by RNs who have gerontological education.^{18–22} The measure of nursing

excellence for RNs is national board certification in a clinical specialty, which has been shown to improve inpatient mortality and failure to rescue.²³ In addition, job satisfaction increases for LTC RNs who have participated in continuing education.²⁴ The American Nurses Credentialing Center (ANCC) offers a clinical certification, *Gerontological Nursing*, for RNs who care for older adult patients.²⁵ Earning this certification confers the credentials of "RN-BC." Nationally only 1% of RNs are board certified in this clinical specialty,¹⁴ which may be linked to the fact that clinical specialty certification is not easily attained. For example, RNs seeking *Gerontological Nursing* certification must demonstrate the equivalent of 2 years full-time practice with at least 2000 h in gerontological nursing within the last 3 years, and 30 h of continuing education in gerontological nursing within the last 3 years. The certification exam fees are \$395 and it is a rigorous test with an 85% national pass rate.²⁶ In addition, the exam is administered at an official test site, which may be challenging for RNs living in rural communities. Another barrier has been the lack of incentives for LTC RNs. Without employer support (i.e., paid time, assistance with course or exam fees, flexible work schedules) or workplace incentives (i.e., increased pay, job responsibility, or promotion) few LTC RNs have been motivated to pursue clinical certification as a means of enhancing competency.

In 2009, an academic medical center collaborated with 13 Midwestern businesses representing 60 long-term care facilities on a match grant. The academic/community partnership used a community-based participatory research (CBPR) approach to develop, implement, evaluate and disseminate the project, whose primary goal was to retool the LTC RN workforce through national certification education in *Gerontological Nursing*. A corollary goal was to improve LTC RNs' technological competency for life-long learning skills so that once certified, these LTC RNs would be capable of maintaining their credentials through computer-based research, evidence based practices, and on-line continuing education. Yet another goal was to develop a distance education course for LTC RNs that was a satisfactory learning model.

Before enrolling in the *Gerontological Nursing* course, RN participants and their employers signed contracts in which RNs agreed to complete weekly assignments in a timely manner, pre-register for the national certification examination, share costs of the exam fee, and commit to taking the national certification exam. Employers agreed to share in at least 50% of the certification exam fees.

The hypothesis for this CBPR project was that *Gerontological Nursing* certification education would improve RN clinical competency, job satisfaction, intent to turnover, and empowerment. The associated research questions were: (1) Does certification education change participants' empowerment, job satisfaction, and clinical competency over time?; (2) Are changes in RN intent to turnover associated with changes in RN empowerment, job satisfaction, and competency over time?; (3) Do RN empowerment and competency affect job satisfaction?; and (4) Do RN supervisors assess improved clinical competency among participants? Two corollary questions for this CBPR project were to determine if RN participation in distance education was a satisfactory experience and improved RN computer technology skills. The University of Nebraska Medical Center Institutional Review Board approved the study.

The authors utilized a mixed methods approach using qualitative and quantitative methods to conduct a process and outcomes evaluation of the project. The data set provided responses to multi-item surveys from which scales were computed describing the study's key outcome measures for empowerment, job satisfaction, intent to turnover, and competency among RN participants who had completed the project's educational course.

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