Oncology Issues

ISSN: 1046-3356 (Print) 2573-1777 (Online) Journal homepage: https://www.tandfonline.com/loi/uacc20

Measuring Competence in Oncology Nursing

Cynthia Miller Murphy & Kristine Turner Story

To cite this article: Cynthia Miller Murphy & Kristine Turner Story (1998) Measuring Competence in Oncology Nursing, Oncology Issues, 13:1, 21-25, DOI: 10.1080/10463356.1998.11904730

To link to this article: https://doi.org/10.1080/10463356.1998.11904730

Published online: 18 Oct 2017.

Measuring Competence in Oncology Nursing

Even as some institutions replace their oncology-certified nurses with unlicensed assistive personnel, most hospitals—as well as many payers and patients—are realizing the importance of specialty knowledge and credentialing in oncology for nurses.

by Cynthia Miller Murphy, R.N., M.S.N., C.A.E., and
Kristine Turner Story, M.S.N., O.C.N., A.R.N.P.

In an era of health care restructuring, the public has become increasingly concerned about the quality of services provided in their local physicians' offices and health care institutions. Alarmed by reports in the media of extreme cost-cutting measures and treatment errors, health care consumers are becoming educated about what defines quality care and how to demand it from their health care providers. Health care providers, in turn, are realizing that a valued reputation for quality services within the community is a competitive advantage both in the marketplace and in working with payers.

In 1996 the American Hospital Association conducted thirty-one focus groups of adults in communities in twelve states. More than 300 adults from a representative sample of socioeconomic and ethnic backgrounds were interviewed. This AHA focus group research revealed that nursing care is considered by the public to be a key indicator of the quality of hospital care.[1] For many consumers of oncology care, perception of quality is embodied within the oncology nurse, who is often the patient's primary point of contact, mapping out the patient's plan of care, providing education, and offering psychosocial support, in addition to administering clinical care. The oncology nurse provides care around the clock, spends significant time with the patient and family, and in many cases knows the needs of the patient better than any other professional care provider.

Patients and families have an expectation that nurses who provide care are experienced and knowledgeable in the science, technology, and human toll of cancer. Understanding the complexities of tumor growth and multiple treatment modalities, the clinical research process, and psychosocial and financial advocacy needs, as well as interpreting these complexities at a level of patient understanding, are just a few of the fundamental competencies of an oncology nurse. This basic knowledge is measured by the oncology nursing certification process as a method of measuring expertise.

As the restructuring of health care continues to evolve, experts predict that while cost containment will remain a major focus, quality will also remain a priority.[2] As reported by the Pew Health Professions Commission Task Force on Health Care Workforce Regulation, the public is calling for improved accountability through disclosure of health practitioner information so that consumers can make informed choices about their care.[3]

Cynthia Miller Murphy, R.N., M.S.N., C.A.E., is the deputy executive director of the Oncology Nursing Certification Corporation in Pittsburgh, Pa. Kristine Turner Story, M.S.N., O.C.N., A.R.N.P., is president of the Oncology Nursing Certification Corporation and an adult nurse practitioner with Internal Medicine Midwest in Omaha, Nebr.

THE GROWTH OF ONCOLOGY NURSING CERTIFICATION

Certification is one form of establishing standardized credentials that seek to measure competence.[4] Nursing certification is the process by which a nongovernmental agency validates, based upon predetermined standards, the qualifications and knowledge of practice in a defined functional or clinical area of nursing. Certification publicly attests to the achievement of specific qualitative or quantitative attributes or characteristics.[5] In business terms, certification is an indication of added value. Nursing certification assures hospital and/or physician employers, payers, and the public that an individual has mastered a body of knowledge and has acquired skills in a particular specialty. A voluntary process, certification differs from licensure, which is a state regulatory mandate for all who practice in nursing.

Certification in a specialty is respected and valued among health care providers, employers, payers, and consumers. Specialty certification of physicians has been held in highest demand. For many years, physicians were granted hospital privileges based on board certification or board eligibility. Managed care payers seek out board-certified physicians to participate in their networks. Managed care networks consider the inclusion of specialty-certified physicians within their ranks to be a marketing advantage. Consumers, in turn, have learned to value board certification for this group of professionals.

To date, nursing certification has

not received the same recognition or acquired the same degree of prestige as board certification in medicine. One reason may be that nursing certification is relatively young compared to physician certification. The first nationally recognized medical specialty board (ophthalmology) was established in 1917. The American Board of Medical Specialties (ABMS), the joint organization of approved medical specialty boards, was founded in 1933.[6] Medical oncology was established as a subspecialty of the American Board of Internal Medicine in 1972, with the first administration of the certification examination in medical oncology in 1973.

In contrast, the first certification in nursing dates back to 1946 when the American Association of Nurse Anesthetists developed its certification program. During the 1970s and 1980s, a plethora of national specialty nursing certifications was established. There are now eighty-one specialty nursing certifications awarded by thirty-four organizations.[7] The American Board of Nursing Specialties (ABNS), the standard-setting umbrella organization comparable to ABMS, was not established until 1991. Presently, fifteen specialty nursing certification boards, representing thirty-six certification examinations, are recognized by ABNS.

Another reason for the lack of attention to nursing certification may be the difference in the ways physicians and nurses are reimbursed for care provided. Historically, physicians have become certified for more extrinsic reasons than most nurses. The emphasis on physician specialty has been driven by payers, regardless of fee-for-service, HMO, PPO, or any other payment plan. Conversely, nurses are the "invisible" care providers. Often rolled into the room fee or the "technical" visit code, the professional accountability of nurses is fiscally unrecognized and therefore deemed less important. As a result, nurses have often become certified for more intrinsic reasons, such as self-satisfaction.[8]

The organization of nurses within the oncology specialty began with the establishment of the Oncology Nursing Society (ONS) in 1975. The process of developing oncology nursing certification was initiated in 1980. The Oncology Nursing Certification Corporation (ONCC), an allied organization of the ONS, was incorporated in 1984 and administered the first examination in 1986. Advanced oncology nursing certification was established in 1995 for oncology nurses with graduate education in nursing who function in advanced nursing roles, such as nurse practitioners and clinical nurse specialists. As of November 1997, 18,502 nurses hold the O.C.N. credential and nearly 800 have earned the A.O.C.N. credential.

More and more, hospital and physician employers, payers, and consumers are recognizing the importance of specialty knowledge and credentialing in oncology for nurses as well as for physicians. A gradual shift has occurred over the past decade; more emphasis is being placed on nursing certification in the various health care settings. This shift is already evident in the use of advanced practice nurses or nurse practitioners who can provide services—such as performing physical exams, diagnosing and treating common acute illnesses and injuries, managing chronic conditions such as hypertension and diabetes, and counseling patients on disease prevention—at a lower cost than can be provided by physicians.[9] Nearly all states require that advanced practice nurses hold specialty certification to practice and receive third-party payment for services. Competition among payers and health care institutions, intensified by consumer awareness and the demand for competent care providers, has also increased the demand for certified nurses practicing at a basic level.

WHY CERTIFICATION?

There are several compelling reasons for maintaining a certified oncology nursing staff. Foremost among them involves the decrease in the number of nurses in clinical practice. Due to downsizing in most institutions, fewer professional nurses are caring for more patients. What's more, payers have determined that only the most acutely ill patients are hospitalized, and many critically ill patients can be found on general rather than intensive care units. With sicker patients and fewer nurses, the nurses who are caring for patients must be knowledgeable and competent.

Oncology nursing certification is awarded at two levels, basic (O.C.N.) and advanced (A.O.C.N.). The difference in the two levels lies in the educational preparation of the certified nurse and the role that the nurse fulfills.

Eligibility Criteria for O.C.N. Certification:

- R.N. license
- 30 months' experience as a registered nurse
- 1,000 hours of oncology nursing experience

Beginning in the year 2000, a bachelor's or higher degree in nursing will be required. This requirement is consistent with positions established by the American Nurses' Association (ANA) and supported by other professional nursing organizations, including ONS. The requirement for a bachelor's degree for basic level certification is a standard required by the American Board of Nursing Specialists (ABNS).

Eligibility Criteria for A.O.C.N. Certification:

- R.N. license
- 30 months' experience as an R.N.
- 2,000 hours of experience in oncology nursing
- A master's or higher degree in nursing. This requirement is also consistent with positions established by the ANA, ONS, and ABNS. (Nurse practitioners who hold a bachelor's degree in nursing may take the examination prior to the year 2000.)

The content of the A.O.C.N. examination is broader and more in depth, including information on the various roles that the advanced practice nurse may assume in the clinical setting (e.g., educator and researcher). A.O.C.N. examination also requires a high level of knowledge in areas such as pathophysiology and pharmacology.

In some institutions, oncology-certified nurses are being replaced by unlicensed assistive personnel (UAP). For the most part, UAP are not educated beyond high school and have no training in health care except for the few hours of orientation provided by their employing institutions. Consumers are aware that nurses are being replaced by unskilled personnel who are paid less and cite hospitals' profit motive as the likely reason.[10] On the other hand, nurses who have sought certification as a professional goal are clearly advocates for excellence in cancer care. When given the choice, consumers will select health care facilities that they perceive to value this kind of quality over the bottom line.

The benefits of certification are many and extend beyond the patient to the nurse and the nurse's employer. A recently published study by Redd and Alexander[11] indicates that nurses with specialty certifications perform at a higher level of professional standards than those nurses without certifications. The study compared supervisors' evaluations of six dimensions of job performance of certified and non-certified nurses. The performance scores of certified nurses were higher than those of the noncertified nurses on all dimensions, including planning/evaluation, teaching/collaboration, leadership, critical care, interpersonal relationships, and professional development.

The competence of the professional nursing staff in all health care settings is critical to the welfare of patients. Nurses have always and will continue to make independent decisions about care provided to patients. Nurses coordinate the care, collaborate with multiple professionals, such as physicians, social workers, and pharmacists about the care, provide the clinical care and delegate care to lesser skilled providers, and educate the patient to maximize benefits of the care. Oncology nursing has evolved into a highly sophisticated specialty with continuous new developments in primary treatments and management of symptoms resulting from both disease and treatment. A refined knowledge, proficient skills, and a high degree of competence are essential to provide adequate patient care in all settings.

Keeping Certification Valid and Up-to-Date

An essential validation of any certification examination is its link to current practice. The Oncology Nursing Certification Corporation (ONCC) has implemented an empirical approach to oncology nursing practice analysis for both the O.C.N. and A.O.C.N. examinations and based the content of the examinations on the empirical data obtained. An analysis for each level of practice is repeated every three to five years to ensure that each examination represents current practice. All test questions are written by practicing oncology nurses, representing all geographical areas of the country, oncology subspecialties, and care settings. New questions are written annually and new forms of the examinations are generated twice each year. Test questions undergo rigorous pretesting and statistical analysis. Questions that do not perform well when pretested are not used. Psychometrically sound methods, such as the Angoff, are used to set the passing scores for the examinations.

To assess the continued competence of certificate holders, certified nurses must successfully retest every four years to maintain their credentials. No other currently available method of recertification, particularly the accrual of continuing education hours, provides the same guarantees as testing. Valid, reliable, and objective tests are legally defensible measures that provide information as to whether or not a nurse can use a knowledge base to make appropriate clinical decisions.* If challenged in court as to why certification was awarded, the passing of an objective test is defensible as a reason to award certification, whereas the accrual of continuing education hours may not. ONCC's recertification rates are comparable to those of specialty boards that provide certificate holders with the option of continuing education accrual or retesting. Approximately 70 percent of oncology-certified nurses choose to recertify.

Within the next several years ONCC will offer O.C.N. examination via computer adaptive testing (CAT). This method of testing offers each candidate an individually tailored examination and provides a more accurate estimation of the candidate's ability than traditional paper and pencil testing. CAT also offers automated data collection and reporting, enhanced security, and greater convenience.

*Murphy CM. Assuring continued competence. *ONCC News*. Special Issue, p.8, December 1996.

REFERENCES

[1]American Hospital Association. *Reality Check: Public Perceptions of Healthcare and Hospitals.* Chicago: AHA, p. 8, 1997.

[2]Safriet B. Marketing the value of certification in an era of health care restructuring. Presentation at the Oncology Certified Nurse Recognition Breakfast, New Orleans, La., May 3, 1997.

[3]Pew Health Professions Commission Taskforce on Healthcare Workforce Regulation Summary Report, September 1995.

[4]Nielsen B et al. Certification for oncology nurses: Maturity of a discipline. *J Cancer Ed* 5(2):99-102, 1990.

[5]del Bueno D. The promise and reality of certification. *Image J of Nurs Sch* 20(4):208-211, 1988.

[6]American Board of Medical Specialties. 1996 *Annual Report and Reference Handbook.* Evanston: American Board of Medical Specialties, p. 54, 1996.

[7]Stromberg M et al. *A Report of the State of the Knowledge Conference on Nursing Certification.* Submitted for publication March 1997.

[8]ONCC. Unpublished results of survey conducted July 1996.

[9]American Association of Colleges of Nursing. *Fact Sheet: Nurse Practitioners: The Growing Solution in Health Care Delivery,* p. 3, May 1997.

[10]American Hospital Association. *Reality Check: Public Perceptions of Healthcare and Hospitals,* 1997.

[11]Redd ML and Alexander J. Does certification mean better performance? *Nursing Management,* p. 45-49, February 1997.

Members of the interdisciplinary cancer care team share their views on oncology nursing.

Dr. Lloyd A. Shabazz is medical director for the NorthBay Cancer Center in Fairfield, Calif.

Simply put, my practice would suffer if we did not employ oncology-certified nurses. I consider the O.C.N. a minimum standard for the professional oncology nurse. The process of certification provides a measure of assurance that a basic level of knowledge in general oncology practice has been achieved by the certified nurse. That knowledge is both practice and education based.

Oncology-certified nurses participate on a much higher level of interaction. When discussing particular patients with oncology-certified nurses, I don't have to explain myself. For example, when discussing a new agent such as topotecan, the nurse knows the mechanism of action and the main side-effect profile of the medication. The more a nurse knows, the less time I have to spend defining terminology.

Oncology-certified nurses share their knowledge with patients and families. An oncology-certified nurse is able to sit down with patients and review the treatment plans, answer questions, and discuss supportive care measures. I am confident that the answers given are accurate and, for the most part, what I would tell patients myself. When physicians call my office to speak with me, if I am not here, they always ask for my lead oncology-certified nurse. They know from previous interaction that she is able to function on a higher level, and that makes everyone more comfortable. I don't see how an oncology program could operate without oncology-certified nurses.

An oncology-certified nurse is a resource, and also a mentor, for other R.N.'s on staff. All the R.N.'s who work with me are in the process of becoming certified, if they have not already done so. I encourage them to continue to learn and improve, and they are given time and support to attend professional nursing oncology conferences. Nurses should be encouraged to participate in continuing education.

Oncology treatment is a dynamic process that is constantly evolving. Certification requires nurses to stay abreast of new developments. I appreciate qualified people working with me so I can spend less time instructing my nurses and more time managing my patients.

Susan Stewart is editor of the Blood and Marrow Transplant Newsletter *in Chicago, Ill., and a cancer survivor.*

It's common for cancer patients, when first diagnosed, to assume their physicians will be the primary source of information about their disease and treatment. What I soon discovered, after being diagnosed with acute myelogenous leukemia in 1988, undergoing chemotherapy in August of that year, and then receiving an autologous bone marrow transplant in January 1989, is that the oncology-certified nurse plays just as significant a role in the life of a cancer patient.

Whereas physicians tend to visit the oncology or transplant units for a few hours a day, in an ideal setting oncology-certified nurses are on the units twenty-four hours a day. They have the training and experience—and the time—to recognize symptoms of what could potentially be serious problems and react to them quickly. During my treatment, several emergencies required immediate attention—I went into shock and had a seizure—and I'm not sure that someone with less training would have been able to react as quickly and appropriately as my oncology-certified nurse did.

I was lucky—I had nearly constant access to an oncology nurse during my treatment. But there were times when I knew what it felt like to be in the care of someone less qualified. I was always uneasy when being wheeled down to the X-ray lab, where occasionally the technicians would adjust my infusion pump. I knew I didn't have the medical knowledge to handle it properly if something went wrong, and I'm quite certain that they didn't.

Another event in my life has made me appreciate the expertise of the oncology-certified nurse. When I had a child four years ago, I experienced some complications that required a blood transfusion with CMV negative blood. The nurses on the maternity ward were unsure about how to attach a special filtering device for such a transfusion. Several times they would mis-start the line, which was unnerving for someone in need of blood and feeling pretty poorly as a result. I was not assuaged when nurses who had dealt with similar cases (but who were not oncology nurses either) were consulted, but couldn't offer much advice themselves. In my experience, it's not a good idea to have people who aren't trained in oncology doing oncology work. Patients are left vulnerable, fearful, and in doubt.

Susan Baird, R.N., M.P.H., M.A., is vice president of publications with Meniscus Limited in Bala Cynwyd, Pa., and former director of nursing and patient care services at Fox Chase Cancer Center in Philadelphia, Pa.

Managed care is certainly having an impact on oncology, and as a result, the placement of oncology-certified nurses in oncology practice. Nursing administrators are faced with restructuring a nursing paradigm that includes a mix of

skilled and unskilled personnel. The increase of licensed practice nurses and unskilled assistive personnel will certainly change oncology nursing, but not necessarily threaten it as new practice models are implemented and evaluated.

However, many of the threats to professional nursing derive from the profession itself. At this time there is still no definitive education program model for nursing. The avenues through which an individual can enter the nursing profession range from a nursing diploma school to programs at the bachelor and master levels. State regulation of nursing is also unclear. The levels of restrictiveness in regulating health care professionals through practice acts vary from profession to profession and from state to state, complicating delegation and accountability.

The nursing community must determine what the core values of nursing are. Nurses must realize that it's not what they do, it's what they know, and how they apply their knowledge in clinical practice.

What is the future of oncology nursing? No one has all the answers. Nurses should, however, work collaboratively with their physician colleagues to clarify the role of the nurse in oncology practice. If we look realistically at the training people need to have, and give them that training, but also retain the value of what the nurse does, we can find solutions that benefit physicians, nurses, administrators, and patients.

Ryan Iwamoto, A.R.N.P., M.N., A.O.C.N., is a clinical nurse specialist within the Department of Radiation Oncology, Virginia Mason Medical Center, Seattle, Wash.

Certification is an important process for professional recognition and for setting a standard for consumers of oncology care to recognize. In my work as a clinical specialist in radiation oncology, it has been important to keep abreast of advances in the specialty of radiation oncology as well as in the field of oncology in general. Consumers expect health care providers to be knowledgeable, competent, and responsive to their needs. Certification is one way of demonstrating this knowledge and commitment to the consumer.

But certification does more than demonstrate knowledge. Oncology certification at both basic and advanced levels confirms a nurse's ability to apply that knowledge in the practice setting. Certainly recall knowledge is the foundation of any learning. However, applied knowledge, the practice of reviewing data and making a decision about the next action, is an important part of oncology nursing and is tested at both the O.C.N. and A.O.C.N. levels. Whenever an advanced oncology nurse determines the appropriate diagnostic tests to order, given a specific set of lab values and other data, he or she is using applied knowledge. Similarly, whenever an oncology-certified nurse judges the most appropriate wound dressing for a patient, he or she is also using applied knowledge. It makes sense that individuals with these responsibilities be tested on their knowledge but also their practice application.

Prior to the availability of the advanced oncology certified nurse examination, there was no certification available for advanced practice in oncology nursing. The Clinical Specialist in Medical-Surgical Nursing (American Nurses Credentialing Center) was the closest examination available. For several years I have maintained this certification. The A.O.C.N. certification now complements my clinical specialist certification by specifically recognizing my practice in oncology nursing.

Certification also demonstrates a commitment to the specialty of oncology nursing. Through certification, collectively oncology nurses strengthen the specialty and assure that expertise in the field of oncology nursing will continue to grow to meet the needs of the consumer as well as the profession.

James C. Chingos, M.D., is medical director of the Cape and Islands Regional Cancer Center in Hyannis, Mass.

Oncology nursing certification elevates the expertise of nurses who work with oncology patients. Through the certification process, nurses develop a discerning knowledge base, and they also gain a deeper level of understanding into the physical and psychosocial effects that cancer can have on patients and their families. This understanding is vital for oncology nurses who are often a patient's initial link to the cancer treatment process.

At the Cape and Islands Regional Cancer Center, I have strongly promoted oncology nursing certification as a fundamental component of oncology practice. Our case management system, which relies heavily on an interactive, collaborative physician-nurse relationship, could not be supported without oncology-certified nurses. Physician-nurse teams are established to work together in the management of patients; however, the nurse operates with a high level of autonomy, taking the lead in areas such as symptom management and pain control, in addition to acting as a liaison to home care agencies and hospice. Each team is then paired with another physician-nurse team to ensure back-up coverage and collaboration. Oncology nursing certification ensures commensurate knowledge, ability, and performance among nurses.

At this point, oncology nursing certification is not a prerequisite for employment at our hospital. However, any institution that aims to develop a legitimate cancer program that excels both in terms of the quality of care provided and the experience and knowledge of the clinical staff—especially nurses—should strongly promote oncology nursing certification.