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Regis University
Rueckert-Hartman College for Health Professions
Loretto Heights School of Nursing
Doctor of Nursing Practice Capstone Project

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Nurses' Perceptions after Obtaining Medical Surgical Certification

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Submitted to Pamella Stoeckel RN, PhD, CNE in partial fulfillment of

The Doctor of Nursing Practice Degree

Regis University

August 31, 2014

Abstract

Nursing certification is designed to assess a nurse's comprehensive knowledge within their specialty area through standardized testing (ANCC, 2013). In order to obtain Medical Surgical Certification (CMSRN) applicants must have a minimum of two years of experience as a registered nurse in a medical–surgical setting, have an unencumbered RN license, and pay the required registration fee in order to sit for the exam. Many institutions are requiring nurses to have specialty certification before advancing in rank or receiving additional compensation. This capstone project examined nurses' perceptions of medical surgical nursing at one large urban hospital in the South. A qualitative key informant design was used to interview a purposive sample of ten nurses who had achieved medical surgical certification for a minimum of five years. The nurse researcher conducted individual 45 minute face-to-face interviews that were recorded, transcribed, and coded for themes using constant comparative analysis. Seven major themes emerged from the interviews: *Reasons for Pursuing Certification, Passing the Exam, Effect on Caring for Patients, Changed Interactions with Peers, Personal Benefits to Certification, Costs of Certification, Institutional Recognition, and Institutional Advancement.*

Key Words: DNP Capstone Project, certification, nursing practice, professional development, CMSRN.

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Brenda

Nurses' Perceptions after Obtaining Medical Surgical Certification Executive Summary

Problem

Nursing certification is designed to assess a nurse's comprehensive knowledge within their specialty area through standardized testing (ANCC, 2013). Many institutions are requiring nurses to have specialty certification before advancing in rank or receiving additional compensation. Understanding the certification process from the viewpoint of nurses who have achieved it provided important insights into the experiences for nurses planning to be certified in the future and for managers who encourage certification.

Purpose

The purpose of this capstone project was to determine the perceptions of nurses who obtained their Medical Surgical Certification at a hospital in the South. The intention of this capstone project was to gain insight into the process of specialty certification in order to enhance the experience. The research question was: In acute care nursing staff, how does obtaining the Academy of Medical Surgical Nurses Certification (CMSRN) for five years or more affect perceptions of personal and professional life, and nursing practice.

Goals

Goals for this project included exploring how obtaining medical surgical certification affected nurses' perceptions of their nursing practice, personal life, and professional life.

Objectives

Objectives for this capstone project included interviewing the participants following administration of the protocol to determine their perceptions of personal and professional life and nursing practice following certification.

Plan

This study used a qualitative key informant design that involved interviews with study participants. A purposive sample of ten nurses who had achieved medical surgical certification for a minimum of five years was identified at the hospital. The nurse researcher conducted individual 45 minute face-to-face interviews. Interviews were recorded, transcribed, and coded for themes using constant comparative analysis.

Outcomes and Results

Eight major themes emerged from the interviews: The theme of *Reasons for Pursuing Certification* included institutional mandate and personal improvement. A theme of *Passing the Exam* described a two day review class, self-study, and using review books. *Effect on Caring for Patients* theme showed that some participants felt that nursing care was changed by certification, others thought it was not. The theme of *Changed Interactions with Peers* spoke of how interactions with peers changed in the clinical area. A theme of *Personal Benefits to Certification* explained feelings of worth and monetary benefits. The *Costs of Certification* theme included time investment and monetary expense. The themes of *Institutional Recognition*, and *Institutional Advancement* highlighted changes in their professional lives.

Table of Contents

Preliminary Pages.....	2
Copyright Page.....	3
Acknowledgments	4
Executive Summary.....	5
Table of Contents.....	6
List of Appendices.....	8
Problem Recognition and Definition.....	9
Project Significance, Scope and Rationale.....	11
Theoretical Foundations.....	11
Literature Selection	12
Scope of Evidence.....	13
Review of Evidence.....	14
Project Plan and Evaluation.....	18
Market/Risk Analysis.....	18
Project Strengths, Weaknesses, Opportunities and Threats	18
Driving Forces/Restraining Forces.....	19
Needs, Resources and Sustainability.....	20
Feasibility/Risks/Unintended Consequences.....	20
Stakeholders and Project Team.....	21
Cost-Benefit Analysis.....	21
Mission /Vision Statements.....	22
Project/Outcome Objectives.....	22

Logic Model.....	22
Appropriateness for Objectives and Research Design.....	23
Population Sampling Parameters.....	23
Appropriateness for the Setting for the EBP Project.....	23
EBP Design Methodology.....	24
Protection of Human Rights.....	24
Trustworthiness.....	25
Data Collection and Study Protocol.....	25
Data Analysis	26
Project Findings and Results.....	26
The Experience of Obtaining Medical-Surgical Nursing Certification.....	27
Reasons for Pursuing Certification.....	28
Passing the Test.....	28
The Effect of Obtaining Med-Surg Nursing Certification on Nursing Practice.....	30
Effect on Patient Care.....	30
The Effect of Obtaining Med-Surg Nursing Certification on Personal Life.....	32
Benefits to Certification.....	32
Costs of Certification.....	33
The Effect of Obtaining Med-Surg Nursing Certification on Professional Life.....	34
Discussion	35
Limitations and Recommendations.....	38
Conclusion.....	39
References.....	40

List of Appendices.....	43
Appendix A. Logic Model.....	44
Appendix B. Data Collection Tool.....	45
Appendix C. Project Objectives Timeline.....	46
Appendix D. Budget/Expenses/ Resources.....	47
Appendix E. SWOT Analysis.....	48
Appendix F. IRB Approval Letter – The Organization.....	50
Appendix G. IRB Approval Letter – Regis University.....	51
Appendix H. CITI Training Certification	52

Nurses' Perceptions of Obtaining Medical Surgical Certification

Nursing certification is a process by which a nongovernmental agency validates, based upon predetermined standards, an individual nurse's qualifications for practice in a defined functional or clinical area of nursing. Most certification programs are created, sponsored or affiliated with professional associations and trade organizations interested in raising standards. Certifications are earned through an assessment process and, in general, must be renewed periodically. Certification credentials are nationally recognized and portable, meaning the credential is accepted from one hospital to another. Many nurses who choose a clinical specialty area of nursing become certified in that area, indicating that they possess expert knowledge. Registered nurses are not required to be certified in a certain specialty by law. State licensure provides the legal authority for an individual to practice professional nursing, while certification is voluntary, obtained through certifying organizations and validates knowledge, skills, abilities and experience in areas beyond the scope of RN licensure. This capstone project gives information about the certification process from the viewpoint of nurses who achieved CMSRN® certification.

Problem Recognition and Definition

Statement of Purpose

According to the ANCC, which is the world's largest nurse credentialing organization, and a subsidiary of the American Nurses Association (ANA, 2013), certification is designed to officially assess a nurse's comprehensive knowledge within their specialty area through standardized testing (ANCC, 2013). More than a quarter million nurses have been certified in their specialty areas since ANCC first introduced certification in 1991 (ANCC, 2013). Institutions began to require certification for a variety of reasons. A major reason was to assure

knowledge in specialty areas. Another reason was to assure that nurse leaders were proficient in assisting and leading nurses in specialty areas that they supervised. An important result of being certified in many institutions was that nurses were promoted in rank and given increased pay. Understanding the experience of going through the process of certification was important to nurses planning their futures and to managers in their efforts to encourage nurses to be certified. The purpose of this capstone project was to gain insight into the experiences of nurses who becoming certified as a Certified Medical-Surgical Registered Nurse (CMSRN®).

Problem Statement

A large urban hospital in the South required nurses to be certified in their specialty in order to be promoted and given increased compensation. Nurses considering attaining Certified Medical-Surgical Registered Nurse (CMSRN®) share a need to more fully understand the process of certification. It was determined that the best way to give this information was from the perspective of nurses who had experienced the certification process. Nurse managers also were not aware of how achieving certification impacted nurses personally and professionally. Understanding the certification process from the viewpoint of nurses who had achieved it was needed to assist nurses planning to be certified in the future and for managers who encouraged certification.

PICO

This project employed a Population-Intervention-Control Group-Outcome format for development of the research question to be investigated.

P-Population: Certified Acute Care nursing staff

I- Intervention: Obtaining the Academy of Medical Surgical Nurses Certification, called the Certification of Medical Surgical Registered Nurses (CMSRN)

C-Comparative: None

O-Outcome: affect perceptions of personal and professional life, and nursing practice.

Research Question: “In acute care nursing staff (P) how does obtaining the Academy of Medical Surgical Nurses Certification (CMSRN) for five years or more (I) affect perceptions of personal and professional life, and nursing practice.”

Project, Scope, Significance, and Rationale

Project Scope: This is a quality improvement project related to one large urban Southern hospital that required nurses to be certified in their specialty in order to be promoted to upper level nursing positions with accompanying raises.

Significance: Institutions across the country are considering adopting the process of requiring certification for promotion in rank and for increased compensation. This study gave insight into how the process affected nurses’ personal and professional lives and their nursing practice

Rationale: This study provided insights into the certification process for nurses who are anticipating certification in the future and for nurse leaders and managers who encourage certification.

Theoretical Foundation

The conceptual framework for this study is a combination of Patricia Benner’s, ‘Novice to Expert’ nursing theory along with the ‘Synergy Model’ developed by the American Association of Critical-Care Nurses (AACN). These models provided a theoretical framework for this DNP capstone project. Benner’s application of the Dreyfus Model of Skill Acquisition described the process nurses go through in moving from a novice to an expert nurse. Benner acknowledged five succinct stages of proficiency through which a nurse progresses: novice,

advanced beginner, competent, proficient, and expert. Patricia Benner's theory rested heavily on experiential learning to explain a nurse's right to qualify as a fully engaged nurse expert where needs specific to that patient population are intuitively anticipated and addressed (Benner, 2001).

According to the theory, expert nurses recognize the needs specific to particular patient populations and as a result they can intuitively anticipate appropriate responses based on that premise. In fact, Benner suggested that if a nurse changed practice areas, he or she should be reclassified as a relative novice when that shift in nursing practice occurred (Benner, 2001).

The Synergy Model was developed in response to the need to identify nurse experts in the field. Czerwinski and Martin state, "The Synergy Model describes nursing practice based on the needs and characteristics of patients and the demands of the healthcare environment predicted for the future" (1999). Setting themselves apart consists of these nurses making invaluable contributions to nursing practice through actions that directly correlate to that nurse's level of expertise, professional development and lived experiences. In this way, the nurse, the patient and the patient care delivery system all work together to synergistically potentiate efficacy. Both of these theories supported the issues addressed by nursing certification.

Literature Selection

A literature search for the keyword "Certification" conducted on CINAHL, EBSCO Host and Academic Search Premier Database resulted in 30,248 articles. With the keywords "Nursing" and "Certification" added, there were 1,562 results. With the key words "Nursing" and "Certification" modified to *2007 to 2013*, 869 articles resulted. With the keywords "Nursing", "Certification" and "Perception", the search yielded 23 core articles. While both qualitative and quantitative peer-reviewed articles resulted, this researcher decided to focus on qualitative results since the DNP's study is qualitative in nature.

Three recurring relevant themes emerged within the literature that relates to nurses perceptions regarding nursing certification. Those three themes were, ‘perceived value,’ ‘empowerment’ and ‘engagement.’ In regards to ‘perceived value,’ Haskins and Yoder (2011) observed, certified nurse’s experience a high level of competence.

Prowant, Niebuhr, and Biel (2007) found levels of educational is one of many factors that may affect pursuing nursing certification. Wade (2009) acknowledged a positive relationship between nursing certification and intrinsic value. In regards to ‘nurse empowerment,’ Piazza et al (2006), saw higher self-reported levels of empowerment in certified critical care nurses than non-certified. Piazza, et al (2006) found both formal and informal power scores higher in certified nurses. Schroeter et al (2012) established the impact of certification on both a professional and personal level, relating to mandatory enforcement of the certification process. Finally, the topic of ‘nurse engagement’ was discussed by several authors. Biel (2007) looked at individual decision making in regards to the necessity of nursing certification. Bobay, Gentile, and Hagle (2009) attempted to determine how peer and/or managerial support affect the nurse professional. Callicutt, et al, (2011) examined intentional strategies designed to overcome negative feedback and enhance employee engagement in the certification process.

Scope of Evidence

Inclusion criteria for this capstone project included the broad areas of nursing certification, nursing practice and professional development. Exclusion criteria included all other certifications not related to nursing, such as those obtained by doctors, therapists and unlicensed personnel. The scope of evidence revealed numerous scholarly, peer-reviewed journal articles that proved relevant to the capstone discussion. Houser’s Levels of Evidence II-VI were used.

Five articles were based on qualitative studies, two were based on quantitative studies, four descriptive-comparative studies and three were randomized control studies. Two articles were based on correlational survey results, three were descriptive surveys, three were expert opinion pieces, and four were based on cross-sectional surveys. There was one practice analysis, one trend analysis and one secondary analysis and one author completed a comprehensive review of available literature relating to nursing certification.

Review of Evidence

Background of the Problem

The Academy of Medical Surgical Nurses (AMSN) developed a certification that indicated the medical-surgical nursing specialty in the credential (American Board of Nursing Specialties, 2006). AMSN initiated the Medical-Surgical Nursing Certification Board (MSNCB) as an autonomous organization for the coordination of a certification exam in medical-surgical nursing to validate knowledge in the specialty and offer the credential. The CMSRN examination received accreditation by the Accreditation Board for Specialty Nursing Certification (ABSNC) in January of 2009 (American Board of Nursing Specialties, 2006). The ABSNC is the only accrediting body specifically for nursing certification. Accreditation demonstrates that the CMSRN credential is based on a valid and reliable testing process. The Certified Medical-Surgical Registered Nurse (CMSRN®) exam incorporates current nursing science and evidenced-based practices that medical-surgical nurses consistently apply in practice to achieve desired patient outcomes across the continuum of care.

Systematic Review of the Literature

According to Boyle, Gajewski, and Miller's (2012) cohort study, Magnet recognition is associated with increased nursing specialty certification rates, regardless of year of initial

recognition. Most Magnet designated institutions demonstrate significantly higher growth in certification rates than do non-Magnet hospitals. The authors mentioned that Magnet organizations typically offer higher levels of support than do non-Magnet organizations for achieving specialty certification (paying or reimbursing examination and prep course fees, recognition). The authors found by using a trend analysis of secondary longitudinal data from the ANA NDNQI database collected from 2004 to 2010, unit type certification rates were influenced by the maturity of the nursing specialty organization and certification programs related to that specific unit specialty. In all nursing unit types, nurses in Magnet hospitals had higher certification rates across the board. The practice of management strongly encouraging certification is a commonly recurring theme found throughout nursing certification studies.

According to Boyle, et al (2012), obtaining Magnet recognition was supported by approaching nursing staff for prospects who meet the stated certification guidelines. This is an ongoing effort in order to ensure meeting pre-determined ratios of certified nurses throughout each facility according to specified number of licensed beds. Boyle's study suggests that "once hospitals achieve Magnet recognition they continue to strive for increasing nursing competence via nursing specialty certification" (2012). Nursing management continues to actively recruit candidates for nursing certification in response to nurse turnover, and in order to replace nurses who for various reasons opt out of recertification.

The findings of one such secondary analysis conducted by Brown et al (2010), stated that "nurses generally are motivated to become certified for intrinsic rewards, and [nursing certification] validates personal and professional meaningfulness as a result of individual certification." In fact, the respondents in Brown's study noted that "even when they did not

receive financial or other support for their oncology nursing certification, they still obtained and found personal value in that certification” (p. E-68).

It was determined that both certified and non-certified nurses valued certification. Both certified and non-certified nurses showed a high level of agreement that they both value certification. A third of all respondents related value of increased salary with certification. The top three barriers identified in obtaining certification were the cost of the exam, lack of institutional reward and lack of institutional support for obtaining certification. In this way, this study strengthened the case for institutional support for certification.

Similarly, Haskins, Hnatiuk, and Yoder’s (2011) randomized control trial found that costs in obtaining and renewing certification represented substantial barriers to certification. The authors also stressed that licensure ensures minimal competency while certification demonstrates a nurses' achievement of a high level of competence or expertise in a particular area or specialty.

In the study by Byrne, Valentine, and Carter (2004) cross-sectional survey, professional commitment was determined to be the primary driver for seeking certification. The literature revealed that, regardless of demographic group, all respondents valued certification. The vast majority of respondents (90%) agreed that there is value in certification that relates to a sense of personal accomplishment and satisfaction. More than 90% of the group also agreed certification relates to knowledge and professional growth. The item with the lowest percentage of agreement was nursing certification relating to salary increase. It is therefore believed that administrators have the ability to directly affect external rewards offered to nurses who obtain certification and thus motivate more nurses to become certified. Nevertheless, this article presented very clear-cut lists of intrinsic and extrinsic rewards of nursing certification.

Another descriptive, comparative study conducted by Piazza et al (2006), examined the difference in perception of empowerment between nurses who were nationally certified and those who were not (p. 277). The results indicated that formal and informal power scores were higher in certified nurses. This also indirectly supported the value of certification. Another major finding was that certified nurses in this study stated they had increased access to job-related power and opportunity structures

Schroeter, et al's (2012) qualitative study, explored the perceptions of perioperative nurses related to the impact that certification has both on professional practice (empowerment) and on a personal level. The authors were sure to acknowledge that this study was implemented at a national conference which could possibly imply a bias of enhanced professionalism of the study participants. Study results supported the assertion that certification lends credibility.

The cross-sectional survey conducted by Gaberson, et al (2003), addressed the questions; "Do nurses value certification?" and "Do employers share the same value"? This study explored the value of nursing certification as perceived by certified perioperative nurses. Data collection resulted in the identification of three factors (personal value, recognition by others, and professional practice) that represented the value of the CNOR and CRNFA credentials to nurses who earned the designation. In their cross-sectional survey, Gaberson et al (2003) observe, "The personal value of certification may be the strongest motivator to achieve and maintain these credentials, especially in work environments that do not offer financial incentive and professional recognition (p. 275). Study results supported the belief that certification had personal value to these perioperative nurses. Recognition by others, including employers, peers, other healthcare professionals and consumers represented strong motivating factors. Clinical

competence and attainment of practice standards were also noted as criteria for obtaining certification (Gaberson, 2003, p. 275).

Project Plan and Evaluation

Market/Risk Analysis

There were no major market risks or obstacles to completing this capstone project. There was no conflict of interest identified by the nurse researcher. The institution granted the necessary access to hospital records which listed names, units, dates that each nurse's initial medical-surgical nursing certification was obtained and pending renewal dates. Participants in the study gave consent and were interviewed without incident. There were no major issues that endangered or put subjects at risk.

Project Strengths, Weaknesses, Opportunities and Threats

There were strengths of this capstone project. The institution where the research study was conducted has a research/evidence-based culture. Nursing administration was encouraging nurses to be certified. Staff nurses at this hospital needed to obtain nursing certification in order to advance to the upper levels of the career ladder so there was interest by the nurses in the topic. Also, as nurses retired, there was a need for more upper level nurses in the organization who needed to be certified to advance in rank. One other strength was that the hospital would not incur costs for this study.

There were weaknesses as well. There was a substantial time commitment for the researcher to complete ten interviews. The cost of parking (\$10-\$12.00/day) for those nurses coming in on their own time or outside scheduled shifts was not covered. Finding staffing coverage for 45 minute interviews was required. Onsite interviews could have falsely lead

nursing staff to believe leadership was involved with the interviews. Requiring interviews could have led to poor participation.

Opportunities included a chance for nurses and nurse leaders to gain understanding of the effects of the certification process on nurses. This could assist nurses going for certification in the future and might be helpful to them in going through the process. The results of the study might encourage other nurses to seek promotion and increase pay. Potential threats to the study involved the possibility of study participants sharing information with fellow study participants (who have not yet been interviewed) regarding individual responses, thereby influencing the data collected. Poor participation or non-participation was a possible adverse event.

Driving Forces/Restraining Forces

Driving forces existed for the study. The hospital culture highly valued nursing certification. The institution was a teaching hospital that strongly supported evidenced-based practice. Driving forces existed for the individual nursing staff members to more fully understand the process of certification. At this institution, specialty certification was mandatory for any nurse wishing to advance to upper level positions on the nursing career ladder (Level III and Level IV). Nurses and nurse leaders needed to know more about the process of certification.

Restraining forces included that participants had to provide time for the interviews. The certification process required monetary investment while pursuing medical-surgical certification. These DNP study interview sessions were totally voluntary and uncompensated.

Certain strategies were instituted for overcoming staff restraining forces. The nurse researcher set up multiple interviews to occur on the same day, but, at differing times. The option was offered for participants to attend interviews off-site in other places that were

convenient for the participants and the nurse researcher. Verbal and written reassurances of complete anonymity were given to participants.

Need, Resources, and Sustainability

The need of this capstone project was to understand and share the effects of achieving medical-surgical certification on nurses working in a large urban Southern hospital. The study participants shared perceptions of how certification affected their personal and professional lives and how certification affected their nursing practice

Resources used for this project included time both the researcher's time to conduct, transcribe and code data for themes and the nurses' time to participate in the study. Equipment was another resource. The nurse researcher purchased a digital tape recorder and small locked storage cabinet. A digital transcriptionist service was used. No monetary expenditure was required by the institution. The personnel involved were the nurse researcher, the participants, the nurse mentor, and the capstone chair.

Sustainability of this capstone project was accomplished through the following steps

1. Findings of the study were shared with nurses and nurse leaders.
2. Changes based on the findings were implemented
3. Processes supporting certification were continued

Feasibility/Risks/Unintended Consequences

Feasibility of this study was determined by the ready participation of the ten study participants. Full IRB approval was also granted by both the institution and Regis IRB. The nurse researcher encountered no unintended consequences throughout the study.

Stakeholders and Project Team

The resource team consisted of the nurse researcher and the capstone chairperson. Consultants consisted of the clinical mentor. Stakeholders included staff nurses at the facility, the nursing profession at large, patients/healthcare consumers, nursing administration, and nursing leadership as a whole. Stakeholders are also inclusive of all nursing organizations that support obtaining nursing certification such as the ANCC and the State Board of Nursing.

Cost-Benefit Analysis

There were no identified costs to the participants to participate in this study. There was however, the cost of time that the study participants incurred in order to participate in the face-to-face interviews. A recording device and tapes was purchased at a cost of \$150.00. Transcriptionist services totaled \$165.00. Storage supplies of file folders and a small locked filing cabinet totaled \$50.00. Interviews were set up at the most convenient times for participants. Additional costs to replicate the study would include paying a researcher at the consultant rate of \$50.00/per hour and at an approximate cost of \$100.00-\$150.00. Anticipated benefits of the study included nurses and nurse leaders gaining understanding and insight into the certification process. Another benefit was gaining the perspective of nurses who had gone through the experience of certification in order to support and encourage nurse to become certified.

Mission/Vision Statements

The mission was to create a positive environment where nurses were empowered to want to obtain medical-surgical certification. The vision was to find out from nurses who have obtained medical-surgical certification how the certification experience affected their personal and professional lives, and their nursing practice. The goal of this study was to interview nurses with medical surgical certification and to determine themes based on the interviews.

Project/Outcome Objectives

The project outcomes for this study were the following:

- The nurse researcher identified the sample of nurses who had achieved CMSRN for five years through human resources by February 2014.
- The nurse researcher conducted recorded interviews of the participants by June 2014
- The nurse researcher transcribed, coded and developed themes from the data identifying the perceptions of nurses getting CMSRN certification by August 2014
- The nurse researcher will present results of the study to the institution where the research was done by September 2014.

The process outcomes were met as per the timeline that was proposed.

Logic Model

Evaluation Plan and Logic Model					
Input	Activities	Output	Short-term	Long-term	Impact
Selected Medical Surgical Certified (CMSRN) nurses presently employed at the hospital	The nurse researcher conducted one-to-one interviews with study participants	Common themes are sure to emerge as feedback is gleaned from study responses.	Nurses will understand more clearly the process of certification.	Better understanding of the how the process effects nurses seeking certification in the future.”	Nursing leadership will have greater understanding of the certification process
The nurse researcher		Participants will provide personal insight into their own experiences with certification, through participation in the capstone project.	Nursing leadership will receive additional informative feedback regarding this institution-wide requirement for upper level nurses.		

Appropriate for Objectives and Research Design

This study used the qualitative key informant design to gather perceptions of registered nurses who had the certification of (CMSRN). The Access Project (1999) discusses the key

informant design, which identifies different members of a community who are especially knowledgeable about a topic to interview. The key informant design was appropriate for this study because using it the researcher was able to identify knowledgeable individuals that could provide insight about nursing certification. The key informant design was chosen over other methodologies because the researcher interviewed a small number of specific informants who represented a select group of nurses who had experienced medical-surgical certification (Kumar, 1989).

Population Sampling Parameters

A purposive sample of nurses with CMSRNS was chosen from hospital records. Participants met the following requirements: They had to be registered nurses in good standing, currently working at the facility, have the CMSRN for 5 years or more, be culturally diverse; male or female, and age 18 or above.

Appropriateness of the Setting for EBP Project

The setting of a teaching hospital that housed multiple medical-surgical inpatient units was appropriate for this capstone project. This facility also provided an appropriate setting to meet study participants for face-to-face interviews.

EBP Design Methodology

The methodology used for this capstone project was the key informant qualitative method. According to White (2012) key informant interviews provide the researcher with impressions given by expert spokespersons. The key informant approach gathers rich, varied, and textured words from informants selected for their specialized knowledge and unique perspectives on the topic. The investigator dialoged with the participants to gain understanding of their experience of going through the certification process for CMSRN.

Protection of Human Rights

All participants signed informed consent giving permission to participate in the study. The purpose, goals, and objectives of the study were thoroughly reviewed at the start of the study. Participants were assured of anonymity. The interviews were conducted in a private place in the hospital in order to maintain confidentiality. They were also informed that participation was voluntary and they could withdraw from the study at any time for any reason with no risk incurred. Information obtained was digitally recorded and transcribed. At the conclusion of the study the data will be erased, overwritten and destroyed after a three year period, as specified by law.

The DNP researcher satisfactorily completed Regis University's CITI 'Human Research Curriculum' after passing all required modules on 11/25/2012, member #3218127. The DNP researcher completed CITI Human Subjects training after passing all required modules on 07/03/2103, member ID#3507447.

Trustworthiness

The aim of trustworthiness in a qualitative study is to support the argument that the inquiry's findings are "worth paying attention to" (Lincoln & Guba, 1985, p.290). The researcher set aside biases about the topic at the beginning of the study. Four issues of trustworthiness were addressed: credibility, transferability, dependability, and confirmability. For credibility the help of the capstone mentor and chair were used as peer debriefers (Lincoln & Guba, 1985). The peer reviews were experienced doctoral-prepared qualitative researchers who reviewed the research process and the resulting codes and themes. They provided observations, and suggestions, and posed questions throughout the study. To address transferability/dependability/confirmability a complete audit trail including field notes and data analysis information was kept in a password protected file. This information provided a "paper

trail” that could provide other researchers with the ability to transfer the conclusions of this inquiry to other cases, or to repeat, as closely as possible the procedures of this project. The audit trail also included a reflexive journal and extensive field notes used to establish rigor (Lincoln & Guba, 1985).

Data Collection and Study Protocol

Data collection consisted of semi-structured, digitally recorded, individual key informant interviews which were conducted by the primary investigator. Study participants provided demographic information at the start of the interviews. The demographic data supplied included gender, approximate date of hire and approximate date of initial medical-surgical certification. All participants agreed to a 15-45 minute face-to-face session using open-ended questions. The questions were:

Question #1: Describe your experience of obtaining medical surgical nursing certification?

Question #2: Describe how achieving medical-surgical nursing certification has affected your nursing practice?

Question #3: Describe how achieving medical-surgical nursing certification has affected you personally?

Question #4: Describe how achieving medical-surgical nursing certification has affected you professionally?

The data collection tool is replicated in *Appendix-A*. The collected data was then digitally downloaded and transcribed to facilitate data management, analysis and storage in a locked container.

Data Analysis

The process of data analysis for this capstone project included transcribing the interviews and grouping the responses by questions. The data was reviewed multiple times by the researcher and capstone chair with notes made about the content. Common ideas and concepts were identified through line-by-line coding as per Creswell's (1998) process of open coding. Codes were refined. Themes and subthemes emerged from two broad categories. Major categories with themes were identified through a process of constant comparative analysis to identify similarities and differences (Patton, 2002).

Project Findings and Results

Findings

Ten certified medical surgical nurses were selected for participation in this study. The nurses worked in a variety of departments. The majority worked in the acute care environment, with one in the critical care arena and another in a specialty inpatient department. The length of time that each participant had been certified as a CMSRN varied, with two nurses in this study having recently recertified for the first time, while eight others were approaching their second certification cycle in 2015. Nine nurses were staff nurses, with one nurse manager. There were 9 females and 1 male. Participants ranged in diverse ethnicity and ages (all over 18 years of age). Four broad categories emerged; obtaining certification, effect on nursing practice, effect on personal life, and effect on professional life. Themes and subthemes emerged from the data and are shared in the order that they presented.

Obtaining Certification

Reasons for Pursuing Certification

Participants in this study described reasons why they pursued medical surgical certification. A main reason was that management mandated that they be certified. One nurse

stated that “They [nursing management] encouraged us here to get your certification,” while another said that certification was “...strongly encouraged by our CNO and our Director.” In one case, a nurse stated that management “asked a lot of nurses to take the medical surgical certification.” Another participant noted that, “They [management] insisted upon it” while another stated that nursing certification was pursued “because the hospital was pushing it.” A nurse commented that, “Had it not been for their insistence...I don’t know that I would have moved off the dime to get it done like I did.” Another participant pointed out, “...they’re encouraging everybody to get certified. Once you’ve been a nurse a certain number of years. Yeah, they’re encouraging us. They pay for it so what do you have to lose?” Some of the participants explained reasons for nursing management wanting staff certification. A nurse noted, “They wanted a certain amount of staff to be certified for us to qualify for Magnet, or keep our Magnet status in [the] hospital.”

Another reason for pursuing nursing certification was that it was mandated as a prerequisite for promotion. Nurses that wanted to advance in rank were required to be certified as part of the process. One nurse explained, “In order to move up the ladder on the progression model, you had to have certification.” While another verified, “They [management] were encouraging you to climb up from a level II to a level III. In order to become a level three you had to be certified and I wanted to move up.” Certification was also required to be a mentor. A participant noted “...you have to be a certified nurse ...to be in the mentor position.” Other reasons for pursuing certification included seeking a pay increase. For some participants this was a very significant reason. One nurse noted “I’ll be honest with you I was motivated by the salary increase so that was my number 1 motivation.” Another nurse stated that “... [management said] you’re going to have 5% more [salary] and that was a good incentive for me.”

A separate reason for pursuing certification, other than the institutional mandate, was the quest for personal improvement by some of the nurses. Some nurses pursued certification before working at the hospital. One nurse reflected, “I think it's something you have to want inside yourself, not because the hospital [wants it]. I basically did it myself because I wanted to have that as a professional, whether I was here or elsewhere.” Another nurse described certification as an educational pursuit, “Just for knowledge sake. I needed to learn.”

Passing the Exam

Another important theme that emerged was the participants’ descriptions and impressions of how they passed the certification exam. Nurses prepared for the exam in a variety of ways. One approach was to take the free 2-Day prep class offered by the hospital. There were mixed reviews of the class. Some actively sought out the course and thought it was worthwhile and some preferred to study alone. One nurse stated,

At that time there was a two day medical-surgical certification review [class]that was being offered already. ... So, that was very helpful, I think. It gave me a little bit of direction on what systems to review because if you've been away from school for a long time... it helps you to organize.

Another said, “I went for a two-day program that [the hospital] had offered, free of cost.” Other participants felt the class was not particularly helpful and said, “The review [was] general. I don’t think the review helped me a whole lot.” Another nurse commented “we went to a review class and after that, I can’t tell...I don't even think that the review class really helped”.

All participants in the study referred to self-study as an important part of how they passed the exam. One nurse noted “I just studied before and after the review [course] for the test.” Nurses also remarked on how they studied independently “They [the prep class] give us our

information really general. They give us some diagnosis, but you have to study on your own.”

All participants reported that they spent time in self-study. One nurse stated, “I studied by myself for two straight weeks...” another said, “I read books and I got feedbacks from those people who sat down for the test. So I can have an idea of what are the topics that are being asked.” While another remarked, “[I] just reviewed on my own after that [taking the review class], and then passed.”

The most popular means of self-study was through the use of study guides and review books. The majority of participants bought books to study for the exam. A nurse stated “[I bought] books for studying for the exam. I think it was one manual. I bought a review book, on how to take the test, with test questions.” Another nurse noted... “[For] my self-review, I just read a book on my own.” Manuals, books and/or guides were available through different sites. Two nurses purchased from the CMSRN website. One stated, “What actually helped me was the book that I bought from the site. And then the other handbook of answers was quite helpful.” In addition, actual nursing textbooks proved an easily accessible resource for participants. One noted, “I studied some of my nursing text books. I had been a nurse at that time for I think 8 years... I just kind of reviewed books and reviewed the manual... I think it helped me understand physiological questions and gave me a better perspective on what would be considered best practice.”

Effect on Nursing Practice

Effect on Patient Care

A category identified in the participant responses was that of the effect of certification on nursing practice. Nurses in the study had different views on whether medical-surgical certification made a difference in the nursing care they delivered. A nurse said “I think when I got the certification; it refreshed me of the things that are happening because there are a lot of

new things that are coming out in the cases of our patients.” Another nurse said “I am trying to retain it [knowledge] as much as possible and add more to it with all the improvements that we have in the care of our patients, the nursing care. So, I’m trying to apply all those things that I learned...not only from the books...but at the bedside.” Some nurses felt that certification changed their approach to patients; “I feel that having certification enhanced my nursing skills. I feel more confident in my abilities to care for my patients because I have that foundation. I’ve earned my certification which shows my knowledge and I’m able to apply it.”

Some nurses felt that medical surgical certification did not make a significant difference in the care of patients. One nurse stated “I am always a responsible nurse. I really do my job. I don’t think certification makes me different.” Another nurse said “I am fully qualified. ...but without this license [certification] I am fully qualified too.” One nurse commented about other nurses that were not certified by saying, “They are really responsible nurses that have critical thinking... but not everybody has certification... certification, just for me sometimes [only] a name.”

Changed Interactions with Peers

Obtaining medical surgical certification affected nursing practice by influencing their interaction with peers while working. They noted that they were treated with greater respect by nurses and physicians. A nurse commented that “You have a certain degree of respect when you have the title, although I’m not saying it’s a substitute for experience, but it’s nice to have an additional title or a certification.” Another noted that “people have newfound respect for the achievement of this fund of knowledge.” One nurse said, “They [nursing colleagues] look at you as a resource nurse when you have the certification [if they] have a clinical question on the floor...” Another observed, “They look up to you in some ways. Maybe as a resource person,

they look up to you and go to you for support and for consultation.” It was discovered that an expectation of being certified was to share the sense of respect that they got with other nurses to encourage them to pursue certification. One of the nurses stated “Part of being an RN IV, they [management] told me is for you to motivate, to encourage and to educate other nurses on where to look for resources so they can get certified in their specialty.” Nurses also received respect from physicians for being certified. A nurse said, “The physicians recognize it ... they understand what it takes to get additional education or additional certifications because they too in their specialties have to sit for additional exams to achieve other things.”

Effect on Personal Life

Personal Benefits to Certification

A category that emerged was the effect of certification on personal life. Participants described monetary gain as a benefit to certification. One nurse stated, “I appreciate the increase in salary... It's a lot of help...that there are a little bit additional earnings. I'm thankful for that.” The vast majority of study participants affirmed feelings of self-worth as beneficial results of certification. One nurse remarked, “[I feel like I've] accomplished something, because I've been in this field for a long time.” Another said, “It feels valuable. You feel good about it.” Some nurses mentioned their mindset, saying, “It [certification] probably just gave me more peace of mind.” There were also those who voiced feelings of confidence. A participant commented, “When you have certification, [you are] more confident... You can do it.” This was echoed by another nurse who said, “It did give me more confidence that I truly did know what I'm doing.” As noted above, this confidence extended to interaction with peers. One nurse observed, “You're more confident talking to your clients or to your colleagues.”

Another unanticipated discovery was that several nurses noted successfully obtaining nursing certification, made them want to learn more. One participant remarked, “It [getting certified in one area] motivates you again to why not take a certification on this [another area]... like a domino effect.” And another said, “You want to see, *‘Is there any other area I can get certified in?’*” Two others said that it influenced them to pursue further degrees. One stated, “It gave me a little bit of confidence to go back for my BSN.” The other said, “[It] prepared me for going back to school for my BSN because I did have to end up studying by myself...” Another shared that “I went back to school to be a nurse practitioner [after getting certified.] Not everyone returned to school, they stated, “I try to read since I got certified... evidence-based journals” and “I try to get to newspapers, medical journals, just to update myself.”

Costs of Certification

While participants listed multiple personal benefits, another theme that emerged was the costs of obtaining certification. Participants described the necessary investment of time in order to prepare for the exam. Some nurses attended the 2-Day review class that was hospital sponsored. Most nurses spent between two to six weeks studying independently for the certification exam. One nurse stated “[I spent] two days on the review [class] plus I did a week [of] my [own] self-review.” Another nurse who started the certification process before hiring on at the hospital noted, “[I] studied by myself then for two straight weeks because I wasn't working yet.” Then there were nurses who devoted even longer periods of time. One nurse stated, “I think it took me, I would say, six months to maybe half a year.” Another shared a different, long-term approach used by her former institution, “We met every Monday and we would review a new section every Monday. They would bring in somebody that worked in a specific department.”

Monetary expense was another recurrent finding related to the theme of costs of certification. Out of pocket expenditures included study materials and upfront costs to take the examination. One participant stated, “What actually helped me was the book that [I bought from the site...].” The hospital paid examination fees for successful candidates. A participant pointed out the reimbursement process, saying, “We had to fill out a special form and stuff, but whatever it costs for you to register to get the test, like for \$350.00 if you passed, then you got that reimbursed.”

Some nurses mentioned potential future costs to maintaining certification. One nurse observed;

Though the incentives that I talked about...about the encouragement, the assistance, the public recognition and the monetary reimbursement are huge lures, to maintain it [certification] can sometimes be perceived as costly to our colleagues so from an employer’s perspective I think if there were opportunities to help defer maintenance costs [that would be helpful].

Another nurse supported this concern by saying, “I remember it [paying for certification] being more costly than your RN license to get credentialed if you take into account additional time and effort and the money it takes to achieve the higher number of CEUs, those are things that many professionals consider [whether to recertify] and I don’t think that employers consider that as strongly.”

Effect on Professional Life

Institutional Recognition

Participants in the study described the effect of obtaining nursing certification on their professional lives. They described how the institution recognized certification as a “professional

achievement.” One way that the hospital acknowledged them was through public recognition. One nurse stated, “They put it [certification credentials] on our badges ... we have a placard in our hallway with our member’s names on it. And so, even when visitors come they look at that...” Another said, “We have a poster board [with] your name, your picture and your title [including certification credentials]. Another aspect of institutional recognition was occasions at which nurses were recognized for their accomplishment in obtaining certification. One nurse mentioned an annual event, stating,

We celebrate certification every year. If you get certified, they give us a pin. Yes, we celebrate it. Every year, we have lunch or dinner. Everybody comes [and] we take photographs with the Chief Nurse Executive for Certification Day.

Institutional Advancement

The hospital also rewards certification with institutional advancement. A nurse remarked, “One of the requirements to upgrade your level is to be certified.” Another stated when she applied for a promotion, “It helped me get RN III status.” Nurses stated it made a difference in their appraisal, stating, “My recent evaluation, they saw I have two certifications. That counted a lot.” Advancement extended beyond the career ladder into leadership opportunities. One nurse stated, “It helped me to be bumped up into one of the Clinical Leaders in our unit.” One participant noted, “We’re more of the preceptors, charge nurses, resource nurses of the unit...for new hire nurses you have more [of a] role to play.” Another nurse agreed by saying, “We’re one of the resource [nurses] of the unit and we do charge a lot more frequent than those without certification.”

Discussion

This study revealed the perceptions of ten medical-surgical certified nurses who worked in different units of a Southern hospital. Many participants described that a significant reason for pursuing certification was due to a mandate from hospital management. One participant stated that the reason for management support of certification was that the hospital was pursuing Magnet designation. The Magnet Recognition Program® is a credentialing program administered by the American Nurses Credentialing Center (ANCC), a subsidiary of the American Nurses Association (ANA). Approximately 7 % of American Association Hospitals (AHA) has this designation (2012). The Magnet application process requires hospitals to establish objectives for educating nurses (ANCC, 2012). Certification is not required for Magnet status but Magnet institutions set objectives for how to provide continuing education for nurses.

Many nurses in the study stated that a reason for pursuing certification was that it was a requirement for promotion. There was little information in the literature addressing the requirement of certification for promotion. The benefits of certification are well documented, and the literature lists improvements in both patients' and nurses' perceived quality of care, as well as the professional development of nursing staff, and competence in the specialty areas of nursing (Fleischman, Meyer, & Watson, 2011). Certification is an accepted method to validate that nurses have the knowledge, skills, and abilities fundamental to accomplishing their role functions. Nurse leaders emphasize the importance of continuing education because of ongoing changes in health care. Promotion following certification encourages nurses to be lifelong learners and to be prepared to provide up-to-date quality nursing care.

It was not surprising that one of the motivators to being certified was salary increase. This was a particularly strong incentive due to the fact that the institution was reimbursing initial

certification costs. This showed strong institutional commitment to certification by their willingness to provide financial support.

Preparing for the certification exam was an important aspect of the certification process according to the participants. The nurses shared that they were offered and attended a two day review course but some felt that it was “not particularly helpful.” The course gave general review but individual study was where the participants did the majority of exam preparation. Review books were particularly helpful and participants stated they were worth the cost.

In addressing the effect of certification on nursing practice, participants shared differing views about whether certification made a difference in the delivery of nursing care. Some of the participants stated that certification “enhanced my nursing skills” but others felt that they were fully qualified to begin with and that they were “always a responsible nurse.” Schroeter et al, observed that relating certification to patient outcomes, was challenging to study because of the complexity of the variables and factors that influence patient care (2012). This finding of this study supports the need for further research to study the effect of certification on patient care outcomes. Obtaining certification also affected the way nurses perceived interactions with peers and physicians in the work place. Achieving certification made them feel respected by colleagues, and they stated that they were regarded as resource persons. This finding confirmed that the hospital nurtured a culture that respected the achievement of certification at all levels.

Personal gain related to nursing certification was identified by participants in part as monetary, but primarily as feelings of self-worth. A participant noted that “I felt “confidence that I truly know what I’m doing.” The participants shared feelings of personal satisfaction of accomplishing the goal of certification. Feelings of personal accomplishment related to achieving certification were noted in the literature by Schroeter, et al (2012) who stated that certification

recognized nurses as experts in their specialty, which may result in decreased turnover and increased retention rates. Another important finding of this study was that achieving certification gave nurses increased motivation and confidence to continue their education.

Concerns shared by the participants were the costs of certification and the time involved in preparation for the exam. Nurses stated that they spent time in the review course and in individual study. This amounted to weeks and even months of preparation for the certification exam. Although there was clear consensus of the benefits of obtaining certification there was also the additional time and expense involved. Out of pocket costs included the study materials and upfront costs to taking the exam. They clearly understood that they would not be reimbursed if they did not pass the exam. One participant spoke of this happening to other nurses that they knew. The costs of time and money did not appear extreme; however, Haskins and colleagues (2011) identified the costs of obtaining, maintaining, and renewing specialty nursing certification as a primary barrier that prevents many nurses from taking the examination. Several nurses mentioned concern about the future costs of recertification which would not be covered by the institution. It is not clear how many participants would continue to recertify if the costs were not reimbursed.

The study participants spoke of the institutional recognition that they received after achieving certification. Public recognition was given to the participants in the form of pins, badges, and recognition celebrations. This was appreciated by the participants. Gaberson et al. (2012), stated recognition by others including consumers, employers, peers and other health professionals is of value to certified nurses. The hospital also promoted in rank those that achieved certification and awarded upgraded titles to denote advancement. New titles included

“mentor” and “RN III.” Giving public recognition was an effective means of acknowledging and building a culture that encouraged certification.

Limitations and Recommendations

Limitations of the study included that participants were from one large urban hospital in the South. For future studies participants could be drawn from institution of different sizes in a wider distribution across the U.S. Recommendations for further study include conducting research on the effect of certification at institutions that do not mandate certification for promotion or increase in compensation. This will offer additional perspectives on obtaining certification. Studies could also be done that include other nursing certification specialties in order to determine if nurses experience differences in the certification process based on their specialty. A research study geared exclusively towards examining the challenges encountered with maintaining recertification might be helpful as some nurses choose not to recertify once their five year cycle of initial certification is complete.

Conclusion

It is proposed that nursing certification will become increasingly more common and accepted by healthcare intuitions resulting in a need for more understanding of the impact it places on nurses’ personal and professional lives. This study has presented the perceptions of how nursing certification impacted the personal and professional lives of ten nurses in a large urban Southern hospital. These perceptions are presented to give insight into the experiences of nurses obtaining medical-surgical certification.

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List of Appendices

Appendix A. Logic Model.....	44
Appendix B. Data Collection Tool.....	45
Appendix C. Project Objectives Timeline.....	46
Appendix D. Budget/Expenses/ Resources.....	47
Appendix E. SWOT Analysis.....	48
Appendix F. IRB Approval Letter – The Organization.....	50
Appendix G. IRB Approval Letter – Regis University.....	51
Appendix H. CITI Training Certification	52

Appendix A

Logic Model

Evaluation Plan and Logic Model					
Input	Activities	Output	Short-term	Long-term	Impact
<p>Selected Medical Surgical Certified (CMSRN) nurses presently employed at the hospital</p> <p>The nurse researcher</p>	The nurse researcher conducted one-to-one interviews with study participants	<p>Common themes are sure to emerge as feedback is gleaned from study responses.</p> <p>Participants will provide personal insight into their own experiences with certification, through participation in the capstone project.</p>	<p>Nurses will understand more clearly the process of certification.</p> <p>Nursing Administration will receive additional informative feedback regarding this institution-wide requirement for upper level nurses.</p>	Better understanding of the process for nurses seeking certification in the future.	Nursing leadership will have greater understanding of the certification process

Appendix – B

Data Collection Tool

During the face to face interviews the study participant will be asked the following main questions with follow-up questions as needed depending on their initial responses.

Research Study Questions

Demographics:

1. What is your gender?
2. What is your date of hire for The Methodist Hospital?
3. What date did you obtain your initial CMSRN designation?

Question #1 Describe your experience of obtaining medical surgical nursing certification?

Question #2 Describe how achieving medical-surgical nursing certification has affected your nursing practice?

Question #3 Describe how achieving medical-surgical nursing certification has affected you personally?

Question #4 Describe how achieving medical-surgical nursing certification has affected you professionally?

Appendix - C

Project Objectives Timeline

- Successful ARAF (administrative review) and IRB review from the facility. Approved for expedited review on September 10, 2013.
- Will submit for exempt IRB approval from Regis. with projected date for January 2014.
- Purposive minimum sample of 12 to 15 acute care nursing staff member will be identified and informed consent obtained by February 2014.
- Interviews conducted and recorded by March 2014.
- Data transcribed, coded, and themes obtained by May 2014
- Findings recorded and defense of project by September 30, 2014.

Appendix – D**Budget/Expenses/Resources**

The Primary Investigator served as the sole source of funding for project expenses.
There were no fees charged to the institution.

Actual Costs

Tape Recorder and tapes	\$150
Transcriptionist Services	\$165
Lockable File Cabinet	\$50
Researcher time	<u>\$0</u>
Total	\$365

Costs to Replicate

Tape Recorder and tapes	\$150
Transcriptionist Services	\$165
Lockable File Cabinet	\$50
Researcher time	<u>\$500</u>
@50.00/hour x at least 10 hours	
Total	\$865

Appendix – E

Project Strengths, Weaknesses, Opportunities and Threats

Strengths

- This hospital has a research/evidence-based culture.
- Nursing Administration is seeking to meet and exceed the characteristics for Magnet organizations of percentages of certified direct care nurses and certified nurse decision makers (nursing leadership).
- Staff nurses need to obtain nursing certification in order to advance to the upper levels of the career ladder.
- The hospital will incur no new costs for this study.
- As nurses retire, there is a need for more upper level nurses in the organization.

Weaknesses

- Time commitment for 1:1 interviews
 - The cost of parking (\$10-\$12.00/day) for those nurses coming in on their own time.
 - Finding staffing coverage for those nurses who wish to schedule interviews work days.
 - Onsite interviews may falsely lead nursing staff to believe leadership is watching.
- Opportunities

Opportunities

- The results of the study might encourage nurses to advance to the upper levels of the career ladder once certified.

Threats

- Study participants who have been interviewed talking to fellow study participants (who have not yet been interviewed) regarding individual responses.
- Poor participation or non-participation.

Driving Forces/Restraining Forces

Driving forces exist for this hospital as an organization:

- (1) In a culture that greatly values recognition of excellence; nursing certification is highly prized as an endorsement of nursing knowledge, professional development and leadership at the bedside.
- (2) This is a teaching hospital that strongly supports evidenced-based practices. This study may lend evidenced-based support to the present practice of endorsing nursing certification.

- (3) As stated above, as a Magnet designated institution Certification is heavily promoted because Magnet designation was actually developed by the American Nurse Credentialing Center (ANCC).

Driving forces exist for the individual nursing staff members:

- (1) At this institution, specialty certification is a mandatory requirement for any nurse wishing to advance to any upper level positions on the nursing career ladder (Level III and Level IV). While some Level III and Level IV nurses now act as mentors who inspire colleagues to seek certification, many more certified nurses are needed to act as guides for those to follow.

Restraining forces exist for the individual nursing staff members as well:

- (1) During the certification process nurses may or may not have been required to invest a noticeable amount of time and initial monetary investment while pursuing Medical-Surgical certification. These DNP study interview sessions are totally voluntary and uncompensated this would mean these nurses agreeing to additional time away from work or family in order to complete the study.

Strategies for overcoming Staff Apprehension

- Setting up multiple interviews to occur on the same day but at differing times
- The option for participants to take interviews totally off-site (to some other venue that is convenient to both the participant and the DNP researcher
- Verbal and written reassurance of complete anonymity provided at the start of each 1:1 interview.
- The PI encouraged study participants to verbalize any concerns at any time.
- The PI assured study participants that they are free to withdraw at any time with fear of any adverse consequences
- Informed consent obtained from each study participant at the start of each interview.
- After each interview was completed, the DNP discussed with each individual nurse, the possibility of distributing thank you letters to be added to the nurse's individual professional portfolios.

Appendix – F

IRB Approval Letter – The Organization

From: MORTI
Sent: Wednesday, September 11, 2013 10:58 AM
To: Case-Cook, Brenda L
Subject: IRB: Study Approved

TMHRI IRB 2

NOTIFICATION OF INITIAL APPROVAL

Date: 09/11/2013

From:

[Ethan Natelson](#)

Chair, TMHRI IRB 2

To: [Brenda Case-Cook](#)

RE: [IRB\(2\)0713-0102](#)

Title: [Nursing Certification-Nurses Perceptions-DNP Capstone Project](#)

The Institutional Review Board reviewed your Request for Expedited Review and the above numbered protocol has been **FULLY APPROVED**. The study is approved from 9/10/2013 through 9/9/2014.

Your approved documents are listed below.

- Protocol titled, " Nursing Certification-Nurses Perceptions-DNP Capstone Project"
- Informed Consent Version 1 dated 09/10/2013
- Data Collection Tool Document
- Letter of Intent with Specific Data Elements Document
- DNP Capstone Study Questions Document
- SCRIPT for Emails, Letters and Verbal (Personal Solicitation) Document

Please note that prior to starting any experiments, it is your responsibility to give a copy of this document to all research personnel involved in the project and to discuss the project with each employee. Please ensure that only the most current IRB approved consent may be used during the study. Any changes to the protocol or consent must be approved by the IRB before the changes can take place.

To post information on this clinical trial to the TMHRI web site, the study must be listed on ClinicalTrials.gov. Please enter the ClinicalTrials.gov Identifier (i.e., the NCT number) and the Brief Summary from that listing for this trial by clicking on the Submit Web Info activity button in the left navigation list on the study page in the MORTI IRB Module.

If you have any questions or comments, please contact the Office of Research Protection at 713-441-9908 or 713-441-5837 or come to MGJ6-014.

Sincerely,

[Ethan Natelson](#), MD

Appendix – G

IRB Approval Letter – Regis University



Academic Grants

3333 Regis Boulevard, H-4
Denver, Colorado 80221-1099

303-458-4206
303-964-5528 FAX
www.regis.edu

IRB – REGIS UNIVERSITY

June 26, 2014

Brenda Case Cook
18250 Afton Hollow Lane
Richmond, TX 77407

RE: IRB #: 14M14-142

Dear Ms. Case-Cook:

The amendment to your original Regis IRB application, "Nursing Certification: Nurse's Perceptions-DNP Capstone Project," was approved on June 24, 2014.

You have one year from this date of approval to complete the project. It is the responsibility of the investigator to maintain the submitted surveys (since submissions are done confidentially and without subject identifiers) for a period of three years after the conclusion of the research. The Office of Academic Grants does not retain copies of individual IRB documentation, including approval letters, past three years from approval date.

We wish you the best on your project!

Sincerely,

Patsy McGuire Cullen, PhD, PNP-BC
Chair, Institutional Review Board
Professor & Director
Doctor of Nursing Practice & Nurse Practitioner Programs
Loretto Heights School of Nursing
Regis University

Appendix – H

CITI Training Certification

brenda case cook (Member ID: 3218127)**CITI Collaborative Institutional Training Initiative****Human Research Curriculum Completion Report****Printed on 11/25/2012****Learner:** brenda case cook (username: casec763)**Institution:** Regis University**Contact Information** Department: nursing
Email: casec763@regis.edu**Social Behavioral Research Investigators and Key Personnel:****Stage 1. Basic Course Passed on 11/25/12 (Ref # 9226730)**

Required Modules	Date Completed	
Introduction	11/25/12	no quiz
History and Ethical Principles - SBR	11/25/12	4/5 (80%)
The Regulations and The Social and Behavioral Sciences - SBR	11/25/12	5/5 (100%)
Assessing Risk in Social and Behavioral Sciences - SBR	11/25/12	4/5 (80%)
Informed Consent - SBR	11/25/12	5/5 (100%)
Privacy and Confidentiality - SBR	11/25/12	3/5 (60%)
Regis University	11/25/12	no quiz

For this Completion Report to be valid, the learner listed above must be affiliated with a CITI participating institution. Falsified information and unauthorized use of the CITI course site is unethical, and may be considered scientific misconduct by your institution.

Paul Braunschweiger Ph.D.
Professor, University of Miami
Director Office of Research Education
CITI Course Coordinator

