



The Alphabet Soup of Certifications and Credentials: *Part 1*

Beth A. Brooks, PhD, RN, FACHE

A long-standing and ongoing source of confusion for nurses relates to the issue of certification—the types of certifications, their number and value; the differences in clinical specialty and leadership board certifications; certifications versus certificates; and the multitude of certifying organizations and certifying exams. Questions I always hear from nurses are what is the best way to prepare for the board exam, and are the time and money spent really worth the investment. Employer remuneration and reimbursement policies continue to differ widely in areas such as promotions on a clinical ladder, 1-time certification bonus, base salary increase, paid time off to take the exam or attend a review course, and reimbursement (separate from tuition reimbursement) for exam and review course fees, study materials, required continuing education, and professional association membership dues.

Because my own board certification is as a Fellow of the American College of Healthcare Executives (FACHE), nurses ask why I chose this leadership certification, especially when the American Nurses Credentialing Center offers entry- and advanced-level nurse executive certification (NE-BC, NEA-BC), and the American Organization for Nursing Leadership's Credentialing Center offers nurse manager and leader (CNML) as well as nurse executive certification (CENP). After I explain my rationale, their next question is inevitably: "Okay, but then which certification should I complete?" Because there are so many options, my deeply profound answer is always: "Well, it depends." In this article, I provide guidance, but by doing so, and by way of disclaimer (isn't there always a disclaimer?), I am not recommending organization policy revisions (see Schumaker¹) or endorsing one certifying organization over another (see <https://www.nursingworld.org/organizational-programs/magnet/accepted-certifications/> for board certifications accepted by the Magnet Recognition Program[®]). Because others have researched the impact of board certification on organizational outcomes,²⁻⁴ my goal is to inform, so with knowledge, you can make the best decision to support your career goals.

WHAT EXACTLY IS CERTIFICATION?

Because professional licensing exams are described as the minimum competency requirement, many nurses

seek to achieve *board certification* (in addition to licensure), in order to demonstrate additional, specialized mastery or competency in a defined area of expertise. Upon attaining the professional experience required to be considered board certification eligible, the next step typically involves a self-assessment, based on a set of nationally established standards, to determine whether you have the requisite skills and knowledge in a particular specialty. The established standards, which are determined by a profession-wide consensus-building process (i.e., role delineation and job analysis), result in an outline of the required, legally defensible knowledge and skills. From this outline, a psychometrically valid certification exam is created, with certification awarded by a third-party, standard-setting organization that also requires ongoing continuing education for renewal.

Upon successful completion, board certification should be listed in the certification section of a resume or curriculum vitae (CV). The most sought-after certification exams are themselves certified by organizations such as the Accreditation Board for Specialty Nursing Certification. Successfully passing a board certification exam from an accredited certification program indicates the nurse has the knowledge, skills, and competency for quality practice in that specialty. Certifying organizations that are themselves accredited are the "gold standard," meaning the mark of quality when deciding which type of certificate to pursue that has national relevance and currency.

Certificate programs, on the other hand, are generally of 2 types. The first are training course(s) that are designed to provide specific working knowledge about a certain topic, concluding with some sort of evaluation or exam, certificate, or continuing education contact hours. These are certificates awarded by employers (e.g., chemotherapy administration) or by for-profit companies (e.g., a vendor or an education company) (I refer to them as proprietary certificate programs that do not result in board certification). Not long ago, I met a group of nurses who had completed a certificate program offered by a case management company. They asked how to list their board certification credential after their names. I said that while, yes, they could list their credentials after their name, they shouldn't be surprised if they found the credential was only relevant to their current employer and to the company that offered

the program. I also had to inform them that they were not in fact board certified because the company offering the certificate program was not accredited, the course content was not based on professionally established, national standards, nor legally defensible. Having invested both time and money on the certificate program, these nurses were disappointed to learn they were not board certified and that the certification may have little or no relevance outside their own organization. So, buyer beware; just as you would not attend a nonaccredited degree program, be sure you know in advance whether the certificate program is accredited.

The second type of certificate program, while it may be worth considering because it may help in preparing to take a board certification exam, also does not result in “board certification” or “certification.” These are certificates awarded by institutions of higher learning (regionally accredited to award degrees) that typically charge academic tuition and fees. Students earn academic credit that appears on a transcript, and upon completion, the certificate should be listed in the education section of a resume or CV. Smart higher education institutions consider the nationally established standards for board certification when developing these certificate (and degree) program curricula so students can use coursework as a form of exam preparation. But I always suggest comparing the board exam content outline with the certificate program coursework, just to be sure. Again, only an accredited certification exam provider awards the actual board-certified credential. To better understand the intricacies of credentials, see Credential Engine, a nonprofit organization working to create standard definitions and greater clarity.

WHY SHOULD I BECOME CERTIFIED?

Nurses typically decide whether or not to become board certified for professional reasons. Professionals are exposed to normative pressures, in part because of their shared experiences such as similar training, expressed codes of conduct, and shared values and beliefs about the appropriate action to take. Social identity theory suggests that an individual’s self-identity is shaped and reinforced through social categorization and the desire to align with others along common categories in order to achieve feelings of self-esteem and legitimacy, to distinguish themselves from out-group members, and to belong to a group that adheres to the norms, behaviors, and beliefs of the group.⁵ Human capital theory predicts people will make investments in their knowledge, skills, and abilities (KSAs) in pursuit of increased returns from the use of their human capital in the labor market.⁶ These theories explain that because board-certified nurses feel their expertise has been validated, they are therefore more confident, proficient, and “in the

know.” Board-certified nurses often realize increased earnings and career opportunities, have more career mobility, are continually learning (which is required for certification renewal), and have accomplished what many believe is an essential step in their professional development.

Organizational reasons to become certified can be explained by the institutional theory dimension of normative isomorphism,⁷ which suggests that as members of a profession, professionals may share similar beliefs about the value of a credential, especially if it was promoted and recognized by the leading professional association dedicated to the advancement of their profession. On the basis of signaling theory,⁸ others speculate that board certification provides employers with stronger signals about employees’ KSAs than one’s college degree. Organizations are realizing that the continued learning required for recertification is an organizational asset, which is why they have begun to screen for board certification during the hiring process—it usually means higher quality and more engaged employees along with better patient outcomes.

WHEN SHOULD I BECOME CERTIFIED?

The short answer is as soon as you can meet the eligibility criteria and have achieved the necessary hours of work experience. Check with your organization’s human resources department to learn which aspects are reimbursable. Find other colleagues who are also interested in becoming certified to create a study group. Check with your nursing staff development department to learn about available review courses (offered inside or outside your organization), study groups, and any group discounts on exam fees (offered by many certifying organizations). Talk to colleagues who have your desired certification and ask them about exam prep and difficulty. Some certifying organizations will require sponsors or endorsers in order for you to take the exam—network (see last month’s column⁹) to locate colleagues who are willing to serve in this capacity. One of the hardest decisions is which board certification to pursue. My answer again is going to be “it depends”—on the stage you are at in your career, whether you plan on attending graduate school and in which discipline, and what the ultimate leadership role you aspire to is. I began my career board certified in a clinical specialty, but over time, I pursued a career in leadership, so board certification in leadership replaced my clinical specialty.

CONCLUSION

When I started writing this column, I planned to clarify certification confusion and to describe how to appropriately list board certification credentials after one’s name. But answering the questions I am most often

asked filled this month's column. So next month, I will provide greater detail on how to list board certification credentials on business cards, resumes, and CVs.

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