

SAFEGUARDING THE PATIENT AND THE PROFESSION

THE VALUE OF CRITICAL CARE NURSE CERTIFICATION

DECEMBER 2002

EXECUTIVE SUMMARY

Today's critically ill patients require heightened vigilance and extraordinarily intricate care. As skilled and responsible health professionals, the 403,000 critical care nurses in the United States must acquire the specialized knowledge and skills needed to provide this care and demonstrate their competence to the public, their employers and their profession. Recognizing that nurses can validate specialty competence through certification, this white paper from the American Association of Critical-Care Nurses and the AACN Certification Corporation puts forth a call to action for all who can influence and will benefit from certified nurses' contribution to patient care.

American healthcare has reached yet another crossroads. Healthcare in the United States faces inescapable realities—reports of unsafe care, rising litigation, escalating costs and all in the face of a worsening nursing shortage that is predicted to become a national health crisis.

Concerned for their safety, consumers have become more informed and involved in healthcare than ever before. Cognizant of their obligation to the public, employers, regulators, legislators and healthcare professionals have zeroed in on one critical question: How can American healthcare consumers receive safe high-quality care from qualified professionals while, at the same time, efforts are underway to control healthcare costs?

As new illnesses and threats to the public's health emerge, new drugs and technologies extend life longer than ever before. But longer life brings greater likelihood of chronic illness and the paradox of "chronic critical illness." As new therapies and technologies come forward, the dynamic environments of critical care must evolve to accommodate them. This evolution is so far-reaching that critical care is no longer limited to an ICU or even to a traditional hospital.

Today's critically ill patients require heightened vigilance and extraordinarily intricate care from a team of highly skilled health professionals. As part of the nation's 2.2 million working registered nurses—of which 1.3 million work in hospitals—more than 400,000 critical care nurses represent nursing's largest specialized group. These nurses shoulder round-the-clock responsibility for planning, coordinating, providing and evaluating care needs that change minute by minute. Like their physician counterparts, nurses must draw from an expanding body of increasingly complex knowledge. Nurses simply must know more today in order to deliver safe and effective care to meet each patient's unique needs.

Like professionals in many other fields, the practice of nurses is regulated from the beginning. A state board of nursing awards an RN license upon satisfactory completion of a mandatory national examination. The RN license assures the public that a nurse has the required entry-level knowledge and skills to care for patients. Beginning nurses, however, are not typically prepared to care for critically ill patients. They must acquire specialized knowledge, skills and experience before they are competent to care for the nation's sickest and most vulnerable patients. Certification provides validation of such specialized knowledge, skills and experience.

Everyone in the healthcare equation—patients, employers, nurses—benefits from certification as a mark of excellence. Nurses, specialty certification boards and employers have a shared obligation to honor the public’s trust in assuring safe and effective care.

Certification becomes an important indicator to patients and employers that a nurse is qualified and competent in a specialty and has met rigorous requirements to achieve this expert credential. Employers can showcase certified staff and demonstrate to consumers that they have attracted the most skilled and experienced professionals. Nurses can position themselves for appropriate recognition and a keen sense of personal accomplishment.

A Call to Action

Through this white paper and its supporting data, the American Association of Critical-Care Nurses and AACN Certification Corporation wish to foster continued dialog and research around the value that certification brings to healthcare. We urge that the public, employers and nurses work together to ensure that there is an adequate supply of qualified and experienced nurses to care for the nation’s most vulnerable patients. Appropriate support for critical professional resources, especially certification and continuing education, must be at the forefront of today’s local and national health agendas. Specific actions include:

For the Public

- Become familiar with local hospital practices concerning nurse staffing, including nurse vacancies, employment of certified nurses and support for continuing education, certification and recertification. Use this knowledge when you make healthcare decisions.
- Verify that health plans are aware of nurse certification and consider it as a key factor in evaluating the quality of the care facilities with which they contract.
- Communicate to health providers the importance of consumers knowing the credentials of their caregivers.

For Employers

- Expand a commitment to safety and quality in patient care through robust support of continuing education, certification and recertification for nurses.
- Demonstrate the value of this commitment through a dynamic internal and external communications program.
- Conduct studies to validate that certification contributes to better outcomes for your institution including nurse retention, increased job satisfaction and reduced turnover.

For Nurses

- Protect critically ill patients by acquiring specialized knowledge and skills and demonstrate competence through certification.
- Identify yourself as certified on your name badge and when talking with patients, families, nurse colleagues and other health professionals.
- Recognize and support those who advocate for certification, continually widening the circle of advocates.

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CRITICAL CARE NURSES: MORE CRITICAL THAN EVER American healthcare has reached yet another crossroads. Medical errors make daily headlines. Litigation generates extraordinary financial settlements. Costs escalate. Concerned for their safety, consumers have become more informed and involved in healthcare than ever before. Cognizant of their obligation to the public, employers, regulators, legislators and health professionals have zeroed in on the critical question: How can American healthcare consumers receive safe high-quality care from qualified professionals while, at the same time, efforts are underway to control healthcare costs?

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As new illnesses and threats to the public's health continue to emerge, new drugs and technologies extend life longer than ever before. But longer life brings greater likelihood of chronic illness and the paradox of “chronic critical illness.” As new therapies and technologies come forward, the dynamic environments of critical care must evolve to accommodate them.

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This evolution is so far-reaching that critical care is no longer limited to an ICU or even to a traditional hospital. Visitors to the general care units of most hospitals will find patients receiving highly complex therapies that are often technology dependent. A similar situation exists in those long term care facilities that now offer care to ventilator-dependent patients.

Today’s critically ill patients require heightened vigilance and complex sophisticated care from a team of highly skilled health professionals. More than 400,000 critical care nurses, who represent the healthcare team’s largest professional group, shoulder round-the-clock responsibility for planning, coordinating, providing and evaluating care that can change minute by minute. To fulfill their increasingly essential and valuable role, critical care nurses draw from a complex repertoire of specialized knowledge, skills and experience.

An Aging Population Has Complex Healthcare Needs

By the year 2025, 20% of the United States population will be 65 years and older. ¹ This coincides with national statistics showing that nearly four out of ten people receiving healthcare today are older than 65. Of those requiring hospital care, half are older than 75 and the oldest of the old utilize at least one fourth of all hospital resources, proportionally more than any other age group. ²

Anticipating how these demographic changes will affect the healthcare needs of adults, children and newborns who become critically ill, the AACN Certification Corporation conducted 16 nationwide focus groups with practicing critical care nurses. The study reported in the *American Journal of Critical Care* points to some dramatic realities confirming the impact of complex healthcare on the role of critical care nurses. ³

Nurses in the study confirm that people admitted to their units are sicker than ever before. In fact, just a few years ago many of them would not have survived long enough to be in the hospital. Now these patients live longer after major surgery and often suffer from co-existing conditions like diabetes, hypertension, heart disease and kidney failure. They are treated with more powerful medications that require more intense vigilance and monitoring.

Patients, Families, Nurses: Everyone Needs to Know More

Nurses in the *AJCC* study also reported that managed care and its associated cost-consciousness adversely affect their work. Today, only the sickest people are hospitalized. Upon discharge, these sicker patients are sent home or to a skilled nursing or rehabilitation center. They, or more often their families, must quickly grasp new information and skills. For nurses, the situation means they must prepare patients and families for early discharge while still providing life-saving care during the most critical and vulnerable phases of illness.

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deliver the right care at the right time. Nurses in the *AJCC* study confirmed that the concerns and needs of patients and their families have become more prevalent due in part to an ever-greater access to advanced medical technology and increased societal pressures. When planning care, nurses must consider factors such as a family’s cultural background, spiritual beliefs, interpersonal dynamics and socioeconomic status.

Nurse-directed studies show that critically ill patients fare better when family visiting hours are flexible and relatives participate in care, including presence during life-saving procedures.⁴⁻⁷ As critical care nurses engineer appropriate changes in hospital visiting policies, they are also addressing the legal and ethical concerns of pain management and end-of-life care. Not only must nurses care for a dying patient, they also must sensitively care for families who struggle with heart-wrenching decisions.

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Like their physician counterparts, nurses must draw from an expanding body of increasingly complex knowledge. Confronted with the challenges of dramatic new treatments, a changing healthcare delivery model and ever-increasing diversity among patients, nurses simply must know more than ever before in order to deliver safe and effective care that meets each patient’s unique needs.

RN LICENSE: Like professionals in many fields, the practice of nurses is governmentally regulated by each state “because it is one of the health professions that pose risk of harm to the public if practiced by someone who is unprepared and incompetent. The public may not have sufficient information and experience to identify an unqualified health care provider and is vulnerable to unsafe and incompetent practitioners.”⁸

THE FIRST STEP

“Nursing is regulated because it is one of the health professions that pose risk of harm to the public if practiced by someone who is unprepared and incompetent.”

Licensure is the first step of professional regulation. A license to practice represents a mechanism designed to ensure that health professionals have adequate knowledge and skills to care for patients. First and foremost, critical care nurses must be licensed to practice as registered nurses.

A state legislature enacts a law or practice act to regulate nursing within its boundaries and delegates enforcement authority to a public administrative agency, the state board of nursing. The National Council of State Boards of Nursing is the organization through which boards of nursing act and counsel together on matters of common interest and concern affecting public health, safety and welfare, including development of licensing examinations in nursing.

The Council conducts studies, performs policy analysis and promotes uniform regulation of nursing practice. As one of its primary responsibilities, it develops and administers the NCLEX-RN® examination required for beginning RN licensure in the United States. The Council also acknowledges that continued competence is a dominant regulatory issue for boards of nursing.

Figure 1

WHERE DO CRITICAL CARE NURSES WORK? ⁹

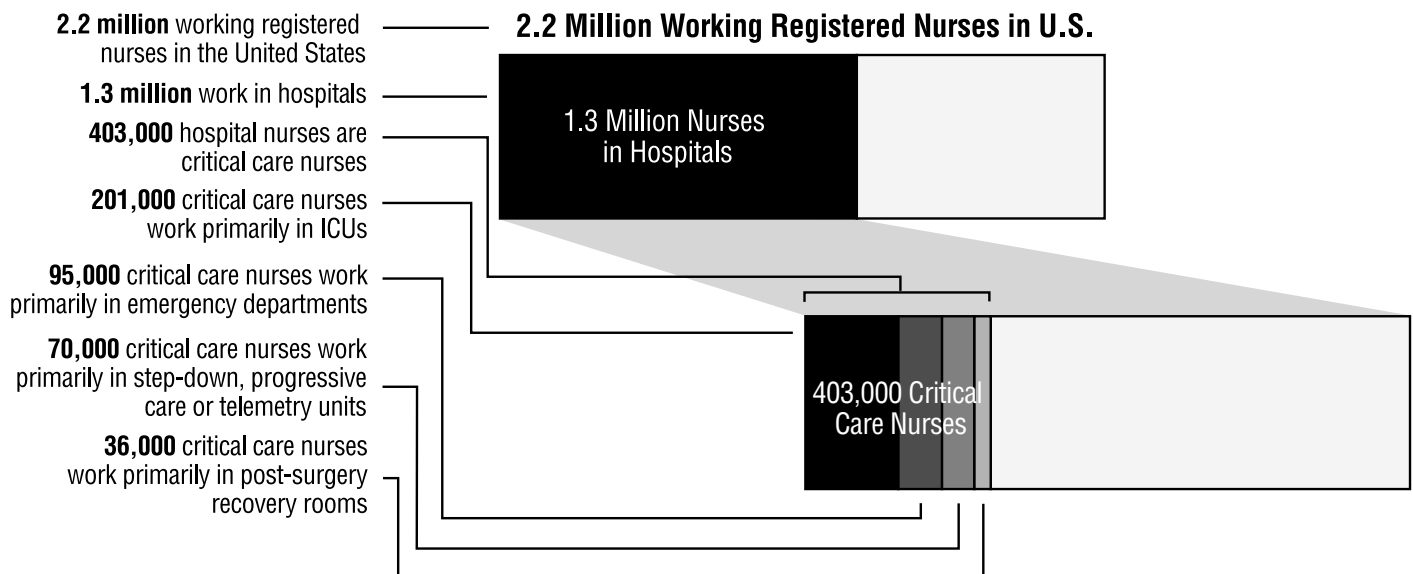
Profile of Critical Care Nurses

Critical care nursing is the specialty that deals specifically with actual or potential human responses to life-threatening problems. ¹⁰ These problems include high-risk pregnancy and severely premature birth, heart attack, stroke, severe trauma and burns, severe infection affecting every body system and recovery from complex, high-risk surgery.

Critical care nurses work wherever critically ill patients require care—intensive care units for adults, children and newborns, cardiac care units, air and ground transport, cardiac catheterization laboratories, progressive care and telemetry units, emergency departments and post-surgery recovery rooms, to name a few. With severely shortened hospital stays, critical care nurses also apply their skills in long term care, home health, outpatient surgery centers and clinics.

Of the 2.2 million working registered nurses in the United States, nearly 1.3 million take care of hospitalized patients. Of these, an estimated 403,000 are critical care nurses. ⁹

More than 201,000 critical care nurses work primarily in ICUs. More than 70,000 work primarily in step-down, progressive care or telemetry units to which ICU patients are typically transferred as they begin to require still complex, but less intensive, care. Nearly 95,000 critical care nurses work primarily in emergency departments and more than 36,000 work primarily in post-surgery recovery rooms. ⁹



“In theory, unless a complaint is filed against a nurse, a board of nursing could renew a license for an entire career without further evaluating competence beyond the initial examination taken upon completion of nursing school.”

Renewing an RN License

Wide divergence exists among the state boards of nursing about the requirements for relicensure to provide ongoing assessment of a nurse’s continued competence and professional growth. Today only 21 states mandate evidence of a prescribed number of continuing professional education hours for licensure renewal.⁸ All other states require payment of a renewal fee but have no continuing education or clinical practice requirement.

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RN CERTIFICATION: The RN license assures the public that a nurse has the required entry-level knowledge and skills to care for patients. With appropriate orientation, this beginning nurse may be prepared to take on general care responsibilities. However, even entry-level responsibilities have become increasingly complex.

THE EXPERT STEP

“Even entry-level responsibilities have become increasingly complex. A growing number of employers now require nurses with knowledge and clinical judgment beyond that of a beginning nurse.”

A growing number of employers now require nurses with knowledge and clinical judgment beyond that of a beginning nurse. Employers require nurses who have acquired specialized knowledge, skills and experience. Further, those nurses must be able to assure the public and their own profession that their clinical judgment properly applies the specialized knowledge, tailoring their actions to meet the unique needs of each patient’s situation.

Nurses provide assurance of their expert knowledge and clinical judgment through national specialty certification and recertification programs that attest to their competency as individual health professionals. The value of certification in influencing the delivery of safe and effective care is undeniable.

Assuring That Health Professionals Are Competent

In the 1995 report, *Reforming Health Care Workforce Regulation*, the Pew Health Professions Commission Task Force on Health Care Workforce Regulation put forth far-reaching recommendations for reform of health professional regulation to protect the public’s health.¹¹ Two of the recommendations reinforced the importance of assuring the competence of health professionals. First, the state practice acts that define a health profession’s scope of practice “should be based on demonstrated initial and continuing competence.”^{11(p9)} Second, states should require licensing boards to “develop, implement and evaluate continuing competency requirements to assure the continuing competence of regulated health care professionals.”^{11(p25)}

In its 1998 report, *Strengthening Consumer Protection: Priorities for Health Care Workforce Regulation*, the Commission also addressed continuing competence, recommending that “states should require that their regulated health care practitioners demonstrate their competence in the knowledge, judgment, technical skills and interpersonal skills relevant to their jobs throughout their career.”^{12(p38)}

The Interprofessional Workgroup on Health Professions Regulation, a 17-organization coalition representing four million practitioners in 16 health professions, responded to the Pew Commission further noting that “the assessment of continued competence requires in-depth study, particularly of the implications of changes due to scope of practice evolution and specialization.”¹³

The Institute of Medicine links continuing competency with patient safety. Recommendation 7.2 of its report *To Err Is Human: Building a Safer Health System* suggests that performance standards for health professionals should focus greater attention on patient safety. To achieve this, the Institute recommends that “health professional licensing bodies should implement periodic reexaminations and relicensing of doctors, nurses and other key providers.”¹⁴

A 1996 position paper by the National Council of State Boards of Nursing, *Assuring Competence: A Regulatory Responsibility*, identifies that “one of the greatest challenges to health care professionals is the attainment, maintenance and advancement of professional competence in an evolving health care environment.”¹⁵ The report identifies competence development as the method by which a practitioner gains, maintains, or refines practice knowledge, skills and abilities. Competence development can occur through a formal education program, continuing education or clinical practice. Competence development is expected to continue throughout a practitioner’s career and is documented through certification. Certification can serve as a proxy for assessing continued competence since a nationally recognized standard to do so has not been developed.

Another important signal of certification as a competency validation tool is the recent decision by the Joint Commission on Accreditation of Healthcare Organizations to require that all of their surveyors become certified.¹⁶

Certification Validates Specialty Knowledge, Experience and Clinical Judgment

Nurses are ethically and professionally responsible for obtaining specialized knowledge and skills as their careers progress. In turn, the public has the right to know that a nurse’s knowledge has been formally assessed and validated beyond minimum entry-level standards of licensure.

While licensure measures entry-level competence, certification validates specialty knowledge, experience and clinical judgment. Nurses turn to national specialty credentialing organizations for their certification because boards of nursing are not universally equipped with the resources needed to monitor the specialized continuing education and competency of those they license.

National certification boards have certified nurses in specialties like anesthesia, critical care, midwifery and oncology. Certification in nurse anesthesia, introduced in 1945, was one of the first programs.¹⁷ As of January 2001, nurses in the U.S. and Canada held more than 410,000 certifications in 134 specialties. These certifications were granted by 67 different certifying organizations, and at least 95 different credentials designate these certifications.¹⁸

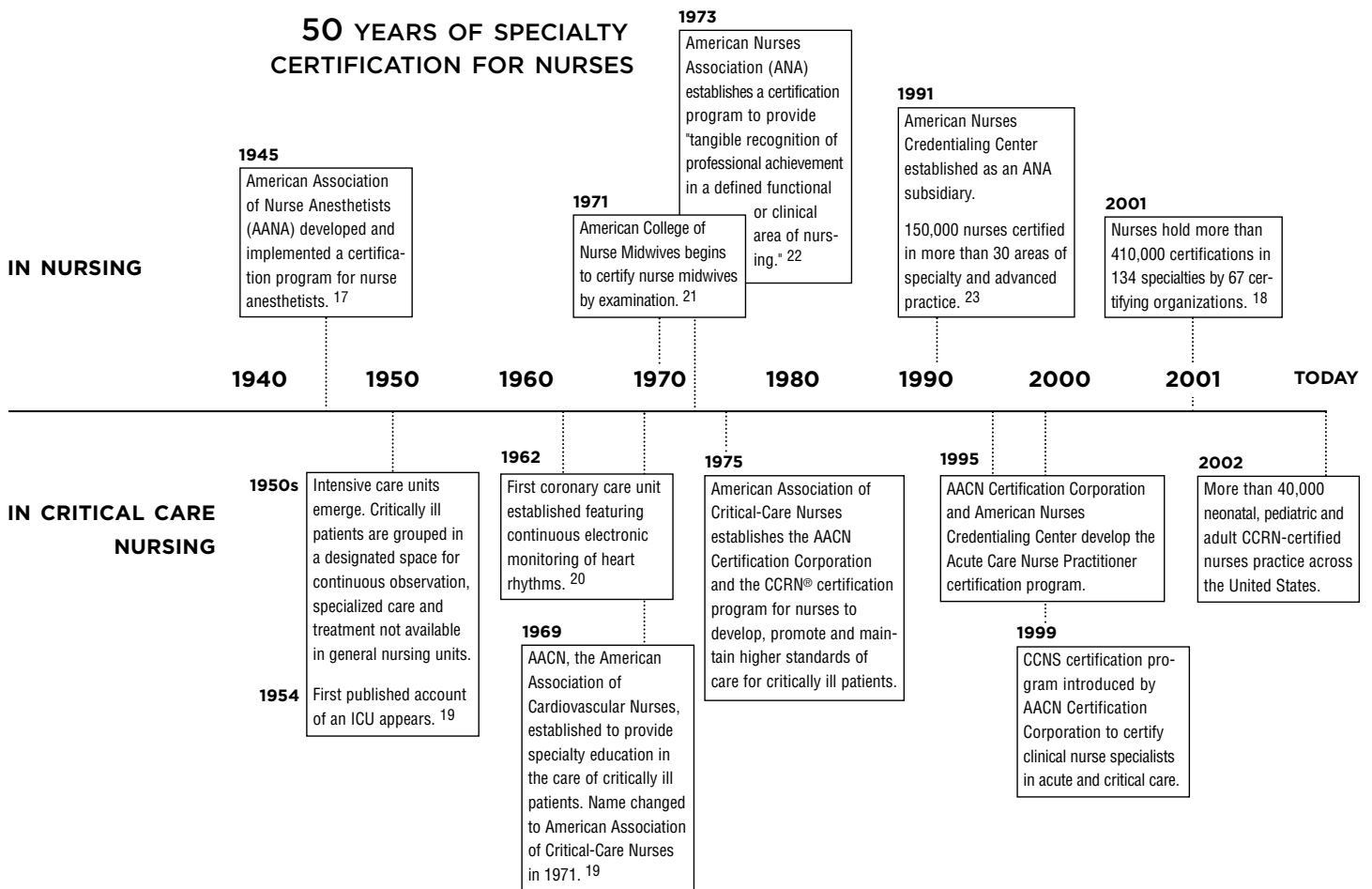
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Figure 2



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In order to renew certification, a nursing specialty certification board requires documentation of a nurse’s continued competency. This can be done in several ways including meeting specified continuing education and clinical practice requirements or periodic reexamination based on a current job analysis. Certification is an additional safeguard and evidence that the profession is being accountable for meeting its responsibility to the public. Certification boards help regulators to protect healthcare consumers by validating a certified nurse’s specialized knowledge and continued competency.

To assure the public of a certification program’s quality, certification organizations seek accreditation of their program by the National Commission for Certifying Agencies. NCCA accredits certification programs that assess professional competence and comply with the commission’s standards. Those standards specify the certifying organization’s responsibilities to stakeholders, the quality of its certification and recertification processes, and the governance, administrative and financial systems needed to support the program. Of particular note is the NCCA standard that requires the use of legally defensible assessment instruments that are based on a current job analysis and follow generally accepted test and measurement principles.²⁴

SPECIALTY CERTIFICATION FOR CRITICAL CARE NURSES

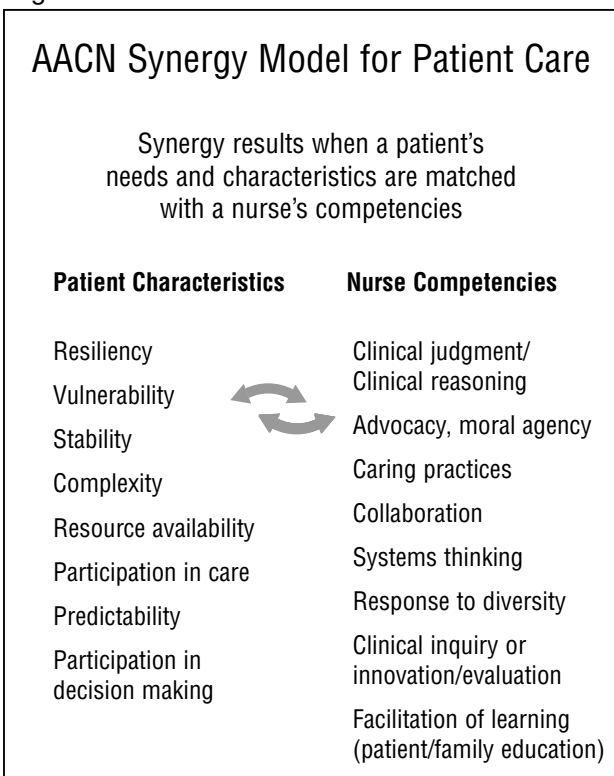
The Institute of Medicine recommends that health professionals undergo periodic evaluation of competence and safe practice.^{14, 25} Critical care nurses in the United States are certified by the AACN Certification Corporation. Today more than 40,000 critical care nurses in the United States are certified by the AACN Certification Corporation.

The corporation was established in 1975 by the American Association of Critical-Care Nurses to maintain high standards of excellence in critical care nursing by certifying qualified nurses. Since 1975, the corporation has enhanced and expanded its offerings beyond the traditional CCRN® certification for the care of critically ill adults to include care of critically ill children and newborns, as well as CCNS certification for advanced practice clinical nurse specialists in critical care.

The association’s keen interest in certification as an essential tool to assure consumer safety dates to its founding in 1969. Prompted by the proliferation of ICUs and the use of continuous electronic heart monitoring in coronary care units, the association was established to provide specialty education in the care of critically ill patients. Logically, its leaders recognized that nurses needed a way to validate the specialized critical care knowledge and skills they had acquired.

The AACN Certification Corporation administers specialty certification programs in critical care nursing. The corporation’s governing board of nurse and consumer representatives is committed to safeguarding the public. A rigorous and comprehensive job analysis of current nursing practice ensures that certification examinations measure what is pertinent to the care of critically ill patients today. The corporation validates the quality of its certification programs by maintaining full current accreditation from the National Commission for Certifying Agencies.

Figure 3



AACN Certification Corporation certification programs are based on the AACN Synergy Model for Patient Care. This patient-focused model is centered on the core concept that the characteristics of patients and their families drive the competencies of the nurses who care for them.

The AACN Synergy Model for Patient Care identifies eight characteristics of patients and families that include complexity, vulnerability, predictability, stability, resiliency, resource availability, participation in care and participation in decision making. As a patient and family's characteristics evolve, so does the depth of a nurse's competence in eight characteristics that include clinical judgment and reasoning, advocacy, caring practices, collaboration, systems thinking, response to diversity, inquiry and facilitation of learning.

Nurses seeking CCRN certification by the AACN Certification Corporation must meet rigorous eligibility requirements that include current RN licensure in the United States and verifiable evidence of 1,750 hours in direct clinical care of critically ill patients with half of those hours accrued in the preceding 12 months. Qualified nurses then take the four-hour, 200-question certification examination.

Certification in critical care nursing must be renewed every three years. Renewing nurses must meet equally rigorous requirements that include current RN licensure in the United States and a minimum number of hours in direct clinical care of critically ill patients. Qualified nurses must also submit evidence of 100 hours of continuing education activities in specific content areas or retake the certification examination regardless of which state has licensed them as RNs.

In order to obtain advanced practice certification as a clinical nurse specialist, nurses must additionally have completed a master's degree from an accredited program with evidence of advanced theory and clinical concentration in the care of critically ill patients.

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WHO BENEFITS FROM CERTIFIED NURSES?

Everyone in the healthcare equation—patients, employers, nurses—benefits from certification as a mark of excellence. Certification becomes an important indicator to patients and employers that a nurse is qualified, competent and has met rigorous requirements to achieve this additional credential. Employers can showcase their certified staff and demonstrate to consumers that they have attracted the most qualified and experienced professionals. Nurses can position themselves for appropriate recognition and a keen sense of personal accomplishment.

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The Public Benefits From Certified Nurses

American consumers know to seek out a certified mechanic or a certified plumber, but do they seek a certified nurse when their very lives are at stake or even know that nurses can be certified? Encouragingly, public awareness of nurse certification is indeed growing.

A 1999 survey by the American Nurses Credentialing Center found that, although consumers felt more confident that they were receiving quality

care when it was given by a certified nurse, only one in three were “very aware” that nurses can be specialty certified. ²⁶ Focus groups conducted by the American Association of Critical-Care Nurses in 2000 confirmed that consumers were aware of nurses’ crucial role in healthcare, but generally did not know that they can be certified.

By the fall of 2002, a nationwide study of 1,039 Americans conducted by Harris Interactive showed a significant upturn in public awareness. ²⁷ Nearly eight out of ten respondents stated that they were aware nurses could be certified. In fact, there was slightly higher awareness of nurse certification than teacher or physician certification. This growing awareness may be indicative of increasing concern and scrutiny of the healthcare system in light of heightened media coverage of the nursing shortage, medical errors and other system challenges.

In the same survey, nine out of ten respondents stated that they believed it is very important for nurses who care for critically ill patients to regularly update their knowledge and skills and three in four were much more likely to select a hospital that employs a high percentage of nurses with specialty certification. This statistic suggests that hospitals that have a strong nurse certification program and a high percentage of certified nurses may be in a position to use this as a differentiator between themselves and their competitors. ²⁷

A recent study using Medicare discharge data from 799 U.S. hospitals found that “a greater number of hours of care by registered nurses per day are associated with better care for hospitalized patients.” ^{28(p1715)} The study found an association between the total hours of care provided by registered nurses and six clinical outcomes considered to be potentially sensitive to nursing: urinary tract infections, upper gastrointestinal bleeding, hospital-acquired pneumonia, shock or cardiac arrest and failure to rescue.

Failure to rescue occurs when a patient’s condition undergoes a rapid decline that could have been avoided or mediated had a nurse intervened early and appropriately. Failure to rescue cannot always be avoided. However, an experienced and knowledgeable nurse’s ability to recognize significant symptoms and to respond accordingly can be critical to assuring optimal outcomes for critically ill patients. A full staff of competent, experienced nurses is critical to assuring optimal patient outcomes.

Needleman and Buerhaus’s groundbreaking study funded by the U.S. Department of Health and Human Services reports that adverse outcomes like failure to rescue and hospital-acquired infections increase as nurse staffing hours decrease. ²⁹ A higher proportion of nursing care hours per day is associated with hospitalized patients receiving better care.

What we have always intuitively suspected to be true—that having the right mix of experienced nurses is a key factor in achieving optimal patient outcomes—has now been supported by rigorous research. Hospitals that create a culture of professionalism, respect and retention—including support for continuing education and certification—are more likely to have the optimal supply and mix of experienced nurses to assure patient safety.

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“Nurses who derive high job satisfaction from a supportive and professional workplace environment are less likely to change jobs.”

Employers Benefit From Certified Nurses

Employers play an important role in a nurse’s decision to seek certification. Nurses are more likely to become certified when encouraged by their managers. Since certification can have such a positive influence on job satisfaction, retention and patient care, employers who embrace and support nurse certification are better positioned to thrive in the highly competitive healthcare market. In fact, non-certified nurses are more likely to work where continuing education is rarely or never provided.³⁰ Some employers value certification by awarding certified nurses higher compensation and giving them access to a career advancement track. Others pay for test preparation courses and reimburse the examination fee.

Employers benefit when they employ certified nurses. As a voluntary process, specialty certification points to nurses’ commitment to career development and dedication to patient care, particularly in this constantly changing environment. In a study of 19,000 certified nurses in the United States and Canada, including some 4,500 certified in critical care, participants were asked how certification affected their practice.¹⁸ Of the certified nurse respondents, 65% reported feeling more competent in their skills as professional nurses. Further, 54% felt more accountable and 53% experienced more confidence in their practice. Those self-perceptions are significant when considered from the perspective of job satisfaction and retention.¹⁸ Funded by the Nursing Credentialing Research Coalition and the American Nurses Credentialing Center, this is the largest study to date of nurse certification.

Logically, nurses who derive high job satisfaction from a supportive and professional workplace environment are less likely to change jobs. As cited in the American Organization of Nurse Executives study and in Robinson’s work with Magnet hospitals, support for continuing education, opportunities for professional development and recognition are key elements of an effective nurse retention program.³¹⁻³²

Hospitals seeking recognition of excellence in nursing service through the American Nurses Credentialing Center’s Magnet Recognition Program™ must show that nurses who give direct patient care participate in continuing education related to their practice.³³ Nurse administrators and managers must show they have continued their education and obtained appropriate certification.

A 2002 study of civilian and military nurses working in two military hospitals reported a statistically significant link between certification and clinical nursing expertise.³⁴ Research by Dinman also suggests certification’s positive influence on patient care. Factors like self-esteem, self-worth, and confidence in passing the certification examination have all been attributed to why nurses get certified. Other reasons include positive feedback from supervisors and peers, along with monetary compensation.³⁵

A 2001 market study by the AACN Certification Corporation and the American Association of Critical-Care Nurses comprehensively surveyed the current state of CCRN certification. ³⁶ Study results are summarized in Tables 1 and 2. The majority of employers allow CCRNs to display the credential on their identification badges, but fewer than one third pay the nurses higher salaries.

HOSPITAL SUPPORT FOR CERTIFICATION ³⁶

Table 1

Hospital support for certification as reported by individual members and non-members.		
	AACN Members 1,203	Non-members 550
CCRN certification required in unit, %		
Yes	5	6
No	94	94
Don't know	1	
Hospital pays entire cost for, %		
CCRN certification examination	29	22
Live review courses	21	22
Prep resources	11	18
Study time off	5	7
None of these	58	60
Hospital pays a higher salary to certified nurses, %		
Yes	30	22
No	69	68
Don't know	1	10
How much more hospital pays to certified nurses, %		
	n=355	n=122
Less than 5%	24	36
More than 5%	7	4
Less than 50 cents	13	6
50 to 99 cents	22	21
\$1.00 to \$1.99	16	15
\$2.00 or more	6	4
Don't know/refused	13	14
Nurse managers encourage certification, %		
	n=100	n=33
Yes	92	61
Sometimes	6	18
No	2	21

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PERSONAL PARTICIPATION IN CERTIFICATION 36

Table 2

	AACN Members 1,203	Non-members 550
Obtained CCRN certification?, %		
Yes	80	4
No	20	96
Allowed to wear certification credentials on employee identification badge, %		
Yes	82	85
No	16	12
If not CCRN-certified, what are the main barriers to becoming certified?, %	n=244	n=531
No time	42	42
To study for exam	39	3
Other	3	5
Cost	15	11
Of preparing for the exam	9	6
Of taking the exam	5	5
Other	1	0
Studying for/taking exams	12	4
Fear of failing	7	2
Not being prepared	3	2
Other	2	0
Not relevant to my practice	9	6
Lack of hospital support/rewards	3	3
Lack of experience/qualifications	0	6
No interest	2	3
Other	17	25

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Of the nurse managers interviewed who belong to the American Association of Critical-Care Nurses, 92% reported that they encourage nurses to obtain certification. A majority of non-members did the same. Forty percent of employers help nurses to defray the cost of the certification exam. Unfortunately, critical care nurse certification does not seem to be as widely valued by employers as one might expect and, overwhelmingly, nurses pointed to a lack of study time as the main barrier to becoming certified.

Faced with a worsening nationwide shortage of nurses especially in critical care, and the knowledge that, given a choice of hospitals, consumers would prefer one with a higher percentage of certified nurses, employers can no longer overlook the advantages they will gain from valuing, fostering and supporting specialty certification.

“Employers can no longer overlook the advantages they will gain from valuing, fostering and supporting specialty certification.”

“Workplaces that consider educational preparation and certification when setting nurses’ responsibilities best support nursing practice and allow nurses to practice to their full potential.”

“Nurses say that becoming certified has positively influenced them and their careers.”

Nurses Benefit From Certification

Reporting on the workplace characteristics that best support professional nursing practice and allow nurses to practice to their full potential, the American Association of Colleges of Nursing pointed to employers that consider nurses’ educational preparation and certification when setting their responsibilities.³⁷ The report also noted the importance of allowing all health professionals to include their professional and educational credentials on name badges and reports, a practice not nearly as commonplace as might be expected.

In Cary’s study of certified nurses, an overwhelming 77% of respondents reported that certification enabled them to experience personal growth and 67% reported that they felt more satisfied as a professional nurse.¹⁸

To obtain first-hand information about the impact of certification on nurses’ careers, in 2001 the American Association of Critical-Care Nurses interviewed critical care nurses who had been certified between four and 15 years to find out their reasons for becoming certified and its impact on their careers.

Nurses in this survey said that becoming certified has positively influenced them and their careers. All respondents confirmed that certification has a favorable impact on the quality of care they give to patients and resulted in satisfaction from knowing more and being more confident. Asked why they became certified, most nurses said it was for personal reasons—to acquire knowledge and prove that they were experts in their specialty. Several nurses said they became certified because their certified peers encouraged and supported them. Asked why nurses may not seek certification, they pointed to the expense, lack of employer support and not enough time to study for the exam.

Those interviewed felt that nurses could be encouraged in several ways to become certified. These include reimbursement of preparation and examination fees, a higher salary for certified nurses, incorporating certification into career advancement tracks and general on-the-job recognition. Respondents also felt it was important for their employers to understand the complexity and difficulty of the exam, and that employers should seek out certified nurses when hiring.

Some hospitals have created convenient on-site review classes and a study plan to facilitate their nurses’ preparation for the exam. Coupled with scheduling flexibility to attend review classes, these efforts significantly aid nurses in their quest to become certified. Others have adopted salary bonuses as high as \$10,000 a year for certified nurses. A 2001 survey reported that some employers might be on their way to monetarily recognizing certified nurses. The study shows that specialty certified nurses earn an average of \$6,873 per year more than those who aren’t certified. Said one nurse, “It helps to become certified in a specialized field . . . [I]f you have special knowledge and abilities, you can negotiate your salary.”³⁸

Despite limited direct evidence and the need for large scale studies that link nurse certification to fewer undesirable outcomes for patients, certified nurses report changes in their practice that directly benefit patients.³⁹

Nearly half of the participants said they felt “more confident in my ability to detect early signs and symptoms of complications in my patients.” A similar number said they are more likely to “initiate early and prompt interventions for patients experiencing complications” and that they “experienced fewer adverse incidents in patient care.”

A common myth suggests that certified nurses assume greater legal liability because they are held to a higher standard. Marsh Affinity Group Services, a leader in insurance program management and the world’s largest insurance broker, dispels this myth.

Marsh acknowledges that validation of additional education is a definite advantage from a liability standpoint. “The more you have, the better off you are. Education reduces your exposure to risk and better prepares you to make informed decisions that encompass a larger scope.”⁴⁰ Marsh offers CCRN- and CCNS-certified nurses a 10% risk management credit on liability insurance premiums, recognizing the value of certification in raising the levels of competency for the nursing profession.

Nurses whose clinical judgment has been validated through certification make decisions with greater confidence. Confidence can contribute to recognizing situations at risk for failure to rescue and reduce the likelihood of medical errors such as incorrect prescriptions, insufficient or absent documentation and failure to address the needs of patients and their families. The more knowledgeable the nurses, the better they can recognize problems and intervene appropriately resulting in fewer medical errors.⁴¹

“A common myth suggests that certified nurses assume greater legal liability because they are held to a higher standard.”

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EMERGING ISSUES In today’s dynamic healthcare environment, several emerging issues give added urgency to the need for action. Undoubtedly, other issues will surface in the months and years ahead.

Mass Casualty and Bioterrorism

Nurses are included among first responder health professionals in mass casualty situations. The growing list of mass casualty threats requiring preparedness now demands a heightened level of knowledge and skill for critical care nurses. Even before the terrorist attacks of September 11, 2001, and the subsequent anthrax incidents in the United States, the Vanderbilt University-based International Nursing Coalition for Mass Casualty Education had identified the need to enhance the knowledge and skills of all nurses.⁴²

This consortium of more than 60 public and private organizations including professional associations and academic institutions is funded in part by the Office of Emergency Preparedness, U.S. Department of Health and Human Services. The consortium is already identifying the competencies nurses need to actively participate in national preparedness for bioterrorism and other mass casualty situations. Students must learn the requisite knowledge and skills in their basic nursing program. Practicing nurses may acquire the knowledge and skills in other ways but must be able to validate that they have done so.

“Nurses are included among first responder health professionals in mass casualty situations.”

“The Public Health Security and Bioterrorism Preparedness and Response Act of 2002 acknowledges the value of certification.”

“The interdependence of cost, patient outcomes and nurse staffing has never been so pronounced as it is today.”

More alarming is that, with a 20% or higher turnover rate, hospitals experience increased risk-adjusted mortality scores and increased severity-adjusted length-of-stay rates.

The Public Health Security and Bioterrorism Preparedness and Response Act of 2002 acknowledges the value of certification by including professional organizations and societies and private accrediting organizations among those that may carry out preparedness education and training activities. ⁴³(section 107) The Act also requires establishment of a system for the purpose of verifying the credentials, licenses, accreditations, and hospital privileges of health professionals who volunteer to provide health services during public health emergencies. ⁴³(section 105)

Turnover Costs Escalating Beyond Just Dollars

With a growing body of research linking inadequate nurse staffing to adverse patient outcomes and the looming nursing shortage, nurse recruitment and retention are among the most critical issues hospital administrators now face. At the same time escalating costs and waning reimbursement continue to challenge hospitals. The interdependence of cost, patient outcomes and nurse staffing has never been so pronounced as it is today.

According to a study released by VHA in November 2002, workforce shortages pose a tremendous threat to the financial viability of hospitals. Current data indicate that the average turnover rate in U.S. hospitals is 20.7%. The VHA study reports that a 20% turnover rate could cost a hospital, on average, \$5.5 million a year in replacement costs, lost productivity and temporary staffing alone. More alarming is that, with a 20% or higher turnover rate, hospitals experience increased risk-adjusted mortality scores and increased severity-adjusted length-of-stay rates. ⁴⁴

Now, more than ever, recruiting and retaining the most qualified and professional nursing workforce is a matter of survival for hospitals, whether they are providing customary services or responding to a mass casualty event. Further, providing the means for these nurses to continuously update their competencies is of paramount importance as they are called upon to deliver more complex care to increasingly sicker patients.

CALL TO ACTION Nurses must have the knowledge and skills needed to provide safe high-quality care to the public and be able to assure their competence. Currently, specialty certification is the most effective way of assuring this competence. As members of society, the public, employers and nurses themselves can make it possible for specialty certification to be placed at the forefront of today’s local and national health agendas. These specific actions are recommended:

For the Public

- Communicate to health providers the importance of consumers knowing the credentials of their caregivers.
- Become familiar with local hospital practices concerning nurse staffing, including nurse vacancies, employment of certified nurses and support for continuing education, certification and recertification. Use this knowledge when you make healthcare decisions.

- Verify that health plans are aware of nurse certification and consider it as a key factor in evaluating the quality of care facilities with which they contract.
- Meet with federal and state legislators and state attorneys general to garner their active support for healthcare safety and the valuable role of certified nurses in assuring safe care.
- Support community programs that help nurses become certified.
- Participate actively in healthcare initiatives sponsored by AARP and its local chapters.

For Employers

- Expand a commitment to safety and quality in patient care through robust support of continuing education, certification and recertification for nurses.
- Demonstrate the value of this commitment through a dynamic internal and external communications program.
- Conduct studies to validate that certification contributes to better outcomes for your institution including nurse retention, increased job satisfaction and reduced turnover.
- Assure that current statistics about nurses include the number and years of employment of all certified nurses.
- Incorporate support of certification and recertification into the benefits scheme for health professionals.
- Require that nurses' name badges carry all credentials including certification.
- Include certification of providers as a criterion when negotiating for employee health plans.

For Nurses

- Protect critically ill patients by acquiring specialized knowledge and skills and demonstrating competence through certification.
- Ensure through specialty certification boards that credentialing programs are of the highest quality and consistent with industry standards.
- Identify yourself as certified on your name badge and when talking with patients, families, nurse colleagues and other health professionals.
- Support other nurses to become and remain certified.
- Advocate for employee benefits that support certification and recertification.
- Help patients, their families, colleagues, employers, community leaders, legislators and students to understand how they benefit when nurses are certified.
- Advocate for employer support of continuing education and use the benefits.
- Recognize and support those who advocate for certification, continually widening the circle of advocates.

CONCLUSION Healthcare in the United States faces inescapable realities—reports of unsafe care, rising litigation, escalating costs and all in the face of a worsening nursing shortage that is predicted to become a national health crisis.

Yet even while the country continues to seek solutions to those realities, today's critically ill patients and their families require heightened vigilance and complex sophisticated care from a team of highly skilled professionals. Nurses, specialty certification boards and employers have a shared obligation to honor the public's trust in assuring safe and effective care.

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