Nursing Specialty Certification and Nursing-Sensitive Patient Outcomes in the Intensive Care Unit

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Abstract

Background To the public and to individual nurses, certification usually means expert, high-quality, competent nursing care. Little research, however, has yielded results that support, or refute, any differences in clinical practice between certified and noncertified nurses.

Objectives To determine whether the proportion of certified nurses on a unit is associated with the rate of nurse-sensitive patient outcomes.

Methods A nonexperimental, correlational, descriptive design was used to anonymously survey 866 nurses working in 25 intensive care units in Southeast Michigan. The Conditions for Work Effectiveness Questionnaire-II was used to measure workplace empowerment, and an additional question was asked about certification status. Outcome data were simultaneously collected on 3 nurse-sensitive patient outcomes: (1) rate of central line catheter-associated blood stream infection, (2) rate of ventilator-associated pneumonia, and (3) prevalence of pressure ulcers. Data were aggregated and analyzed at the unit level.

Results No significant relationship was found between the proportion of certified nurses on a unit and patients’ outcomes. The association between nurses’ perception of overall workplace empowerment and certification, however, was positive and statistically significant ($r=0.397, P=0.05$).

Conclusions Although a link between certification and nurse-sensitive outcomes was not established, the association between workplace empowerment and the proportion of certified nurses on a unit underscores the importance of organizational factors in the promotion of nursing certification.

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We recommend

Competence and Certification of Registered Nurses and Safety of Patients in Intensive Care Units
Deborah Kendall-Gallagher et al., Am J Crit Care, 2009

Critical Care Staff Nurses: Empowerment, Certification, and Intent to Leave
Joyce J. Fitzpatrick et al., Crit Care Nurse, 2011

Intensive Care Units, Communication Between Nurses and Physicians, and Patients’ Outcomes
Milisa Manojlovich et al., Am J Crit Care, 2009

Certification, empowerment, and intent to leave current position and the profession among critical care nurses.
Joyce J Fitzpatrick et al., Am J Crit Care, 2010
Automatic delirium prediction system and nursing-sensitive outcomes in the medical intensive care unit. Authors: Ha-young Cho Seoul St. Mary's Hospital. A total of 145 patients were involved prior to the system implementation and 172 were involved after implementation. Forty medical ICU nurses evaluated the system. The APREDEL-ICU system did not result in a reduction in the incidence of delirium. However, the nurses reported that their knowledge regarding delirium care increased after the system was introduced. The proposed system was successfully implemented without increasing the burden of nurses in their assessment of delirium risk. Long-term use of APREDEL-ICU could enhance preventive care and consequently result in positive patient outcomes. 

Factors influencing ICU patient outcomes: Age Medical Diagnoses Comorbid Medical Diagnoses ICU Length of Stay Nurse Staffing Summary. 13 13 16 18 20 23 25 27 30 30 30 30 31 31 32. Intensive care units (ICUs) are the most common area to provide critical care nursing. Three ICU categories, which are intensive care, premature/neonatal, and coronary care, account for about 90% of critical care beds in the United States and, currently more than 4 million patients are admitted to an ICU during a year (Halpern, Pastores, & Greenstein, 2004; Halpern & Pastores, 2010).