

The Value of Certification in HIV/AIDS Nursing Revisited

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Relf, Berger, Crespo-Fierro, Mallinson, and Miller-Hardwick (2004) published the initial work on certification in HIV/AIDS nursing. Their work provided a comprehensive summary of the scope of HIV/AIDS nursing practice, distinguished certification from licensure, detailed the need for nursing certification, described the benefits of certification, and discussed methods for championing certification among nurses in HIV care. Since that initial article 10 years ago, much has changed within the HIV pandemic, nursing profession, and context in which HIV nursing care occurs.

Care for clients living with HIV has advanced as these changes evolved. Survival has increased relative to advances in medical care and treatment. Improved care and treatment options mean that clients with HIV disease are now aging. In fact, life expectancy of clients living with HIV infection is nearly equal to those who are not infected (May et al., 2006). Currently, 24% of clients living with HIV in the United States are ages 50 years or older (Centers for Disease Control and Prevention [CDC], 2008). However, aging clients with HIV infection have a host of physical and psychosocial care needs that need to be addressed (Davis & Zanjani, 2012).

Unfortunately, some aspects of HIV infection have not changed over the past 10 years. In the United States alone, nearly 50,000 new cases of HIV infection occur annually. Groups most affected by HIV include Black men and women, and men who have sex with men (CDC, 2011). Unfortunately, the advances in HIV care and treatment are overshadowed by the fact that HIV prevention strategies have not been largely successful in decreasing new cases of HIV infection among these vulnerable populations (Johnson et al., 2008).

The complex care needs of persons with HIV infection combined with the lack of HIV prevention interventions indicate that nurses with specialized knowledge, skills, and competencies are needed to provide care to people at risk for HIV, as well as those already infected. The Association of Nurses in AIDS Care in conjunction with the HIV/AIDS Nursing Certification Board (HANCB) recommends certification in HIV/AIDS Nursing for nurses who provide primary, secondary, or tertiary HIV care. As of August 2013, 655 nurses have earned AIDS Certified Registered Nurse (ACRN) certification, and 56 advanced practices nurses have earned Advanced AIDS Certified Registered Nurse (AACRN) certification. However, despite encouragement from both of these organizations, many nurses chose not to seek certification in HIV/AIDS nursing. The purpose of this manuscript is to revisit the value of nursing certification in HIV care. By revisiting this issue and using available evidence to demonstrate that certification

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JOURNAL OF THE ASSOCIATION OF NURSES IN AIDS CARE, Vol. 25, No. 4, July/August 2014, 285-288 http://dx.doi.org/10.1016/j.jana.2014.03.008 Copyright © 2014 Association of Nurses in AIDS Care in a specialty area of nursing contributes to better client outcomes, it is anticipated that nurses will be encouraged to seek certification in HIV/AIDS nursing.

Complex Care Needs of Clients With HIV Infection

One reason that HIV nurses should consider certification is based on the fact that the nursing care needs of clients with HIV infection have become increasingly complex. Along with issues associated with aging, more physical health issues such as cardiovascular disorders and metabolic issues are related to the HIV disease process (Kakinami et al., 2013). In addition to physical illness, clients with HIV infection have a plethora of psychosocial issues that are unique to this population. In addition to marginalization, discrimination, and isolation, HIV infection impacts nearly all aspects of psychosocial functioning (De Santis & Barroso, 2011).

These complex physical and psychosocial needs of clients with HIV infection require care by nurses with specialized knowledge and skills. Certification in HIV/AIDS nursing is one method that nurses can use to demonstrate to themselves, the nursing profession, other health care professionals, and clients that the ACRN and AACRN provide a higher level of care to persons living with HIV. It also demonstrates the nurse's lifelong commitment to learning because certification renewal requires that an individual earn continuing education credits on a regular basis.

Nursing Certification and Client Outcomes

Today's health care system is driven by client outcomes. Nurses and other health care professionals are focused on providing high-quality care that decreases the complications of a disease process, reduces hospitalizations, and is cost effective (Jeffs et al., 2013). Care focused on client outcomes also includes adherence counseling and monitoring, decreasing associated morbidities and mortality, and improving quality of life (Swanson, 2009).

Certification in nursing has been associated with improved client outcomes. A few examples of studies that have reported this association include a 2007 study that was conducted by the American Board of Nursing Specialties. This study assessed certification perceptions, values, and behaviors of 11,427 registered nurses in the United States. The majority of the respondents (75%; n = 8,615) were certified. Both certified and noncertified nurses valued certification in nursing (Niebuhr & Biel, 2007). The findings were supported by Haskins, Hnatiuk, and Yoder (2011), who also reported that both certified and noncertified medical/surgical nurses valued nursing certification.

Recognizing the vulnerability of elderly hospitalized clients, Boltz, Capezuti, Wagner, Rosenberg, and Secie (2013) conducted the Nurses Improving Care for Healthsystem Elders Study. In this study, nurses employed in 44 medical/surgical units from 25 hospitals in the United States were surveyed to determine if the number of employed certified nurses influenced fall rates. The researchers reported that units employing more certified nurses reported fewer falls.

Kendall-Gallagher, Aiken, Sloare, and Cimiotti (2011) reviewed the medical records of 1.28 million clients in 652 hospitals who were cared for by 28,598 nurses. The researchers concluded that care provided by nurses with Bachelor's degrees and certification in nursing resulted in decreased 30-day mortalities and decreased rates of failure to rescue.

Only one study could be located that reported that certification among nurses was not associated with client outcomes. Krapohl, Manojlovich, Redman, and Zhang (2010) reported that certification was associated with empowerment among nurses but was not associated with any outcomes in clients receiving care in intensive care units. However, certification in nursing has been associated with a decrease in RN vacancy rates, a decrease in RN attrition, and an increase in client satisfaction (Craven, 2007).

Certification equates to excellence in nursing care that includes the components of advanced knowledge, skills, and abilities in a specialty area beyond registered professional nurse licensure (American Nurses Credentialing Center, 2010). For some nurses, certification is a method of participation in lifelong learning (Fleischman, Meyer, & Watson, 2011). With many health care organizations seeking Magnet designation (American Nurses Credentialing Center), Download English Version:

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