Does Certification Status of Oncology Nurses Make a Difference in Patient Outcomes?

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Purpose/Objectives: To test hypotheses that patients cared for by Oncology Certified Nurses (OCNs®) have superior outcomes compared to those cared for by noncertified nurses.

Design: Descriptive ex post facto.

Setting: A home care agency in the midwestern United States.

Sample: 20 nurses (7 certified and 13 noncertified) and charts for 181 of their patients.

Methods: Retrospective chart review.

Main Research Variables: Symptom management (i.e., pain and fatigue), adverse events (e.g., infection and decubitus ulcers), and episodic care utilization (e.g., visits to care facilities, admissions to care facilities, unscheduled home visits).

Findings: Contrary to hypotheses, the two groups did not differ with respect to assessment of pain at admission, number of pain assessments subsequent to admission, assessment of fatigue at admission, number of unplanned visits to care facilities, admissions to care facilities, and number of unscheduled home visits. As hypothesized, the OCNs® documented a higher number of postadmission fatigue assessments (p < 0.05). Contrary to hypotheses, patients of OCNs® had a greater number of infections and fewer documented instances of patient teaching regarding infection.

Conclusions: Little support was found for the hypothesis that nursing care by OCNs® results in superior patient outcomes in comparison to care by noncertified nurses.

Implications for Nursing: Further research is needed to examine the dimensions of clinical practice that may demonstrate the benefits of care by OCNs®.

Key Points . . .

➤ This study examines differences in nursing care provided by Oncology Certified Nurses (OCNs®) and noncertified nurses in a homecare setting.

➤ A retrospective chart audit was used to obtain patient demographic information, symptom management, incidence of adverse effects, and episodic care utilization by patients.

➤ The study failed to support the hypotheses that nursing care provided by OCNs® differed from that provided by noncertified nurses.

➤ Nursing continues to be challenged to demonstrate that certification makes a difference in patient outcomes.

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tecent reports by the Pew Health Professions Commission (1995, 1998) have been instrumental in making regulation of the healthcare workforce a critical public policy issue. Recommendations from these reports center around the need for greater public accountability in the areas of governance of health professions, scope of practice authority, and demonstration of continuing competence. Because specialty certification is the postentry level credential recognized by most healthcare professions, attention has focused on certification as a mechanism to ensure public access to competent providers. In many settings, certification has become a mandatory requirement for specialty practice and is used as a quality assurance indicator. In conjunction with this trend, the American Association of Colleges of Nursing (1996) has predicted that certification soon will be a mandatory requirement for advanced nursing practice. Despite trends toward mandatory certification, little research exists to support it. Studies must be done to describe the role of specialty certification in the delivery of quality care and attainment of desired patient outcomes. This area of research is especially critical at the present time because of increasing attention to specialty certification as a presumed indicator of clinical competence and quality care.

Recognizing the need for research in this area, the Board of Directors of the Oncology Nursing Certification Corporation (ONCC) created a committee to implement studies related to specialty nursing certification. Since its inception, the committee has been guided by the following question: “Does certification in oncology nursing make a difference?” As a first step, the committee conducted a nationwide study of ONS.

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