

Symposium

Introduction

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Creating a Culture to Promote Nursing Specialty Certification

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Certification is defined in the nursing literature in several ways; no consistent definition exists. Despite lack of agreement on a definition, nursing specialty certification programs are intended for consumer protection.

Certification protects the public by enabling consumers to identify competent people more readily. But, what is competency? *Competency* has been defined as “essential knowledge, behaviors, and skills that an individual should possess and demonstrate to practice in a specific discipline or specialty area.”^{1(p91)}

As nursing students obtain their education, they undergo training in a number of areas that are required in approved curricula. Upon fulfillment of all criteria and graduation from an accredited nursing program, all graduate nurses must pass the National Council Licensure Examination to become licensed. Licensure confirms entry-level knowledge to care for patients. However, the health care climate and patient conditions have become increasingly complex.¹ Today’s nurses need expert knowledge to meet the ever-changing complex needs of the patients they serve.

Licensure and certification have clear-cut differences. First, licensure indicates the minimal level of practice; certification acknowledges expert knowledge and expertise in a specialty.² Second, licensure is approved and overseen by the state board of nursing; certification is granted by a nongovernmental agency, usually a specialty nursing organization.³ These specialty certification organizations, currently totaling more than 40, are distinct entities from their parent companies and are governed by boards of directors.⁴ “Certification is a formal recognition of the knowledge, skills, and experience demonstrated by the achievement of standards identified by the profession.”^{1(p92)}

The history of certification dates back to the mid-1970s. In 1975, the American Nurses Association organized a group to investigate standardizing certificate programs. A meeting was attended by members of 75 nursing specialty organizations. The recommendations of the participants ultimately led to the creation of the American Nurses Credentialing Center (ANCC). During that same year, the American Association of Critical-Care Nurses (AACN) established the AACN Certification Corporation, a separate and distinct entity from its parent organization, to develop the CCRN examination.⁵ In 1991, the American Board of Nursing Specialties was created to establish consistency in nursing certification.^{3,6} The timelines of the history of ANCC and the AACN Certification Corporation, including studies of practice to validate and update the examination content, can be found on their respective Web sites.

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Once certified, nurses can maintain their certification status by one of the processes outlined by the sponsoring professional organization. For example, in addition to documentation of completion of an established number of clinical hours, certificants must fulfill requirements for maintaining their professional registered nurse license and complete a predetermined number of continuing education programs. As an alternative to completing this latter requirement, certificants may opt to retake the certification examination.⁷

This symposium will address the value of certification to the essential stakeholders—the patient, nurse, and employer. Strategies to create a culture of certification by health care facilities and chapters of professional organizations will be presented. Finally, the history of certification and implications for advanced practice nurses will be presented.

What does the future hold regarding certification? As the complexity of the patients being cared for by nurses is increasing and technological advances abound, there are discussions about the value of certification and questions about what certification examinations actually measure. One source of conflict stems from

the fact that certification examinations measure one domain of competency, knowledge, but they do not quantify competency in the psychomotor or attitude domains. Nurses must be able to attain competency in each of the domains to meet the changing needs of our patients. How this argument will impact the certification and certification renewal processes remains to be seen.

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