Increasing Specialty Nursing Certification in Ambulatory Care Services

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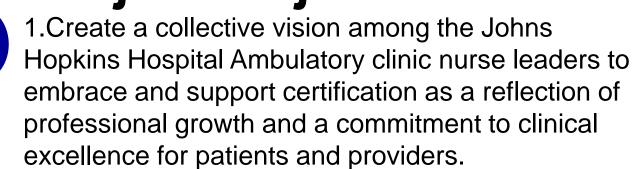
1 Background

Many national medical bodies, including the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the Institute of Medicine (IOM), identify knowledge and clinical competency as human factors that often contribute to patient safety errors. To address these problems, the Joint Commission includes ongoing nursing education and training among its key patient safety requirements and the IOM stresses the importance of well-prepared nurses engaged in lifelong learning. A viable option to help promote these aims is the attainment of specialty nursing certification.

Certification is perceived as a validation of expertise and a demonstration of clinical competency. A,5,6 Moreover, certification is associated with personal satisfaction and sense of empowerment. This specialization is perceived favorably by patients and community members T,10 and certification may improve staff retention and teamwork amongst healthcare providers.

In spite of these benefits, only 27.6% of nurses are certified nationally. At the Johns Hopkins Hospital Outpatient Center for Ambulatory Care Services, only about 25% of nurses are certified (n=17) out of 65 total nurses spread across 19 clinics and 75 specialty areas. Annually, these nurses serve the needs of nearly 232,000 patients.

Project Objectives



2. Collate the various nursing certifications available and create a grid of potential opportunities for each clinic area.

3.Explore individual perceived and actual barriers to pursuing certification and identify tactics to mitigate those barriers.

4. Assess the current highest educational degree and certification status of all RNs in the Ambulatory Clinics.

Methods

- 1.Use of the Magnet Recognition Program
 Demographic Data Collection Tool (DDCT)
 identifying 329 specialty certifications
 - 2.Comprehensive **PubMed and CINAHL Plus** database review
 - 3.Creation of a JHH Ambulatory Care Services
 Specialty Certification Database. (63 certifications identified)
 - 4. Validation of certifications through **qualitative polling** of ACL email listserv (n=14)
 - 5.Development of quantitative metric tool

4 Results

Perceived Value of Certification Tool (PVCT)
A premium is placed on the intrinsic value of certification. All 100% of respondents agree that certification validates specialized knowledge, enhances feelings of personal accomplishment, provides personal satisfaction, enhances confidence in clinical ability and indicates professional growth, with these five intrinsic items scoring highest overall. Only 31% of the staff believe certification increases salary.

Table 1: PVCT

	Mean	SD	% Agreement
Validates specialized knowledge	3.793	0.328	29/29 (100%)
Enhances feeling of personal accomplishment	3.793	0.328	29/29 (100%)
Provides personal satisfaction	3.759	0.366	29/29 (100%)
Enhances personal confidence in clinical abilities	3.724	0.400	29/29 (100%)
Indicates professional growth	3.724	0.400	29/29 (100%)
Enhances professional credibility	3.690	0.449	28/29 (97%)
Provides evidence of professional commitment	3.690	0.449	28/29 (97%)
Indicates attainment of a practice standard	3.655	0.476	28/29 (97%)
Provides professional challenge	3.621	0.497	28/29 (97%)
Promotes recognition from peers	3.586	0.485	29/29 (100%)
Increases marketability	3.536	0.497	28/29 (97%)
Indicates level of clinical competence	3.517	0.499	29/29 (100%)
Provides evidence of accountability	3.517	0.533	28/29 (97%)
Promotes recognition from other health professionals	3.333	0.494	26/29 (90%)
Promotes recognition from employers	3.296	0.573	24/29 (83%)
Increases consumer confidence	3.192	0.559	22/29 (76%)
Enhances professional autonomy	3.138	0.416	26/29 (97%)
Increases salary	2.370	0.763	10/29 (35%)

Perceived Barriers to Certification

Three primary barriers to certification were identified: 1) certification costs, 2) certification content, and 3) institutional support. Nearly 76% of participants agree or strongly agree that the cost of the examination is too high (20% unsure). Nearly 57% believe they don't have enough time to certify (17% unsure). Finally, 41% agree there isn't tangible incentive to certify (31% unsure).

Certification Incentives

Potential incentives were intentionally stratified according to low, moderate and high degrees of implementation difficulty (i.e. low = easier to implement). Among these stratifications, 79% want recognition as an expert in their field by colleagues (low), 74% want to advance on the nursing clinical/career ladder (moderate), and 76% want an increase in salary (high).

Specific Certification Recommendations

Ambulatory Care nursing staff should be encouraged to pursue their specialty specific certifications or three interdisciplinary certifications applicable to nearly all Ambulatory Care Service staff.

- 1.Certified Ambulatory Nurse, RN-BC
- 2.Medical-Surgical Registered Nurse, RN-BC
- **3.Nursing Executive**, NE-BC

6 Addressing Barriers

Certification Costs

1.Promote membership to professional organizations (i.e. ANA) to reduce costs of exams. For non-ANA members, the costs of the certified ambulatory exam could exceed \$825, compared to \$550 for ANA members.

2.Budget departmental funds to cover some or all of the certification costs. These can be based on study group participation or the successful completion of the exam.

Certification Content

1.Develop a Certified Ambulatory Nurse study course¹² and create local study groups to promote team engagement.¹³

2.Recruit two-three staff members to serve as certification leaders for Ambulatory Services.

3. Dispel myth of insufficient time. Most exams are offered quarterly, providing flexibility in scheduling.

Institutional Support

1.Senior leadership can initiate the certification process by identifying to staff the certifications they themselves plan on pursuing and a timeline for completion.¹⁴

2. Provide support to staff prior to the exam.

3.Celebrate the achievements of those who pass. 4.Create an implementation plan for increasing certification rates across the Ambulatory Care Services nursing staff.

Limitations 1 Cross-sectional design

1.Cross-sectional design and mixed research evaluating the relationship between certification and patient outcomes. 15,16,17,18

2. Many proponents of certification are the boards and organizations offering the certification.

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Funding Source:

The Helene FULD Leadership Program for the Advancement of Patient Care Quality and Safety