

The Value of Accreditation for Continuing Nursing Education: Quality Education Contributing to Quality Outcomes

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Abstract

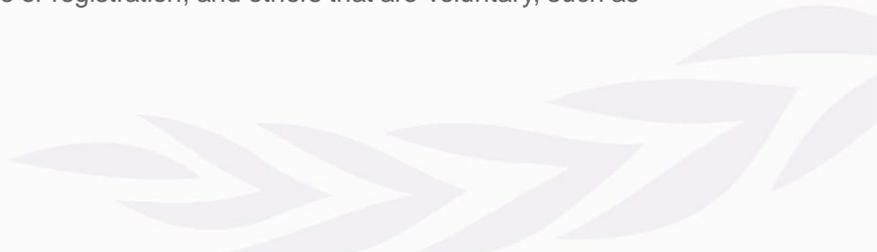
Obtaining continuing nursing education has long been an expectation for the ongoing professional development of the registered nurse. Accreditation for providers and approvers of continuing nursing education has been available since 1974. Given the focus on quality outcomes and the need for safe patient care in the contemporary healthcare environment, registered nurses need opportunities for professional development that enhance their ability to provide safe, high-quality care. Accreditation provides evidence of the quality of education that supports nursing professional development.

KEY WORDS: continuing nursing education, quality, value, outcomes

The Context for Accreditation within the Credentialing Process

Continuing education is defined by the Nursing Professional Development: Scope and Standards of Practice (American Nurses Association [ANA] & National Nursing Staff Development Organization [NNSDO], 2010, p. 83) as “systematic professional learning experiences designed to augment the knowledge, skills, and attributes of nurses and therefore enrich the nurses’ contributions to quality health care and their pursuit of professional career goals.” Similarly, the American Nurses Credentialing Center (ANCC) defines continuing nursing education activities as “those learning activities intended to build upon the educational and experiential bases of the professional RN for the enhancement of practice, education, administration, research, or theory development, to the end of improving the health of the public and RN’s pursuit of their professional career goals” (2011, p. 106).

Accreditation of continuing nursing education occurs within the broader context of credentialing. Credentialing has been defined by both ANA and the International Council of Nurses as a process used to designate that a recognized entity has met established standards as determined by a governmental or nongovernmental agent qualified to carry out development and implementation of these standards (Styles, 1999). Credentialing includes processes that are mandatory, such as licensure or registration, and others that are voluntary, such as certification and accreditation.



Accreditation is the voluntary process by which a nongovernmental agency or organization appraises and grants accredited status to institutions and/or programs or services that meet predetermined structure, process, and outcome criteria (ANCC, 2011). Purposes of accreditation include establishing and maintaining criteria based on best-available evidence, recognizing organizations that have met criteria, holding organizations accountable for consistently adhering to criteria during the period of accreditation, supporting accredited organizations in providing evidence of outcomes, and providing evidence to consumers and to the public that accredited organizations are functioning according to quality standards.

History of Accreditation in Continuing Nursing Education

Accreditation for continuing nursing education in the United States was first established in 1974 by ANA. Criteria were developed to recognize continuing nursing education providers and approvers at the state, regional, and national levels (DeSilets, 1998). When ANCC became a separately defined organization in 1991, accreditation and other credentialing activities were moved from ANA to ANCC. Since that time, the program has continued to evolve, adapting to changes in the healthcare environment and the needs of registered nurse learners.

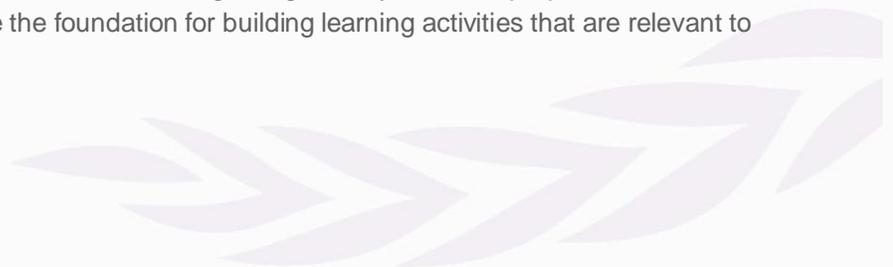
ANCC, the world's largest and most prestigious nurse credentialing organization, embraces quality in all its credentialing services. To that end, it is the only nurse credentialing organization that has undergone rigorous external analysis and successfully achieved ISO-9001-2008 certification in the design, development, and delivery of global credentialing services and support products for nurses and healthcare organizations.

Foundations for Continuing Nursing Education

The necessity for continuing nursing education is well established. First, the *Code of Ethics for Nurses With Interpretive Statements* (ANA, 2001) contains a provision that the nurse has the responsibility to maintain competence and continue personal and professional growth. Professional growth in knowledge development and skill acquisition requires a commitment to lifelong learning, which includes continuing education as well as advanced academic education, certification, and activities that support competent professional practice.

Second, the *Nursing Professional Development: Scope and Standards of Practice* is based on the premise that “nursing professional development is a vital phase of lifelong learning in which nurses engage to develop and maintain competence, enhance professional nursing practice, and support achievement of career goals” (ANA & NNSDO, 2010, p. 1). The model of nursing professional development put forth in the standards includes components of orientation, in-service education, competency programs, academic partnerships, research and scholarship, and career development and role transition, as well as continuing nursing education. Within the standards, continuing nursing education is defined as “systematic professional learning experiences designed to augment the knowledge, skills, and attitudes of nurses, and therefore enrich nurses’ contributions to quality health care and to their pursuit of professional career goals” (p. 43).

Third, adult learning principles (Knowles, 1973, 1990; Knowles, 1984; Jarvis, 1985; Merriam, 2001; Merriam & Caffarella, 1991; Senge, 1990, 2006) support the need for learning that goes beyond initial preparation for practice. Thorough needs assessments provide the foundation for building learning activities that are relevant to



learners, build on previous learning, and relate to real-world application. Learners are self-motivated and learn best when they are actively engaged in the learning process. Continuing education enhances previous learning, enables learners to keep up with contemporary changes, and supports transfer of knowledge from setting to setting.

The Imperative for Quality and Consistency

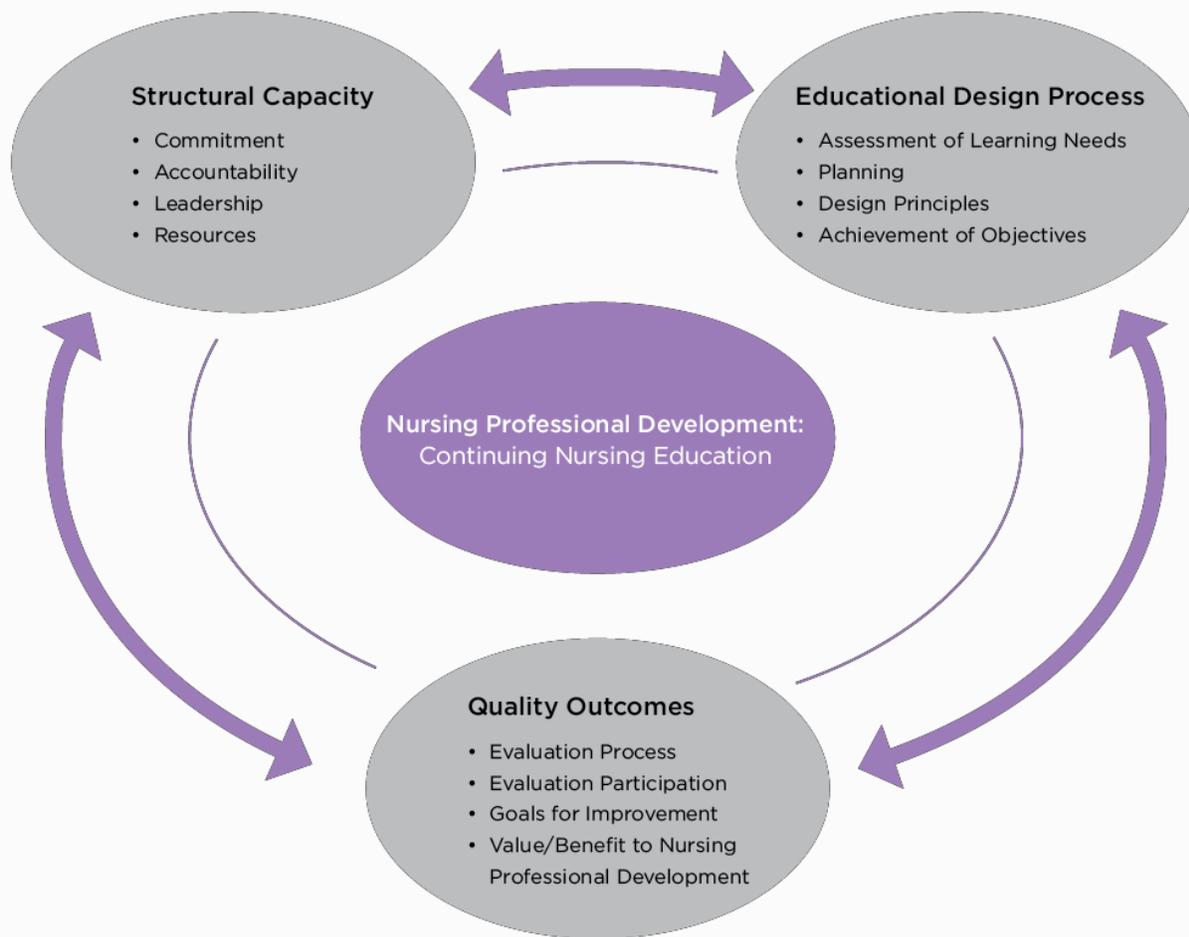
In order to develop accreditation criteria based on the best available evidence and in congruence with quality standards, accreditation itself must continue to evolve in response to contemporary healthcare system and education process changes. As noted by Dickerson and Chappell (2011), current evidence impacting accreditation includes data from the 2008 report of the Josiah Macy Jr. Foundation related to continuing education (Hager, Russell, & Fletcher, 2008), the 2010 publication of a report from the Carnegie Foundation related to education of nurses (Benner, Sutphen, Leonard, & Day, 2010), and the 2010 Institute of Medicine (IOM) report related to continuing education in the health professions (IOM, 2010). Findings from these reports provide similar areas of emphasis on adult learning principles, with documented need for active engagement of learners in relevant learning activities, resulting in outcomes that enhance professional development and quality of care. The need to develop and implement learning activities specific to a particular target audience and based on identified gaps in knowledge, skill, or practice is paramount. The purpose of the continuing education initiative is clearly related to filling the identified gap. Outcomes can be measured, with evidence that quality of practice has been enhanced. Additionally, the IOM report (2010) noted that educational activities must be conducted with integrity, ensuring freedom from commercial bias or promotion and based on best available evidence.

The Accreditation Model

The Accreditation Model is based on two established foundations. The Donabedian (1980) framework of structure, process, and outcome measures is a well-accepted strategy for evaluation of quality. While originally focused on healthcare quality in hospitals, the model is applicable to design, implementation, and evaluation of quality in continuing education as well. The *Nursing Professional Development: Scope and Standards of Practice* (ANA & NNSDO, 2010) is based on a model of nursing professional development, with continuing nursing education identified as an integral component.

The model for accreditation is designed around a core of continuing nursing education as a contributor to professional development of the registered nurse. Three categories of criteria address structural capacity, educational design principles, and quality outcomes. These criteria, taken together, provide the framework within which accredited organizations design, implement, and evaluate continuing nursing education activities.





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FIGURE 1: ANCC Primary Accreditation Conceptual Framework

In addition to accountability for individual learning activities, accredited organizations are also accountable for establishing and working to achieve quality outcomes. Outcomes and measurement criteria are determined by the accredited organization in relation to its overall mission and strategic plan. Evaluation data support the value of continuing nursing education to the organization.

Educational Design and Implementation

Specific components of criteria that relate to continuing nursing education accreditation exemplify excellence in educational programming, based on adult learning theory and documented evidence of change in practice. These seven components together form the basis for development, implementation, and evaluation of quality learning activities.



Leadership in Planning of Educational Activities

All educational activities are planned with the guidance of a graduate-prepared nurse. Much of the research that has been done about educational preparation of the nurse in relation to quality outcomes has been clinical in nature, though the academic arena has long embraced the requirement that nursing faculty must be graduate prepared. The National Council of State Boards of Nursing (2008) described the importance of graduate-prepared faculty in registered nurse educational programs, citing the importance of faculty in three key areas: collaboration, director of the learning experience, and role modeling. This is supported by the American Association of Colleges of Nursing through expectations for nursing faculty published in the Commission on Collegiate Nursing Education manual (Commission on Collegiate Nursing Education, 2009) and the National League for Nursing Accrediting Commission (2008). Involvement of the graduate-prepared nurse in all phases of educational design and development, as well as operation of the provider unit, supports integration of knowledge of nursing art and science and teaching/learning theory, critical analysis of relevant issues, and collaboration with others to enhance the success of the educational programming.

Focus on Needs of Learners

Educational activities are developed with the specific intent of meeting the learning needs of a defined target audience. Gaps are identified to indicate the difference between where learners currently are in their knowledge, skill, and/or practice and where they need to be in order to achieve the desired outcome. Needs assessment and gap analysis are used widely in both educational and practice venues to support the value of an educational initiative. Criteria require that providers identify the target audience for each proposed learning activity and document evidence of the gap that exists prior to the educational activity. This also provides the foundation for determining and planning to measure the outcomes of the education.

Outcomes are Intentional, Measureable, and Supported by Objectives and Content

The planning committee uses needs assessment and gap analysis data to structure a learning activity to achieve a desired outcome. The outcome is derived on the basis of closing the gap between the learners' current knowledge or abilities and what is desired. Selection of the desired outcome is purposeful in nature and drives development of objectives, content, and teaching/learning strategies. Learners are informed of the intended outcome and the criteria for successful completion prior to the beginning of the learning activity.

Content is Based on Best Available Evidence and is Free of Bias

Experts in the subject matter develop content. Planning committee members, with guidance from a qualified nurse planner, ensure that faculty have qualifications that reflect their ability to deliver appropriate content, as well as being educationally and experientially qualified to address the topic. Content is based on the best available evidence and is supported by information maintained in the activity files. Content is developed as a result of needs assessment and gap analysis data for the intended target audience. Guidelines for addressing and resolving potential or actual conflicts of interest are in place to ensure that learning activities are free of bias. Likewise, procedures for acceptance of commercial support and/or sponsorship are delineated, enabling providers to accept such support while maintaining the integrity of the learning experience.



Teaching/Learning Strategies are Selected to Support Learner Engagement

Evidence supports active learner engagement as critical to learning (Benner et al., 2010; Senge, 1999, 2006; IOM, 2010). Based on needs assessment and gap analysis, objectives are written to reflect expected learner behaviors. Strategies that engage learners are developed and implemented, based on adult learning principles and knowledge of the preferred learning styles of the intended audience for the learning activity. Evaluation methods are selected based on achievement of the objectives and the intended purpose of the activity to fill the gap identified in the planning process.

Outcomes are Evaluated to Determine the Impact of Educational Activities on Quality Patient Care and Professional Development of the Nurse Learner

Learning activities are evaluated in relation to the initial needs assessment and gap analysis data. The focus is on determining whether the gap has been filled, with subsequent change in learner knowledge, skills, and/or practice. Criteria for successful completion are based on expected outcomes.

Changes are Made in Learning Activities and/or Accredited Organization Operations in Response to Feedback

Building on the premise of lifelong learning and mindful of opportunities for continuous improvement, accredited organizations seek input from stakeholders to evaluate their learning activities and processes. Feedback is used to modify outcomes measures, revise learning activities, and enhance learning experiences that contribute to professional development of nurse learners and quality patient care.

Value to the Profession, Employing Organizations, and Patients

Accredited organizations have chosen to adhere to rigorous, evidence-based standards in the conduct of their operations and the planning, implementation, and evaluation of learning activities. Regulatory bodies that require continuing education as one source of evidence for relicensure are assured that nurses who participate in continuing education offered by accredited organizations receive quality learning experiences that contribute to their ability to provide safe care. Continuing education provided by accredited organizations can also serve as a useful point of evidence for accrediting bodies for healthcare facilities, demonstrating provision of quality continuing nursing education and outcomes that support professional development and enhanced ability to deliver quality care.

Continuing nursing education based on activity-specific needs assessment and gap analysis supports efforts such as Quality and Safety Education for Nurses (QSEN). Similar quality initiatives, both facility specific and regional or national in scope, are supported by education designed to address gaps in knowledge and practice that impact quality care. Alternatively, nurse-specific indicators, such as those compiled by the National Database of Nursing Quality Indicators (NDNQI), provide benchmarks by which needs assessments, gap analyses, and outcomes data can be measured.

Evidence demonstrates that employees who are supported in their efforts to learn and grow are more likely to remain with an employer (Halfer & Graf, 2006; Kovner, Brewer, Greene, & Fairchild, 2009). Providing continuing



education that meets accreditation standards can therefore be a tool for recruitment and retention. A study by Zeller, Doutrich, Guido, and Hoeksel (2011) supports the fact that continuing nursing education opportunities that focus on building a culture of support in areas such as communication and team building strengthen the nurses' bonds with the organization and promote retention of qualified, committed registered nurses. Ongoing education motivates learners and contributes to their personal and professional growth. Kleinman's (2004) literature review provided evidence that effective leadership is critical to recruitment and retention. Both academic and continuing education offer opportunities to enhance development of nurse leaders, which in turn contributes to staff nurse retention. Similarly, Teng, Dia, Shyu, Wong, Chu, and Tsai (2009) found that professional commitment of nurses enhances patient safety and patient-perceived care quality. In their study, professional commitment included factors of belief in professional goals and values, willingness to make significant efforts to support the profession, and a desire to remain loyal to nursing. Strategies for maintaining and enhancing professional commitment included supporting continuous learning, facilitating efforts of staff to achieve certification, and encouraging membership in professional associations.

Several studies have demonstrated links between continuing nursing education and patient outcomes. Among these is a study focused on education to support the use of nursing diagnostics (Muller-Staub, Needham, Odenbreit, Lavin, & van Achterberg, 2008) and a study evaluating nurses' abilities to support caregiving among families of very low-birth-weight infants (Pridham, Limbo, Schroeder, Krolkowski, & Henriques, 2006). Other studies have provided evidence of change in nurses' practice and/or behavior. Examples include that of Boutin, Robichaud, Valois, and Labrecque (2006), who looked at improvement in nurses' telephonic interventions among clients with asthma; Cruz, Pimenta, and Lunney (2009), who analyzed improvements in critical thinking after a continuing education experience; and Timmel, Kent, Holzmueller, Paine, Schulick, and Pronovost (2010), who found that education positively impacted a culture of safety in surgical inpatient units. DuHamel, Hirnle, Karvonen, Sayre, Wyant, Smith, Keener, Barrett, and Whitney (2011) provided evidence demonstrating that specific teaching strategies in continuing nursing education activities engaged registered nurse learners in knowledge and skill acquisition that enhanced the transfer of knowledge to practice, as well as "documenting improvements in patient care outcomes and generating professional growth and satisfaction" (p. 462).

Additional evidence is currently being collected, as accredited organizations are now required to provide outcomes data as part of the reaccreditation process. These outcomes will demonstrate significant diversity in the value of continuing nursing education, as accredited organizations represent patient care centers, colleges of nursing, private enterprises for continuing education, and numerous other types of organizations. Each of these has the ability to impact nursing professional development and quality of care in a unique way.

Value to Health Care

A key issue addressed in both the Macy report (Hager et al., 2008) and the IOM report on Redesigning Continuing Education (2010) was the need for consistency and quality in implementation of continuing education processes and outcomes. This is true not only for nursing but for all healthcare disciplines. Accreditation criteria that support interprofessional learning and collaboration will strengthen the work of all members of the healthcare team in providing quality patient care. The Joint Accreditation Program, now available as a collaborative effort of the ANCC's Accreditation Program, the Accreditation Council for Continuing Medical Education, and the



Accreditation Council for Pharmacy Education, exemplifies the goal of quality interprofessional learning and collaboration.

Summary

Accreditation in continuing nursing education is voluntary recognition of an organization's commitment to quality in planning, developing, and implementing educational activities that support professional development of registered nurse learners. Rigorous, evidence-based criteria are addressed to demonstrate adherence of the organization to quality standards. Outcomes demonstrate the value of this continuing professional education to the nurse, to the profession, and to the patient.



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