

JOINT INS/INCC POSITION PAPER

The Value of Certification in Infusion Nursing

BACKGROUND

The Infusion Nurses Society (INS) has been a leader in infusion therapy education, standards development, and the advancement of best practices through scientific evidence and research since 1973. The Infusion Nurses Certification Corporation (INCC) was established in 1983 to develop a credentialing program to address public protection and enhance the specialty practice of infusion nursing. As the only nationally recognized certification organization for infusion nursing, INCC has been administering the Certified Registered Nurse Infusion (CRNI[®]) program since 1985. The CRNI[®] designation provides professional recognition and documentation of additional education and knowledge of infusion nursing.

Certification is defined by the American Board of Nursing Specialties (ABNS) as “the formal recognition of specialized knowledge, skills, and experience demonstrated by achievement of standards identified by a nursing specialty to promote optimal health outcomes.”¹ All ABNS-related activities and initiatives are designed to achieve the organization’s vision that “specialty nursing certification is the standard by which the public recognizes quality nursing care.”²

DISCUSSION

In 2004, the ABNS Research Committee conducted the first multi-organizational survey, the Value of Specialty Nursing Certification study, to determine perceptions of specialty nursing certifications.³ Certified and noncertified nurses, as well as nurse managers, across 20 specialty nursing certification organizations representing 36 different certificate credentials were surveyed on value statements as they relate to certification.

The ABNS research study on the value of specialty nursing certification rated 12 intrinsic and 6 extrinsic statements that support positive factors for the certified nurse. The personal benefits to nurses who hold certification include personal achievement and

satisfaction, validation of specialized knowledge, and evidence of professionalism. Extrinsic factors include recognition from peers and other health professionals, increased marketability, and, to some extent, greater earning potential.³ Regardless of the job role, a certification credential represents gains in accountability and accomplishment, as well as recognition from management, peers, and consumers.²

Certification is an accepted method to validate that nurses have the knowledge, skills, and abilities fundamental to specialized nursing expertise. Certification is identified as a mark of excellence that benefits the nurse, public, patient, and healthcare organization.⁴

At the individual level, both certified and noncertified nurses believe that certification enhances the feeling of personal accomplishment or professionalism and validates specialized knowledge.^{3,5,6} A survey of nurses who are INS members reflects similar results.⁷ Overwhelmingly, managers would prefer to hire a nurse who is certified, all other things being equal.⁸ Employers should seek certified nurses for their workforce, support these individuals, and inform patients and the public about the certification status of their workforce.⁸ By supporting certification, the organization provides an approach to retain a satisfied workforce. Additionally, the trend that may encourage certification is the growing interest in the Magnet[®] designation offered by the American Nurses Credentialing Center (ANCC) Magnet Recognition Program[®]. The Magnet[®] program has increased interest among hospital leaders to recruit, retain, and increase the number of certified nurses within the organization.

Certification impacts other aspects of a nurse's work. One study found that certified nurses had higher job satisfaction and believed quality of care was higher, although both certified and noncertified nurses believed they worked in healthy environments.⁹ A healthy work environment is important since it promotes high nurse satisfaction and high productivity.⁹ Additionally, certified nurses have higher perceptions of empowerment, which lead to improved work effectiveness.¹⁰

Employer recognition of certification is varied and includes both financial and nonmonetary support. Ulrich & Associates studied critical care units that had received Magnet[®] recognition or the Beacon Award for Critical Care Excellence by the American Association of Critical-Care Nurses, were in the pursuit of Magnet[®] or Beacon, or were

not having such activity. Over 50% of Magnet[®] organizations and Beacon units recognize their nurses who achieve certification and provide reimbursement for the examination fee.¹¹ The critical care units were also recognized as having healthy work environments using validated criteria. A national study of 300 critical care units in 120 facilities found that 25% of the facilities supported certification through bonuses and 42% provided some type of public recognition.¹²

Nursing certification organizations and employers have a shared obligation to honor the public's trust in ensuring safe and effective care. Due to the rigorous requirements to achieve this expert credential, certification becomes an important indicator to patients and employers that a nurse is qualified and has validated knowledge in a specialty area.⁸ Recent studies demonstrate higher knowledge scores by certified nurses. One study examined specialty practice knowledge and the relationship to that specialty certification. Nurses with wound care certification scored significantly higher on a wound care knowledge test compared to nurses with other certifications or no certification.¹³ Coleman & Associates found that certified nurses scored higher than noncertified nurses on 2 knowledge surveys in their practice area and were more apt to use best-practice clinical guidelines.¹⁴

Researchers have begun to examine the relationship between certified nurses and patient outcomes. Although not statistically significant, one study found an 8% decrease in complications or mortality with a higher percentage of certified RNs as compared to units without certified RNs.¹⁵ A recent study found that a higher proportion of certified nurses significantly reduce falls, albeit with a comment about study limitations.¹⁶ The relationship between certification and patient outcomes is an area of research that warrants further attention and funding with sufficient sample sizes, robust analyses, and generalizability so that findings can be used to guide budgets, staffing, and policy.

A body of research is accumulating that demonstrates the positive impact certification has on nurses' personal and professional work lives, the knowledge that a certified nurse brings to patient care, the value to the organization from certification, and the influence on patient outcomes. Certification is recognition of expertise in a specialty nursing practice, ensuring knowledge that provides for patient safety. Certification is a

critical component in the healthcare environment and a recognition that the public deserves.

STATEMENT OF POSITION

It is the position of the Infusion Nurses Society (INS) and the Infusion Nurses Certification Corporation (INCC) that

1. Registered nurses providing infusion therapy to patients in all practice settings seek to obtain certification as a Certified Registered Nurse Infusion (CRNI®).
2. Certified nurses should promote their certification by publicly displaying their credentials and introducing themselves as a certified infusion nurse.
3. The CRNI® credential should be incorporated into professional career advancement models as a means to recognize specialized knowledge and clinical judgment.
4. Infusion nursing practice is continually evolving; therefore continuing education is essential to remaining current with infusion therapy practices.
5. Healthcare organizations should recognize and support the CRNI® credential as a benchmark for achieving excellence in infusion nursing.

REFERENCES

1. American Board of Nursing Specialties (ABNS). Promoting excellence in nursing certification: a position statement on the value of specialty nursing certification [position paper]. www.nursingcertification.org/pdf/value_certification.pdf . Approved March 5, 2005. Accessed February 20, 2009.
2. American Board of Nursing Specialties (ABNS). Specialty nursing certification: nurses' perceptions, values and behaviors [white paper]. www.nursingcertification.org/pdf/white_paper_final_12_12_06.pdf . Published December 2006. Accessed February 20, 2009.
3. Niebuhr B, Biel M. The value of specialty nursing certification. *Nurs Outlook*. 2007;55(4):176-181.

4. American Association of Critical-Care Nurses, AACN Certification Corporation. Safeguarding the patient and profession: The value of critical care nurse certification. *Am J Crit Care*. 2003;12(2):154-164.
5. Cary A. Certified registered nurses: Results of the study of the certified workforce. *Am J Nurs*. 2001;101:44-52.
6. Wynd C. Current factors contributing to professionalism in nursing. *J Professional Nurs*. 2003;19(5):251-261.
7. Biel M. Infusion nursing certification: identification of stakeholders and demonstration of the value of certification. *J Infus Nurs*. 2007;30(6):332-338.
8. Stromborg MF, Niebuhr B, et al. Specialty certification more than a title. *Nurs Manage*. 2005; 36(5):36-46.
9. Schmalenberg C, Kramer M. Clinical units with the healthiest work environments. *Crit Care Nurse*. 2008;28(3): 65-77.
10. Piazza IM, Donahue M, Dykes PC, Griffin MQ, Fitzpatrick JJ. Differences in perceptions of empowerment among nationally certified and noncertified nurses. *JONA*. 2006;36(5): 277-283.
11. Ulrich B, Woods D, Hart K, et al. Critical care nurses' work environments: value of excellence in Beacon units and Magnet organizations. *Crit Care Nurse*. 2007;27(3): 68-77.
12. Kirchhoff K, Dahl N. American Association of Critical-Care Nurses' national survey of facilities and units providing critical care. *Am J Crit Care*. 2006;15: 13-28.
13. Zulkowski K, et al. Certification and education: do they affect pressure ulcer knowledge in nursing? *Adv Skin Wound Care*. 2007;20(1):34-38.
14. Coleman E, Coon S, Lockhart K, et al. Effect of certification in oncology nursing on nursing-sensitive outcomes. *Clin J Oncol Nurs*. 2009;13(2):165-172.
15. Newhouse R, Johantgen M, Pronovost P, Johnson E. (2005). Perioperative nurses and patient outcomes: mortality, complications, and length of stay. *AORN J*. 2005;81(3):508-528.
16. Kendall-Gallagher D, Blegen M. Competence and certification of registered nurses and safety of patients in intensive care units. *Am J Crit Care*. 2009;18:106-116.

Approved: June 2009

