Wisconsin nurse executives and their reward and promotion of nursing certification

Ann Marie Ronsman

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WISCONSIN NURSE EXECUTIVES AND THEIR REWARD AND PROMOTION OF NURSING CERTIFICATION

By

Ann Marie Ronsman RN, BSN, OCN

A Master's Thesis Project

Submitted to Cardinal Stritch University College of Nursing

In partial fulfillment of the requirements for the degree

Master of Science in Nursing

Cardinal Stritch University

Milwaukee, Wisconsin

April, 2002
We hereby recommend that the project prepared by Ann Marie Ronsman entitled "Wisconsin Nurse Executives and Their Reward and Promotion of Nursing Certification" be accepted as fulfilling this part of the requirements for the Degree of Master of Science in Nursing.

Committee:

Chairperson

Accepted:

Dean
Acknowledgments:

No project as great as this is completed without the support and assistance of many people. This thesis and my master’s degree are no exception. I could not have completed this thesis if it had not been for the unfailing support of my committee. Dr. Ruth Waite, chairperson, whose tireless commitment to this project, firm guidance, mentoring and encouragement brought this thesis to fruition. I can never thank her enough. Dr. Nancy Cervenansky, committee member, who graciously joined the committee in midstream, she demanded excellence from me as a researcher and writer. She always asked me to raise the bar. For her mentoring and faith, thank you. Dr. Miriam Zwitter-Stokes, whose early guidance gave the foundation for this project. Her early belief in my abilities in the master’s program helped me to believe in myself. For which I will always be deeply grateful. Bonnie Paiser, MSN, RN, took a leap of faith in joining the committee. Thank you for your encouragement and your insight.

I would like to thank my mother, Mary Ann, who showed us as children how important education was. My memories of her struggles while pursuing her master’s degree helped to push me on when I became discouraged. Thank you for your love, support and your vision. Thank you also to Don, who taught me the value of hard work and perseverance. Thank you for being my father.

I would also like to thank Diane Johnson, Kris Smith and Jill Royten, my coworkers whose support and encouragement were priceless.

But most of all—I would like to thank my husband Matt. Without his tireless support, encouragement, and sense of humor I never could have completed this thesis. Thank you for making my dreams your dreams. You are my north star. I love you.
ABSTRACT

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Cardinal Stritch University College of Nursing
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March, 2002

Dr. Ruth Waite Ph.D., Chairperson
ABSTRACT

This quantitative descriptive research addresses how nurse executives in the state of Wisconsin hospitals reward and promote certification in their institutions. Data was gathered through use of a mailed survey. Of the 57 surveys sent, 32 were returned for a 56% response rate.

The theoretical framework for this study is Herzberg’s Work Motivation Theory (Herzberg, Mausner, & Bloch Snyderman, 1959). This researcher feels that this theory is a strong theoretical framework for this study because according to the literature nurses seek certification for primarily intrinsic reasons such as personal growth, to feel more satisfied, for personal challenge and to be recognized as a specialist.

The majority of hospitals do not require certification in any areas. The majority of nurse executives promote certification by paying for the exam and reward certification through verbal praise. Those who promote certification do so because they believe certification demonstrates nursing knowledge in specialty area and it recognizes attained skill in specialty practice area.

The significant t-test results (significance level <.05) are as follows. Nurse executives who are certified (mean=4.00) are significantly more likely to work in institutions that support their position on certification then are non-certified nurse executives (mean=3.00)(p=.013). Executives who did not report barriers to certification promotion in their institutions (mean=4.27) were found to place significantly higher value on certification to the institution than those who reported barriers in their institutions (mean=3.45)(p=.008).
The data reveals useful information on the practices and rationale of nurse executives regarding certification. Research in the area of nursing certification related to nursing education needs to be conducted to examine whether nurse educators in staff development, nursing education and client education should be certified in a nursing specialty. Further, research must be done to examine the impact of nursing certification on patient outcomes. Until this pivotal piece of research is performed the value (or lack of value) of nursing certification cannot fully be understood.
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Chapter 1: Introduction

Statement of the Problem

Professional nursing certification has been available for nearly 30 years. In that time it has been viewed as a mechanism to ensure competence in nursing specialties. Little research has been done on how individual employers reward and promote nursing certification which led to development of this study. Although it is not the focus of this study, there is also a lack of research done to explore whether nursing certification does ensure competent practice. Current research focuses primarily on the aspects of why nurses seek certification and whether nurses themselves view certification as a means to more competent clinical practice.

This topic is of interest to this researcher through experiences as an oncology certified nurse. As this researcher talked with other certified nurses and changed employers she became amazed at the variety of ways employers promoted and rewarded nursing certifications. She began to wonder why some employers had certain practices regarding nursing certification while others had different practices.

Research on nursing certification is in its infancy. Many different aspects of nursing certification need to be examined for the profession to gain a better understanding of the impact certification makes in specialty practice. This topic is important to the field of nursing because nurses need to better understand how nurse executives approach nursing certification. There is a paucity of research about nursing certification, therefore any knowledge about this topic that can be gained will benefit the nursing profession.
Background Information

The current research on the topic of nursing certification examines the areas of who is certified (Cary, 2001, Coleman et al., 1999), what organizations certify nurses (Fickeissen, 1990), and how nurses view certification (Cary, 2001, Redd, 1997). Research exists on differences between certified, re-certified and non-certified nurses (Coleman et al., 1999). Much of this research looks at demographic differences between groups of nurses (Cary, 2001, Coleman et al., 1999). Additional research examines the relationship between certification, job perception and the relationship between nurses who hold and do not hold certification and their job satisfaction (Hughes et al., 2001, Redd, 1997). All of the current research is on the periphery of the topic this researcher examines. No research has been found which explores how executive directors of nursing value and promote nursing certification.

This topic is relevant to nursing practice because the views and actions of executive directors of nursing may have an effect on the number of nurses who attempt nursing certification and how nurses view certification. It therefore impacts the nursing profession in the way in which nurses define and recognize specialty expertise.

Purpose

The purpose of this study was to gain knowledge on how executive directors of nursing reward and promote nursing certification in their institutions. There is an absence of knowledge in this area of nursing certification. This study is valuable to nurse executives and hospital administrators in assisting them with policy and practice development. In addition it provokes thought and discussion about the topic among those organizations that offer certifications, as well as certified nurses, nurses who are
considering pursuit of certification, nurse managers and nurse executives. This research is valuable to both certified and non-certified nurses as they come in contact with differing viewpoints about the value of certification. It helps both certified and non-certified nurses to understand how and why institutions recognize and promote certification. Through this study this researcher achieves a better understanding of the practices of reward and promotion of nursing certification used by nurse executives. This research in turn helps nurses to make an impact upon nurse executives and therefore on practice.

Research Question

The research question was: **How do nurse executives in Wisconsin acute care hospitals reward and promote nursing certifications in their institutions?**

Methodology

This study was a descriptive quantitative study. Data was collected through the use of a survey, which was mailed to executive directors of nursing. Data was analyzed through use of the SPSS 10.0 statistical analysis package.

Significance of the Study to Nursing

This study is important to the discipline of nursing because it will add to nursing knowledge by helping nurses to better understand nursing certification. This study helps nurses to understand how different executive directors of nursing value and promote nursing certification. In addition it helps nurse executives to share their policies regarding certification with others.
Operational Definitions

Nurse Executive- the central decision maker in an institution of nursing policy and practice.

Acute care hospitals- hospitals caring for those with acute care needs. This excludes those facilities caring for the chronically ill and specialty hospitals.

Promote- To contribute to the professional growth of or movement up the clinical ladder.

Reward- To repay, to compensate.

Nursing certification- Defined by the ANA (as cited in Rice Simpson, 1990) as “… a process by which a non-governmental agency or association certifies that an individual licensed to practice a profession has met certain predetermined standards specified by that profession for specialty practice. Its purpose is to assure various publics that an individual has mastered a body of knowledge and acquired skills in a particular specialty” (p. 181). Includes all certifications as recognized by the American Association of Nurse Credentialing and other specialty nursing organizations.

Limitations

There are several limitations of this study. First, a convenience sample was used which limits the generalization of the results to those outside the sample population. The result of this study relies upon the truthfulness of the subjects. This study was limited to acute care hospitals; therefore the data will not be transferable to those facilities that care for specialty or chronically ill populations. The study was limited to hospitals in the state of Wisconsin, which limits transferability of data beyond hospitals in this state.
Assumptions

Assumptions of this study are that those participating in the research are truthful; that the nurse executive is indeed the person who receives and completes the survey and that there is an institution wide policy on reward and promotion of nursing certification, which is consistent among departments or sub-units. Additionally, this study assumes that the nurse executive believes in and supports nursing certification. Further, this study assumes that the nurse executive holds the decision making power about the reward and promotion of nursing certification.
Chapter 2: Literature Review

Introduction

Nursing certification, while available since the 1970's has not been the focus of research until recently. The following chapter will explore the research that exists on the topic of nursing certification. Much of the research that has been done addresses the demographics of nurses who are certified as well as what motivates nurses to become certified. There is additional research on the implications in some institutions that have implemented support programs for certification.

Several opinion columns in a variety of nursing publications recorded the opinions of editors of publications and nurses on the value of certification. Because these are not research articles they offer no data to substantiate the opinions of the authors.

The ANA states (as cited in Rice Simpson, 1990) that "certification is a process by which a non-governmental agency or association certifies that an individual licensed to practice a profession has met certain predetermined standards specified by that profession for specialty practice. Its purpose is to assure various publics that an individual has mastered a body of knowledge and acquired skills in a particular specialty" (p. 181). Currently "nurses hold more than 410,000 certifications in 134 specialties from 67 certifying organizations, and at least 95 different credentials designate these certifications" (Cary, 2001, p. 44) in the US.
Demographics of Certified Nurses

Carey’s findings (2001) provide information on the age, race, level of education, marital status and work setting of the certified nurse. In comparison Coleman et al. (1999) surveyed Oncology nurses who were Oncology Certified Nurses (OCN).

Table 1: Certification Demographics

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Marital Status</td>
<td>73% Married</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>17% Widowed, Divorced or Separated</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11% Never Married</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td>93% Caucasian</td>
<td>91% Caucasian</td>
</tr>
<tr>
<td></td>
<td>2.9% African American</td>
<td>3% African American</td>
</tr>
<tr>
<td></td>
<td>2.7% Asian</td>
<td>3% Asian</td>
</tr>
<tr>
<td></td>
<td>1% Latino</td>
<td>2% Latino</td>
</tr>
<tr>
<td>Sex</td>
<td>96% Female</td>
<td>96% Female</td>
</tr>
<tr>
<td></td>
<td>4% Male</td>
<td>4% Male</td>
</tr>
<tr>
<td>Education</td>
<td>16% Associate Degree</td>
<td>29% Associate Degree</td>
</tr>
<tr>
<td></td>
<td>21% Diploma</td>
<td>19% Diploma</td>
</tr>
<tr>
<td></td>
<td>35% Bachelor’s Degree Nursing</td>
<td>31% Bachelor’s Degree Nursing</td>
</tr>
<tr>
<td></td>
<td>21% Master’s Degree</td>
<td>9% Master’s Degree</td>
</tr>
<tr>
<td></td>
<td>1.6% Doctoral Degree</td>
<td>9% Bachelor’s Degree Non-Nursing</td>
</tr>
<tr>
<td></td>
<td>3.5% Post-Master’s Certificate</td>
<td>2% Master’s Degree Non-Nursing</td>
</tr>
<tr>
<td>Age</td>
<td>1.4% 20-29 years old</td>
<td>10% 20-29 years old</td>
</tr>
<tr>
<td></td>
<td>17.0% 30-39 years old</td>
<td>40% 30-39 years old</td>
</tr>
<tr>
<td></td>
<td>42.1% 40-49 years old</td>
<td>35% 40-49 years old</td>
</tr>
<tr>
<td></td>
<td>31.9% 50-59 years old</td>
<td>12% 50-59 years old</td>
</tr>
<tr>
<td></td>
<td>7.6% 60 years or older</td>
<td>2% 60 years or older</td>
</tr>
<tr>
<td>Work Setting</td>
<td>50% Acute care hospital</td>
<td>51% Acute care hospital</td>
</tr>
<tr>
<td></td>
<td>17% Community</td>
<td>26% Outpatient Clinic</td>
</tr>
<tr>
<td></td>
<td>11% Home care, hospice or long term care</td>
<td>6% Home care or hospice</td>
</tr>
<tr>
<td></td>
<td>9% University</td>
<td>7% Physicians office</td>
</tr>
<tr>
<td></td>
<td>7% Managed care or solo practice</td>
<td>3% Private practice</td>
</tr>
<tr>
<td></td>
<td>6% Other setting</td>
<td></td>
</tr>
<tr>
<td>Position</td>
<td>37% Staff nurse</td>
<td>71% Staff nurse</td>
</tr>
<tr>
<td></td>
<td>30% Nurse practitioner or Clinical specialist</td>
<td>5% Nurse practitioner or Clinical specialist</td>
</tr>
<tr>
<td></td>
<td>14% Manager</td>
<td>10% Supervisor</td>
</tr>
<tr>
<td></td>
<td>14% Educator</td>
<td>2% Educators</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4% Case managers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3% Researcher/consultant</td>
</tr>
</tbody>
</table>

Wisconsin Nurse Executives 15
Both of these studies found several similarities on the population of certified nurses. Nearly all in each study are Caucasian, female and work in acute care hospitals. Carey (2001) found the majority of certified nurses to be 40 to 59 years old, whereas Coleman (1999) found the majority of certified nurses to be younger, between 30-49 years of age. In addition, both studies found the majority of certified nurses held bachelor’s degrees or higher, although oncology nurses held more associate and diploma degrees and less master’s and doctoral degrees. Each of these studies found the majority of certified nurses to be working in hospitals as staff nurses thus supporting use of acute care hospitals for the survey of nurse executives.

Table 2: Reasons Nurses Pursue Certification

<table>
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<tr>
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<tbody>
<tr>
<td>• Personal growth</td>
<td>• Personal challenge</td>
</tr>
<tr>
<td>• Feel more satisfied as a professional nurse</td>
<td>• Employer requirements</td>
</tr>
<tr>
<td>• Feel more confident in their skills</td>
<td>• Employer encouragement</td>
</tr>
<tr>
<td>• Assists them to be seen as a credible provider</td>
<td>• Recognition as specialist</td>
</tr>
<tr>
<td>• Experience more confidence in their practice</td>
<td>• Peer encouragement</td>
</tr>
<tr>
<td>• Fulfill career aspirations</td>
<td>• Career development</td>
</tr>
<tr>
<td>• Feel more satisfied with their position</td>
<td>• Job advancement</td>
</tr>
<tr>
<td></td>
<td>• Salary increase</td>
</tr>
<tr>
<td></td>
<td>• Employer paid for exam</td>
</tr>
<tr>
<td></td>
<td>• Future requirement of the profession</td>
</tr>
<tr>
<td></td>
<td>• Knowledge that others are certified</td>
</tr>
</tbody>
</table>

The strengths of Cary’s (2001) study are the large sample size of 41,768 of which 19,452 responded, reflecting a 48% response rate. Another strength is that the survey sample was drawn from across the United States. A limitation is that the sample list was compiled from a list of members of specialty organizations. Nurses who are members of these organizations may be different from the population of nurses as a whole. Those nurses who chose to answer the survey may be different than those who did not respond.
Strengths of Coleman’s (1999) study are the relatively large sample size of 2,249 of which 1,217 surveys were returned, reflecting a 50% response rate. A limitation is that the sample list was compiled from a list of members of the Oncology Nursing Society. Nurses who are members of this organization may be different from the population of nurses as a whole or may be different than nurses who belong to other nursing specialty organizations. In addition, those nurses who chose to answer the survey may be different than those who did not respond.

Certification has also been found to boost self-esteem (Lippman-Collins, 1987, Redd & Alexander, 1997, Rice-Simpson, 1990). Redd and Alexander (1997) used the Rosenberg Self-Esteem scale (1965) to assess self-esteem. This tool has 10 items that address the concept of self-acceptance to determine self-esteem level. Redd and Alexander (1997) performed a study in 2 acute care hospitals. One hospital was in the southeast and the other hospital was in the northwest United States. This study found that 42.5% acute care staff nurses sought certification for personal achievement, 15% for professional growth, and 5% for increased knowledge in a nursing specialty. The primary limitation of this study is its small sample size of 83 nurses. The response rate is not provided. The data was not analyzed for differences between regions.

While these studies did not look primarily at why nurses sought certification, the data clearly demonstrate that nurses who seek certification do so for primarily intrinsic reasons, such as personal growth, job satisfaction, self-esteem and for a personal challenge. Few nurses reported obtaining certification purely for the extrinsic benefits such as for monetary reward or for job promotion.
Extrinsic Rewards

Cary (2001) found that 72% of certified nurses reported receiving recognition, financial gain, a job promotion and/or job security. Coleman (1999) found that 8% of Oncology nurses chose not to seek certification because of the expense and 5% did not due to the lack of financial reward. In a recent salary survey (Mee, 2001), nurses reported that they were not compensated for specialty certification, yet the survey revealed certified nurses make an average of $6,873 more than non-certified nurses. The typical nurse in this salary survey (Mee, 2001) was female, 40 years old, had 12 years nursing experience, held an associate or bachelor's degree in nursing and was employed full time in a community hospital setting. Nurses from across the country were surveyed, although it does not reveal the response rate from different regions. The article does not comment on nurse's length of time at the institution, their role or shift differentials which may impact upon salary in addition to certification.

Certification and Performance Improvement

Redd and Alexander (1997) examined the difference in job performance and self-esteem in certified and non-certified nurses. Staff self-evaluations were found to be no different between the performance of certified and non-certified nurses. The supervisor's scores, however, showed that certified nurses had higher scores in planning/evaluation and teaching/collaboration. Certified nurses were found to have a statistically significant higher level of self-esteem on the Rosenberg Self-Esteem Scale (1965). Limitations of this study are a small sample size and difficulty proving that certification caused improved performance and increased self-esteem or that higher self-esteem prompted these nurses to seek certification.
Implementation of Programs to Encourage Certification

Two articles focused on the impact of implementation of a nursing certification program on the quantity of nurses certified in their institutions as well as the care delivered in the institution. Tenny (1993) examined the implications of instituting a program to promote certification of rehabilitation nurses at a large rehabilitation hospital in Boston. Prior to the program 13 of the 170 registered nurses were certified. The hospital program included education about the process of certification through the use of posters and an agency-wide inservice. Then the Director of Nursing sent a letter to nurses encouraging them to become certified with the commitment to pay for the test regardless of the outcome. The hospital had a poster for Nurses Day which featured the certified nurses in the institution. The hospital then offered a free 13-week review course for all those who were interested. The course met weekly for 90 minutes. Twenty-four nurses took the exam, of those 16 had regularly attended the review course. A “debriefing” was held by the hospital one week after the exam to give participants a chance to discuss the exam and relieve anxiety. Fifteen of the 24 nurses who took the exam passed. Of the sixteen nurses who attended the review course 11 passed the exam, therefore 4 of the nurses who passed the exam did so without the assistance of the review course. Newly certified nurses were invited to a reception honoring their achievement and they were given name pins with their newly acquired credentials. Coworkers who were not certified attended to support their peers.

The limitations of this program description are its small sample size in only one institution looking at one kind of specialty nursing certification. The author does not reveal what motivated the institution to begin such a program. It would be interesting to
know what motivated the institution to begin such a program. In addition no follow up is included in the article about how the increased number of certified nurses impacted upon the institution, on the nursing care delivered, on patient satisfaction, or whether this increased the number of nurses who sought certification, the nurses salaries or position within the institution. The strength is that it provides information on how to set up a program to encourage certification in a healthcare institution. This information would be very helpful to the nurse executives when he/she presents rationale for promoting this type of program.

A second article (Rice-Simpson, 1990) looks at a program implemented at St. John’s Mercy Medical Center in St. Louis, Missouri. This hospital instituted a clinical ladder system and certification (type is not specified) was designated as a requirement for the top position of the ladder, a Clinical Nurse IV. An informal needs assessment among obstetrics nurses found that the main reasons nurses were not becoming certified were financial implications and nurses’ fears of their ability to pass the exam. A majority of nurses said that they would be willing to take the exam if a review course was offered at a reasonable cost and if reimbursement was offered if the test was passed. The hospital then offered a review course free of charge and nurses were paid for their time. Nurses employed 3 days per week were reimbursed 45% of the test fee, nurses employed 5 days per week were reimbursed 90% of the test fee. In addition when nurses took the exam, if it was their scheduled day to work they were paid for 8 hours; if it was not their scheduled day to work they were paid for 4 hours. Of the forty-four nurses (n=44) who took the exam, 93% passed it. Most used the certification to move up the clinical ladder which had a corresponding increase in salary. Rice-Simpson (1990) subjectively reported
that the increase in certified nurses led to an increase in the nurse's self-esteem which improved job satisfaction due to recognition and compensation. Peer support improved among the nurses taking the exam. The encouragement by nursing managers led to a better rapport with staff and an increase in independence among the nursing staff. Rice-Simpson (1990) also reported that managers felt that certified nurses were more willing to generate new ideas and play an active role in unit committees.

Rice-Simpson (1990) found that there was an increase in retention among nurses who took the exam. Among the nurses who took the exam only one resigned because her husband's job was relocated. The author notes that increased retention can lead to decreased recruitment and orientation costs. In addition she concluded that certified nurses can apply their advanced knowledge at the bedside that could lead to a potential decrease in complications and earlier discharges. (Rice-Simpson, 1990).

Limitations of this study are the small sample size (n=44) and a single type of nursing certification. The other major limitation of this study is that the impact upon the nurses and the nursing unit is reported subjectively rather than objectively. This leads to the possibility that the findings of Rice-Simpson (1990) are merely due to her perceptions. Rice-Simpson (1990) examined the reasons nurses gave for their hesitancy with obtaining certification. Some of the reasons older nurses gave were; concerned about their ability to take a test, fear of losing status if they failed the exam and fear of inadequate knowledge to pass the exam. This would be helpful to other nurse educators or managers who are interested in establishing a program for promotion of nursing certification. This program also looked at the impact the program had on the unit where these nurses worked. This may be helpful in justifying the benefit of such a program.
Certification and Job Perception

Hughes et al. (2001) in her study of 1,217 certified and non-certified Oncology nurses from across the country found that the certification status of nurses was only weakly correlated with cohesion, commitment and satisfaction. She found that work settings (inpatient oncology units versus outpatient clinics) accounted for the differences in job perceptions rather than certification.

A limitation of the study Hughes et al. (2001) is that the sample list was compiled from a list of members of the Oncology Nursing Society. Nurses who are members of this organization may be different from the population of nurses as a whole or may be different than nurses who belong to other nursing specialty organizations. In addition those nurses who chose to answer the survey may be different than those who did not respond.

Theoretical Framework

The theoretical framework for this study is Herzberg’s Work Motivation Theory (Herzberg, Mausner, & Bloch Snyderman, 1959).

According to Herzberg’s theory, workers are motivated by the intrinsic characteristics of their jobs and may be made dissatisfied by the extrinsic characteristics of their job. Herzberg found that extrinsic work factors such as salary and job satisfaction are not enduring sources of motivation or satisfaction and may be sources of dissatisfaction. Whereas he found that people are satisfied by the intrinsics of what they do. Some examples of intrinsics are accurate recognition, the client relationship, control of resources, accountability, advancement, responsibility and personal growth. Herzberg found that workers are motivated by fulfillment of personal satisfaction needs such as
responsibility, achievement, recognition and advancement. Herzberg found that workers become motivated and satisfied when they engaged in interesting, challenging work and are recognized in some way for their achievement.

Herzberg's (1959) theory is particularly applicable to employees who are intrinsically motivated and achievement oriented. According to Coleman (1999) and Cary (2001), most nurses seek certification for intrinsic reasons such as: personal growth, challenge and personal satisfaction. This theory is applicable to nurses who invest their energy and money into the pursuit of voluntary nursing certification.

Nurses who seek voluntary certification can be described as intrinsically motivated. Herzberg (1959) goes on to propose that workers who are intrinsically motivated will be more satisfied in their jobs if they are recognized for their achievement. Therefore, it is important to understand why nurse executives choose to reward and promote certification in the way that they do. Failure to recognize certification could be a potential job dissatisfier for many nurses.

Herzberg's Work Motivation Theory (1959) has been used in other research that examines nursing certification. Hughes et al. (2001) used Herzberg's theory in her examination of the relationship between nursing certification and the job perceptions of oncology nurses. The data suggested that the job perceptions of Oncology nurses were positive and did not vary based on certification status and therefore the theory was not supported by her results. Redd and Alexander (1997) used Herzberg's Two-Factor Theory in their study on whether certification really means better performance. The data suggests that there is no significant difference in overall scores for certified and non-certified nurses when measured by staff self-evaluation. The supervisor scores indicated
that the certified nurse group had higher scores in planning/evaluation and
teaching/collaboration thus supporting Herzberg's theory.

While support of the theory is varied in the literature this researcher feels that this
theory is a strong theoretical framework for this study because according to the literature
nurses seek certification for primarily intrinsic reasons such as personal growth, to feel
more satisfied, for personal challenge and to be recognized as a specialist (Cary, 2001,
Coleman, 1999). This theory can then be applied to how nurse executives reward and
promote nursing certification. While we know that nurses pursue certification for
intrinsic reasons, are they rewarded and promoted by nurse executives through extrinsic
or intrinsic means? According to Herzberg (1959) nurses who are rewarded through
intrinsic means such as recognition, advancement and personal growth will remain
satisfied in their work. Whereas nurses who are rewarded through only extrinsic means
such as paying for the exam or pay increase would not remain satisfied. This study seeks
to examine whether nurse executives reward and promote nursing certification through
extrinsic means, intrinsic means or both.

**Summary**

The review of the literature clearly demonstrates the demographic characteristics
and the motivation of nurses who choose to pursue nursing certification. In addition,
limited research shows how several institutions have chosen to design programs to
increase the number of certified nurses in their institutions. One study found that nursing
certification does not improve performance. Another study showed an increase in job
performance among certified nurses as noted by supervisors. Certification has also been
shown to increase self-esteem. Certification has been reported by nurses to have extrinsic
as well as intrinsic benefits. While nurses have noted that they receive extrinsic benefits these have not been quantified by the current research.

The limited research leads to the generation of more questions about nursing certification. The literature does not examine if or why nurse executives choose to reward and promote nursing certification. The implications of this research may be beneficial to nurse executives, nurse managers, hospital administrators, certified nurses, and nurses considering certification. Herzberg's Work Motivation Theory (1959) has shown that recognition for achievement contributes to job satisfaction in some but not all studies. While the theory is not supported in all studies, this researcher feels that the theory is a strong theoretical framework for this study because according to the literature nurses seek certification for primarily intrinsic reasons such as personal growth, to feel more satisfied, for personal challenge and to be recognized as a specialist, which is in congruence with Herzberg's theory. In turn, if nurses are dissatisfied with their jobs this may lead to poor performance and staff turnover. The research that follows will investigate the decision-making process nurse executives make about nursing certification.
Chapter 3: Methodology

Introduction and Research Question

Little research has been done in the area of nursing certification. While nurses have been found to pursue certification for intrinsic reasons, questions remain about nurse executives' decisions surrounding nursing certification. This study examined the following research question:

How do nurse executives in Wisconsin acute care hospitals reward and promote nursing certifications in their institutions?

Research Design

This study was a quantitative, descriptive study. This design was used because the beliefs of nurse executives about nursing certification are not subject to experimental manipulation. This study was designed to identify the beliefs of nurse executives, therefore experimental design is not appropriate. A descriptive study was chosen because the goal of the researcher is to obtain the views of the nurse executives as they exist.

Instrumentation

The survey tool was created by the researcher based upon the current research on the topic of nursing certification and the information necessary to answer the research question. The tool has face validity as determined by three expert faculty members who have reviewed the tool. Their expertise was determined through their experience and education as nurse researchers and educators.

The tool used in this study consisted of 25 yes/no, multiple-choice, and Likert scale questions. Participants were given opportunities for them to write in responses if multiple-choice answers were not applicable. Time needed for survey completion was
approximately 10 minutes. Data gathered included participant demographic information and institutional policy on nursing certification. In addition questions regarding who makes the decisions regarding certification and what departments require certification were examined. The survey collected data on the institution’s promotion of certification. The survey concluded with questions regarding how valuable the administrator feels certification is, and if there are barriers within their institution to certification.

**Sampling Plan**

The population of interest for this study was nurse executives in the state of Wisconsin. This population was chosen because the author believed that nurse executives hold decision-making power about if and how nursing certifications are rewarded and promoted in their institutions. The state of Wisconsin was chosen because it has 57 acute care hospitals which provides for an adequate sample size. The sampling for this study was non-probability from a convenience sample.

**Data Collection**

Data was collected by a mailed survey. Self-addressed stamped envelopes were provided for survey return. The researcher requested survey return within 2 weeks. Descriptive data as well as data to answer the research question was collected. The survey was reviewed in advance by the author and expert faculty members for questions that may have been biased.

Study participants were informed in the survey cover letter of the following information. They were informed that they had the option to withdraw from the study at any time without penalty. Completion and submission of the survey indicated that they were giving their informed consent to participate in the study. Both the participant and
their organization remained anonymous and the data remains confidential. All data was reported in the aggregate. Data will be kept in a locked file a period of three years, accessible only to the researcher. Data will be destroyed upon request. IRB approval has been obtained through Cardinal Stritch University.

**Data Analysis**

Data was analyzed using the SPSS 10.0 data analysis program. Frequency and t-tests were performed. Total number surveyed was 57. There was no loss of subjects due to use of a single survey. Incomplete data was reported. Data input was checked by a second individual to avoid input errors.

**Summary**

This study was a non-probability descriptive study that used a convenience sample from nurse executives in the state of Wisconsin. Nurse executives were chosen for this study because the author believed that they hold the decision making power and influence if and how nursing certifications are rewarded and promoted in their institutions.

The SPSS statistical program was used for data analysis. Informed consent was obtained. Participant responses will be kept confidential and data are reported in the aggregate. Participants were informed that they may withdraw from this study at any time without penalty.

The data was collected through use of a 25-question tool, created by the author, which was mailed to the participants. No pilot testing of the tool was performed. Data collected included demographic information, information about institutional policies, how and why executives reward and promote certification, whether they value
certifications, as well as any barriers they find which interfere with their ability to promote certification.
Chapter 4: Data Analysis

Fifty-seven surveys were mailed to nurse executives in the state of Wisconsin. Of these 57 surveys 32 were returned for a 56% response rate. The data was analyzed using the SPSS 10.0 data analysis program. Frequency and t-tests were performed for analysis.

Descriptive Statistics
Nurse Executives

The nurse executives who responded to this survey have a variety of titles within their institutions. Executive titles include: 50% Director/Vice President of Patient Care Services, 12.5% Vice President of Nursing, 12.5% Nurse Executive, 6.3% Clinical Director, 6.3% Executive Vice President, 6.3% Director of Nursing, 3.1% Director of Education, 3.1% Director of Nursing Operations.

Among the participants in this study, 87% of the nurse executives have some form of an advanced degree. The educational background of these executives includes 47% with a Master’s degree in nursing, 22% with a Master’s degree in Business, 12% with a Master’s degree in health care administration, 6.3% with a Master’s in public health, 6% with a Doctorate in nursing.

Of the survey respondents, 64% of these executives had 10 or more years of administrative experience and 46% had been in their current positions for more than 5 years. In addition, 37.5% were certified in a nursing specialty and 62.5% were not certified.

Institutions

The majority of hospitals (50%) were located in urban settings, 12.5% suburban and 37.5% rural. Of the institutions surveyed 21.9% of hospitals had less than 100 beds, 18.8% had 100-150 beds, 18.8% had 151-200 beds, 9.4% had 201-250 beds, 6.3% had
251-330 beds, and 25% had 300 beds or more. Of hospitals surveyed 59% did not have a formal policy regarding nursing certification and 31.3% had a policy regarding certification.

Of the nurse executives who responded, the majority, 59.4%, report that 25% or less of the nurses in their institutions are certified as showed in Table 3.

**Table 3: Percent of Nurses Certified in a Specialty**

<table>
<thead>
<tr>
<th>Percent of Institutions</th>
<th>Percent of Nurses Certified in a Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>21.9%</td>
<td>0-5%</td>
</tr>
<tr>
<td>25%</td>
<td>5-15%</td>
</tr>
<tr>
<td>12.5%</td>
<td>15-25%</td>
</tr>
<tr>
<td>9.4%</td>
<td>25-50%</td>
</tr>
<tr>
<td>3.1%</td>
<td>50-75%</td>
</tr>
<tr>
<td>18%</td>
<td>Did not know how many certified nurses worked in their institution.</td>
</tr>
</tbody>
</table>

The majority, 87.5%, of institutions do not require certification in any areas. Of the 12.5% that do require certification, 2 require certification in the Emergency Room, 2 require certification in critical care areas, 1 requires certification in Oncology and 1 requires certification in enterostomal therapy and wound care.

Of these institutions that require certification in specialized areas all did so because it requires current knowledge in specialty areas. In addition two required certification for each of the following reasons nurse executives believe; certification demonstrates knowledge in a specialty area, they believe it improves patient outcomes, and they believe it recognizes nurse's attained skill in a specialty practice area. One institution required it because the executive held the belief that certified nurses deliver a
higher quality of care, and the executive believed certification improves patient satisfaction.

**Certification Promotion**

Of the nurse executives responding to the survey, 65.6% of nurse executives promote nursing certification in their institutions. The majority do so by paying for the exam because certification demonstrates nursing knowledge in a specialty area and because certification recognizes attained skill in specialty practice area as illustrated in Tables 4 and 5.

**Table 4: Certification Promotion by Nurse Executives**

<table>
<thead>
<tr>
<th>Promote certification by...</th>
<th>Nurse Executives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay for exam</td>
<td>50%</td>
</tr>
<tr>
<td>Pay for preparation course</td>
<td>31%</td>
</tr>
<tr>
<td>Move certified nurses up the clinical ladder</td>
<td>13%</td>
</tr>
<tr>
<td>Hire certified nurses before uncertified nurses</td>
<td>6%</td>
</tr>
<tr>
<td>Give paid time off to study</td>
<td>3%</td>
</tr>
</tbody>
</table>

**Table 5: Rationale of Nurse Executives for Certification Promotion**

<table>
<thead>
<tr>
<th>Nurse Executives</th>
<th>Promote certification because...</th>
</tr>
</thead>
<tbody>
<tr>
<td>56%</td>
<td>Certification demonstrates nursing knowledge in specialty area</td>
</tr>
<tr>
<td>56%</td>
<td>Recognizes attained skill in specialty practice area</td>
</tr>
<tr>
<td>44%</td>
<td>Shows interest in professional development</td>
</tr>
<tr>
<td>44%</td>
<td>Requires current knowledge in specialty area</td>
</tr>
<tr>
<td>28%</td>
<td>Improves patient outcomes</td>
</tr>
<tr>
<td>13%</td>
<td>Certified nurses deliver a higher quality of care</td>
</tr>
<tr>
<td>13%</td>
<td>Certified nurses tend to remain in specialty area of practice</td>
</tr>
<tr>
<td>9%</td>
<td>Certified nurses are more satisfied in their jobs</td>
</tr>
<tr>
<td>9%</td>
<td>Improves patient satisfaction</td>
</tr>
</tbody>
</table>
Certification Reward

The majority, 71.9%, of nurse executives reward certification in their institutions through a variety of methods as identified in Table 6.

Table 6: Means Nurse Executives Use to Reward Certification

<table>
<thead>
<tr>
<th>Nurse Executives</th>
<th>Reward certification by...</th>
</tr>
</thead>
<tbody>
<tr>
<td>50%</td>
<td>Verbal Praise</td>
</tr>
<tr>
<td>44%</td>
<td>Pay for exam</td>
</tr>
<tr>
<td>37%</td>
<td>Post name and achievement</td>
</tr>
<tr>
<td>34%</td>
<td>Article in newsletter</td>
</tr>
<tr>
<td>31%</td>
<td>Notation on name badge</td>
</tr>
<tr>
<td>19%</td>
<td>Pay increase</td>
</tr>
<tr>
<td>13%</td>
<td>Promotion up clinical ladder</td>
</tr>
<tr>
<td>13%</td>
<td>Monetary Bonus</td>
</tr>
<tr>
<td>6%</td>
<td>Gift/Flowers</td>
</tr>
<tr>
<td>3%</td>
<td>Luncheon/Party</td>
</tr>
</tbody>
</table>

Certification Value

Nearly all nurse executives, 90.7%, feel nursing certification is valuable or very valuable to the nursing profession. Sixty-eight point seven percent of nurse executives feel nursing certification is valuable or very valuable to their institutions.

Certification Barriers

In contrast only 12.5% of nurse executives feel their institution strongly supports their position on nursing certification, 37.5% feel supported, and 34.4% feel somewhat supported. Nurse executives, 67.5%, reported barriers within their institutions that interfered with their ability to promote nursing certification as demonstrated in Table 7.
Table 7: Barriers Reported by Nurse Executives to Promoting Certification

<table>
<thead>
<tr>
<th>Nurse Executives</th>
<th>Barriers reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>55%</td>
<td>Monetary</td>
</tr>
<tr>
<td>45%</td>
<td>Lack of nursing interest</td>
</tr>
<tr>
<td>40%</td>
<td>Lack of research documenting impact of certification</td>
</tr>
<tr>
<td>20%</td>
<td>Lack of department supervisor’s support</td>
</tr>
<tr>
<td>10%</td>
<td>Lack of higher administration support</td>
</tr>
</tbody>
</table>

Inferential Statistics

Certified Nurse Executives

As previously noted 37.5% of nurse executives in this sample hold nursing certifications. Among nurse executives who are certified 83.3% promote nursing certification in their institutions. Of those nurse executives that promote certification in their institutions, 67% do so by paying for the exam, 33% pay for the course, 25% move nurses up the clinical ladder. This is in contrast to nurse executives who do not hold certifications where only 40% pay for the exam, 30% pay for the course, but only 5% move nurses up the clinical ladder.

Certified nurse executives reward certified nurses in their institutions differently as well as seen in Table 8.

Table 8: Differences in Reward between Certified and Non-Certified Nurse Executives
Large vs. Small Institutions

Data was broken down to see if any differences existed between large hospitals (250 beds or more) and small hospitals (less than 250 beds). Table 9 summarizes differences between certified nurse executives in large and small hospitals.

Table 9: Certified Nurse Executives and Differences Between Large and Small Hospitals

<table>
<thead>
<tr>
<th></th>
<th>Large Hospitals (&gt;250 beds)</th>
<th>Small Hospitals (&lt;250 beds)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certified nurse executives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>surveyed work in...</td>
<td>33.4%</td>
<td>66.6%</td>
</tr>
<tr>
<td>Reward with verbal praise...</td>
<td>70%</td>
<td>41%</td>
</tr>
<tr>
<td>Pay for certification exam...</td>
<td>60%</td>
<td>36%</td>
</tr>
<tr>
<td>Pay increase for certification</td>
<td>30%</td>
<td>14%</td>
</tr>
<tr>
<td>Pay for exam...</td>
<td>70%</td>
<td>41%</td>
</tr>
<tr>
<td>Pay for certification...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>preparation course...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whether nurse executives see</td>
<td></td>
<td></td>
</tr>
<tr>
<td>barriers within their...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>institution that interfere</td>
<td></td>
<td></td>
</tr>
<tr>
<td>with their ability to...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>promote certification...</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Wisconsin Nurse Executives 35
Value and Support

The significant t-test results (significance level <.05) which were found are as follows. Nurse executives who are certified (mean=4.00) are significantly more likely to work in institutions that support their position on certification than are non-certified nurse executives (mean=3.00)(p=.013). Executives who did not report barriers to certification promotion in their institutions (mean=4.27) were found to significantly place higher value on certification to the institution than those who reported barriers in their institutions (mean=3.45)(p=.008).

Tables 10, 11, and 12 illustrate the t-test data which looked for differences between institutions who reward and those who do not reward certification, nurse executives who are certified and those who are not, and between institutions who report and those who do not report barriers to certification promotion.

Table 10: Institutions Who Reward Certification vs. Those Who Do Not

<table>
<thead>
<tr>
<th></th>
<th>Institutions who reward certification</th>
<th>Institutions who do not reward certification</th>
<th>t-test (p)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>Mean</td>
<td></td>
</tr>
<tr>
<td>Value of certification to profession</td>
<td>4.17</td>
<td>3.78</td>
<td>(p=.163) Not Significant</td>
</tr>
<tr>
<td>Value of certification to institution</td>
<td>3.91</td>
<td>3.33</td>
<td>(p=.080) Not Significant</td>
</tr>
<tr>
<td>Institutional support of certification</td>
<td>3.61</td>
<td>2.78</td>
<td>(p=.060) Not Significant</td>
</tr>
</tbody>
</table>
Table 11: Differences Between Nurse Executives who are and Are Not Certified

<table>
<thead>
<tr>
<th></th>
<th>Nurse executives who are certified</th>
<th>Nurse executives who are not certified</th>
<th>t-test (p)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value of certification to the profession</td>
<td>4.33</td>
<td>3.90</td>
<td>(p=.098)</td>
</tr>
<tr>
<td>Value of certification to the profession</td>
<td>3.83</td>
<td>3.70</td>
<td>(p=.672)</td>
</tr>
<tr>
<td>Work in institutions who support their position on certification</td>
<td>4.00</td>
<td>3.00</td>
<td>(p=.013)</td>
</tr>
</tbody>
</table>

Table 12: Differences Between Institutions who Report and who do Not Report Barriers

<table>
<thead>
<tr>
<th></th>
<th>Institutions who reported barriers to certification promotion</th>
<th>Institutions who did not report barriers to certification promotion</th>
<th>t-test (p)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value of certification to profession</td>
<td>3.90</td>
<td>3.45</td>
<td>(p=.090)</td>
</tr>
<tr>
<td>Institutional support of certification</td>
<td>3.15</td>
<td>3.91</td>
<td>(p=.070)</td>
</tr>
<tr>
<td>Value of certification to the institution</td>
<td>3.45</td>
<td>4.27</td>
<td>(p=.008)</td>
</tr>
</tbody>
</table>

Research Question

The research question was: **How do nurse executives in Wisconsin acute care hospitals reward and promote nursing certifications in their institutions?** Of the participants surveyed, 65.6% of nurse executives promote nursing certification in their institutions. The majority, 50%, promote certification by paying for the exam, 31% pay for the preparation course, 13% move certified nurses up the clinical ladder, 6% hire certified nurses before uncertified nurses, 3% give paid time off to study.
Among those nurse executives who promote certification (as depicted in Table 5) 56% do so because certification demonstrates nursing knowledge in specialty area, 56% because certification recognizes attained skill in specialty practice area, 44% because certification shows interest in professional development, 44% because certification requires current knowledge in specialty area, 28% because certification improves patient outcomes, 13% because certified nurses deliver a higher quality of care, 13% because certified nurses tend to remain in specialty area of practice, 9% because certified nurses are more satisfied in their jobs, 9% because certification improves patient satisfaction.

As illustrated in Table 6, 71.9% of nurse executives reward certification in their institutions. Nurse executives reward nursing certification in a variety of ways; 50% verbal praise, 44% pay for exam, 37% posting name and achievement, 34% article in newsletter, 31% notation on name badge, 19% pay increase, 13% promotion up clinical ladder, 13% monetary bonus, 6% gift/flowers, 3% luncheon/party.

Ninety point seven percent of nurse executives feel nursing certification is valuable or very valuable to the nursing profession. Sixty-eight point seven percent of nurse executives feel nursing certification is valuable or very valuable to their institutions. Clearly, nurse executives in the state of Wisconsin do reward and promote nursing certification in their institutions.
Chapter 5: Summary, Conclusions, and Recommendations

Summary

This descriptive study yielded interesting information about the demographics of nurse executives in the state of Wisconsin, how they reward and promote certification in their institutions, the barriers they have within their institutions which impair their ability to reward and promote nursing certification, how certified nurse executives differ from non-certified nurse executives and how large hospitals differ from smaller ones in the area of nursing certification.

A brief summary of the descriptive data follows. The majority of nurse executives who responded to this survey hold advanced degrees and more than one third are certified in a nursing specialty. The majority of hospitals, 50%, were located in urban settings, 12.5% suburban, 37.5% rural.

The distribution of hospital beds was 59.5% had less than 200 beds, 40.7% had greater that 200 beds. Fifty-nine percent of hospitals surveyed did not have a formal policy regarding nursing certification demonstrating the informal presence of policies about nursing certification. In hospitals, where nearly everything is defined and evaluated by policies, the lack of policy on certification speaks volumes about the value it is given by hospital administration. Further, the majority, 87.5%, of hospitals do not require certification in any areas. Of the nurse executives surveyed 46.9% reported that less than 25% of their nurses were certified in a nursing specialty, 12.5% reported that greater than 25% of their nurses were certified. A surprising, 18.8% did not know how many certified nurses worked in their institutions.
Most nurse executives, 65.6%, promote nursing certification in their institutions, of these, the majority promote certification by paying for the exam. Those who promote certification do so because they believe certification demonstrates nursing knowledge in specialty area and it recognizes attained skill in specialty practice area.

Of nurse executives who responded to the survey, the majority, 71.9%, reward certification in their institutions. Nurse executives reward nursing certification in a variety of ways. The most common rewards were verbal praise and paying for exam. Most nurse executives feel nursing certification is valuable or very valuable to the nursing profession. Further, over two-thirds of these nurse executives feel nursing certification is valuable or very valuable to their institutions. However few of these nurse executives feel their institution strongly supports their position on nursing certification.

The majority of nurse executives, 64.5%, reported barriers within their institutions that interfered with their ability to promote nursing certification. The most common barriers reported were monetary barriers, lack of nursing interest, lack of research documenting impact of certification.

Among nurse executives who are certified 83.3% promote nursing certification in their institutions. The most common way certification was promoted was by paying for the exam. This is in contrast to nurse executives who do not hold certifications where only 40% pay for the exam. Nurse executives who are certified are significantly more likely to work in institutions that support their position on certification than are non-certified nurse executives (p= .013). This validates that certified nurse executives seek institutions that support their position on certification.
Larger hospitals were more likely to reward certification through verbal praise than were smaller institutions. Further larger hospitals were more likely to pay for the exam than were smaller hospitals. Interestingly two-thirds of nurse executives who were certified worked in institutions with less than 250 beds. Whether nurse executives see barriers within their institution that interfere with their ability to promote certification is nearly equal among the larger and smaller hospitals.

Conclusions

This data raises several questions. If most certified nurse executives work in small hospitals, and executives from large and small hospitals report equal barriers to certification promotion, why then do large hospitals give more verbal praise, more frequently pay for certification exams, and give more frequent pay increases for certification? Possible reasons for these discrepancies may be that larger hospitals have a larger budget for certification or that larger hospitals place a higher emphasis on reward of employees. It is possible that nurse executives who value certification in their institutions have found ways around the barriers reported by other executives, so that these executives have either removed barriers to certification in their institution or learned to navigate around them so that they no longer view them as barriers.

Among nurse executives who are certified, 83.3% promote nursing certification in their institutions. This author found it surprising that this number was not higher. If nurse executives find certification important enough to pursue for their own professional development, then one would think they would promote it among their staff.
Theoretical Framework

The theoretical framework for this study is Herzberg’s Work Motivation Theory (Herzberg, Mausner, & Snyderman, 1959). According to Herzberg’s theory, workers are motivated by the intrinsic characteristics of their jobs and may be made dissatisfied by the extrinsics of their job. Herzberg found that extrinsic work factors such as salary and job satisfaction are not enduring sources of motivation or satisfaction and may be sources of dissatisfaction. Whereas he found that people are satisfied by the intrinsics of what they do. Intrinsics are accurate recognition, the client relationship, control of resources, accountability, advancement, responsibility and personal growth. Herzberg found that workers are motivated by fulfillment of personal satisfaction needs such as responsibility, achievement, recognition and advancement. He found that workers become motivated and satisfied when they engaged in interesting, challenging work and are recognized in some way for their achievement.

Herzberg’s theory is supported by this study. Nurse executives report promoting certification by paying for the exam and paying for the preparation course. These promotion strategies are extrinsic motivators according to Herzberg and therefore may be short-term motivators. This study reveals that nurse executives move certified nurses up the clinical ladder which is recognized by Herzberg as the intrinsic motivator of advancement. Further, they hire certified nurses before uncertified nurses which is recognition which is also an intrinsic motivator.

Executives who reported promoting certification, because certification demonstrates nursing knowledge in specialty area would correlate with Herzberg in the area of recognition. Further they report promoting certification because it recognizes
Wisconsin Nurse Executives

attained skill in specialty practice and requires knowledge in specialty area both of these can be correlated with achievement. Nurse executives also reported promoting certification because it shows interest in professional development which can be correlated to advancement in Herzberg's theory.

Nurse executives reward nursing certification in a variety of ways through verbal praise, posting name and achievement, article in newsletter, notation on name badge, a gift/flowers, or luncheon/party all of these rewards are classified as recognition which is an intrinsic motivator in Herzberg’s theory. The rewards of paying for exam, a pay increase and monetary bonus are extrinsic motivators which may be shorter term. Promotion up clinical ladder, however is advancement and this too is an intrinsic motivator. Therefore, Herzberg's theory is supported because nurse executives use both extrinsic and intrinsic motivators to reward and promote nursing certification in their institutions.

Herzberg's theory needs to be further explored as a theoretical framework for nursing research in the areas of nursing administration and nursing job satisfaction. Research must be performed, in this time of nursing shortage, to examine what the intrinsic and extrinsic motivators are for nurses.

Recommendations

While the sample size for this research is small the data reveals useful information on the practices and rationale of nurse executives regarding certification. This research will be useful to other nurse executives who are responsible for developing policies, whether formal or informal, about nursing certification. It will help them to better understand the practices of other nurse executives. This research will be useful to nurses
who have pursued or are considering pursuing certification. It may help nurses more accurately examine the extrinsic as well as intrinsic rewards they may expect. Further, this study may help nursing certification organizations to better understand the rationale of nurse executives regarding certification and the barriers they find within their institution.

Further research needs to be done in the area of nursing certification. This study needs to be expanded to examine whether the trends found in this study are consistent across the United States. This author also would like to survey nurse executives and certified nurses within the same institution to explore the reality versus the perceptions of nurse executives and nurses about the reward and promotion of nursing certification. Perhaps a qualitative study or a study of mixed design could be conducted to gain further insight into the perceptions of these individuals.

If most certified nurse executives work in small hospitals, and executives from large and small hospitals report equal barriers to certification promotion, why then do large hospitals give more verbal praise, more frequently pay for certification exams, and give more frequent pay increases for certification? This area needs to be further researched to examine if the trends found in this study between large and small hospitals are consistent in other areas of the country. If so, why do these discrepancies exist between different size institutions?

Research in the area of nursing certification related to nursing education needs to be performed to examine whether nurse educators in staff development, nursing education and client education should be certified in a nursing specialty. Does
certification increase competence or perceived competence among co-workers, patients and students?

Research must be done to examine the impact of nursing certification on patient outcomes. Until this pivotal piece of research is performed the value (or lack of value) of nursing certification cannot fully be understood.

This research is the beginning of a little explored area of nursing. The practice of nurse executives profoundly impacts the way nurses view themselves, their practice, and the profession. A better understanding of the practices and rationale of nurse executives regarding certification will help nurses to navigate in their institutions and in the profession.
References


Dear Nurse Executive,

My name is Ann Marie Ronsman. I am a graduate student at Cardinal Stritch University in Milwaukee, Wisconsin. I am pursuing a master's degree in nursing education. Completion of a thesis project is one of the requirements of the program. I have chosen to focus my research on the topic of nursing certification. Research on nursing certification is in its infancy. Many different aspects of nursing certification need to be examined for the profession to gain a better understanding of the impact certification makes in specialty practice.

I would greatly appreciate your completion of the enclosed questionnaire on your views, your institution's views and the institutional policies regarding nursing certification. The questionnaire will take approximately 10 minutes to complete.

I have defined the terms in the questionnaire to provide clarity to the questions. They are as follows:

**Promote**- To contribute to the professional growth of or movement up the clinical ladder.

**Reward**- To repay; to compensate.

**Nursing certification**- as defined by the ANA “certification is a process by which a non-governmental agency or association certifies that an individual licensed to practice a profession has met a certain predetermined standards specified by that profession for specialty practice. Its purpose is to assure various publics that an individual has mastered a body of knowledge and acquired skills in a particular specialty.”

You may withdraw from this study at any time without penalty. Completion and submission of this survey indicates that you are giving your informed consent to participate in this study. Both you and your organization will remain anonymous and the data will remain confidential. All data will be reported in the aggregate.

You may contact me at any time with questions or concerns about the questionnaire or the research at (262) 251-2868. I have enclosed a stamped self-addressed envelope for return of the survey.

I would like to thank you in advance for taking the time to assist me in this endeavor.

Sincerely,

Ann Marie Ronsman, RN, BSN, OCN
Appendix B

Nursing Certification Survey

Please Return by August 15, 2001

1) Are you part of the decision making body responsible for making the decisions regarding institution policy of reward and promotion of nursing certification?
   ______ Yes    ______ No

   If no, please forward this survey to the person in your institution who makes these decisions.

2) If yes, how many people contribute to the decision making on nursing certification and what are their job titles? (See below)
   ______ 1-5 people
   ______ 5-10 people
   ______ 10 or more

3) What are the job titles of those people who contribute to decision making about nursing certification? (Check all that apply.)
   ______ Executive Director of Nursing
   ______ Vice President of Nursing
   ______ Vice President of Human Resources
   ______ Chief Executive Officer
   ______ Nursing Supervisor
   ______ Other (please list) ____________________

4) Your position ________________________

5) What is the location of your institution?
   ______ Rural    ______ Urban    ______ Suburban

6) How many beds are in your institution?
   ______ 100-150 beds
   ______ 151-200 beds
   ______ 201-250 beds
   ______ 251-300 beds
   ______ 301 or more beds

7) How many years of nursing administrative experience do you have?
   ______ 0-1 year
   ______ 1-3 years
   ______ 3-5 years
8) How many years have you held your current position?
   _____ 0-1 year
   _____ 1-3 years
   _____ 3-5 years
   _____ 5-10 years
   _____ 10-15 years
   _____ 15-20 years
   _____ 20 or more years

9) What is your educational background? (Check all that apply)
   _____ Associate Degree in Nursing
   _____ Bachelors Degree in Nursing
   _____ Masters Degree in Nursing
   _____ Masters Degree in Business Administration
   _____ Doctorate in Nursing
   Other

10) Are you certified in a nursing specialty?
    _____ Yes       _____ No (Skip to question 9)

   11) If yes, what certification do you hold?

12) Does your institution have a policy regarding nursing certification?
    _____ Yes       _____ No  (If yes, please include a copy)

13) What percentage of nurses in your institution are certified?
    _____ 0-5%       _____ 5-15%       _____ 15-25%       _____ 25-50%       _____ 50-75%       _____ 75-100%
    _____ Don’t know

14) Does your institution require nursing certification in any areas?
    _____ Yes       _____ No (Skip to question 17)

   15) If yes, in what areas do you require certification? (Check all that apply.)
       _____ Critical Care
       _____ Oncology
       _____ Emergency Room
       _____ Mental Health
       _____ Nursing Administration
       _____ Pediatrics
       _____ Occupational Health
       _____ Rehabilitation
16) Why is certification required in these practice areas? (Check all that apply.)

___ recognizes nurses attained skill in specialty practice area
___ requires current knowledge in specialty area
___ improves patient outcomes
___ improves patient satisfaction
___ demonstrates nursing knowledge in specialty area
___ certified nurses deliver a higher level of quality of care

Other

17) Does your institution promote those who have achieved nursing certification?

___ Yes   ___ No (Skip to question 20)

18) If yes, how is it promoted? (Check all that apply.)

___ hire certified nurses before uncertified nurses
___ certified nurses are moved up clinical ladder
___ pay for certification exam
___ provide paid time off to study
___ pay for preparation course

Other

19) Why did your institution decide to promote nursing certification? (Check all that apply.)

___ recognizes nurses attained skill in specialty practice area
___ requires current knowledge in specialty area
___ improves patient outcomes
___ improves patient satisfaction
___ demonstrates nursing knowledge in specialty area
___ certified nurses deliver a higher level of quality of care
___ shows interest in professional development
___ certified nurses are more satisfied in their jobs
___ certified nurses tend to remain in specialty area of practice

Other

20) Does your institution reward nursing certification?

___ Yes   ___ No (Skip to question 22)
21) How does your institution reward the nurses who achieve certification?
   (Check all that apply.)
   _____ posting name & achievement
   _____ notation on name badge
   _____ pay for exam
   _____ verbal praise
   _____ pay increase
   _____ luncheon/party
   _____ article in newsletter
   _____ gift/flowers
   _____ monetary bonus
   _____ promotion up clinical ladder
   Other _________________________________________________________
   ____________________________________________________________

22) On a scale from 0 to 5, where 0 means not valuable and 5 means extremely valuable, what is your personal opinion on the value of nursing certification to the nursing profession?

   0  1  2  3  4  5
   Not valuable                   Very valuable

23) On a scale from 0 to 5, where 0 means not valuable and 5 means extremely valuable, what is your opinion on the value of nursing certification to your institution?

   0  1  2  3  4  5
   Not valuable                   Very valuable

24) On a scale from 0 to 5, where 0 means does not support and 5 means strongly supports, how do you feel your institution supports your position on nursing certification?

   0  1  2  3  4  5
   Does not support             Strongly supports

25) Are there any barriers within your institution that interfere with the ability to promote nursing certification?

   _____ Yes     _____ No (If no, survey is complete)

26) If yes, what are those barriers? (Check all that apply.)

   _____ monetary
   _____ lack of higher administration support
   _____ lack of department supervisors support
   _____ lack of nursing interest
recognition of certification causes divisiveness within nursing staff
lack of research documenting impact of certification
Other


