

The Perceived Value of Certification Tool-12 (PVCT®-12): Evidence Summary for Users

Purpose

This document provides a concise summary of the development and validation of the Perceived Value of Certification Tool-12 (PVCT®-12). It is intended for individuals and organizations seeking information about the instrument and requesting permission to use it.

This document is derived from peer-reviewed research but is not a peer-reviewed publication. It does not replace the original journal publication. Readers seeking full methodological detail, analytic procedures, and complete results should consult the peer-reviewed article cited below, which represents the definitive version of record.

Source publication: Van Wicklin SA, Maio S, Homme C, Stobinski JX. *Reintroducing the PVCT: A revised measure of the perceived value of certification among registered nurses. Perioperative Care and Operating Room Management.* 2022;26:100246. <https://doi.org/10.1016/j.pcorn.2022.100246>

Background

Professional certification is widely promoted across health professions as a marker of expertise, quality, and professional commitment. In nursing and other certification-dependent fields, certification serves multiple functions, including validation of specialized knowledge, reinforcement of professional identity, and signaling of competence to employers, colleagues, and the public.

Despite broad endorsement of certification, perceptions of its value vary considerably across roles, specialties, and practice settings. Factors such as organizational support, recognition structures, and career pathways influence how individuals experience and interpret certification. Understanding these perceptions is essential for credentialing bodies, employers, educators, and researchers evaluating certification programs, workforce development initiatives, and professional outcomes.

The Perceived Value of Certification Tool (PVCT®) was developed to address this need by providing a structured, theory-informed method for assessing how professionals perceive the value of specialty certification. Over time, empirical

evidence demonstrated the need to refine the original instrument, leading to the development of the PVCT-12.

Overview of the PVCT-12

The PVCT-12 is a self-report survey instrument designed to measure perceptions of the value of specialty certification. The instrument captures two distinct but related domains:

- Intrinsic values that reflect internal professional meaning (eg, sense of accomplishment, validation of knowledge, professional commitment, confidence)
- Extrinsic values that reflect externally mediated recognition and reward (eg, professional recognition, autonomy, perceived financial benefit)

The PVCT-12 consists of 12 value statements rated on a 4-point Likert-type scale (*strongly disagree, disagree, agree, strongly agree*). The instrument is intended for group-level analysis in research, program evaluation, and organizational assessment contexts.

A brief background information section precedes the PVCT-12 to describe the study sample and support appropriate interpretation of results. These background items are separate from the PVCT-12 measurement items.

The PVCT-12 is the current and authoritative version of the instrument. Earlier versions of the PVCT have been retired and are no longer recommended for use.

Development and Revision of the PVCT-12

Rationale for Revision

The original PVCT, developed in 2003, consisted of 18 items. It was widely adopted across nursing specialties and research contexts. Over time, repeated use of the instrument revealed a pattern of high item agreeableness, with most respondents selecting *agree* or *strongly agree* for many items. This limited variability reduced the amount of meaningful information the instrument could capture and constrained its ability to distinguish differences across groups.

To address these limitations, a formal psychometric revision was undertaken. The primary goals of the revision were to reduce inherent agreeableness, improve measurement model fit, and preserve conceptual coverage of certification value.

Revision Process

The revision process involved systematic redrafting of original items and empirical testing of candidate replacement items. Parallel surveys were administered featuring both the original PVCT and revised items. Data were collected from registered nurses affiliated with nine American Board of Nursing Specialties (ABNS) member organizations, representing a wide range of specialties, roles, and practice settings.

Psychometric analyses included exploratory factor analysis, item response theory, and multidimensional item response theory. These analyses guided decisions regarding item retention, removal, and refinement, ultimately resulting in a 12-item instrument with improved performance characteristics.

Summary of Psychometric Evidence

Findings from the peer-reviewed source publication support the PVCT-12 as a reliable and valid instrument for assessing perceived value of certification. Key evidence includes:

- Improved measurement model fit, indicating better alignment between the instrument structure and observed data
- Reduced item agreeableness, resulting in greater response variability and more informative measurement
- A stable two-domain structure, supporting distinct intrinsic and extrinsic value constructs
- Acceptable internal consistency reliability, with Cronbach α values ranging from 0.81 to 0.85 across subscales
- Consistency across organizations, supporting use in diverse nursing populations

Across studies, intrinsic aspects of certification are typically endorsed more strongly than extrinsic aspects, reflecting variability in organizational recognition and reward structures rather than diminished professional meaning.

Intended and Appropriate Uses

The PVCT-12 is appropriate for use in research examining perceptions of certification value, program evaluation and workforce development initiatives, and organizational or professional studies related to credentialing.

The instrument is designed for group-level analysis and should be interpreted within the context of role, specialty, organizational environment, and other contextual factors that shape professional experience.

The PVCT-12 is not intended to assess individual competence, clinical performance, certification examination quality, or patient outcomes. It should not be used for individual performance evaluation, employment decisions, or credentialing determinations.

Requesting Permission to Use the PVCT-12

The Perceived Value of Certification Tool (PVCT) and the Perceived Value of Certification Tool-12 (PVCT®-12) are owned and maintained by the Competency and Credentialing Institute (CCI). The original PVCT has been retired and is no longer authorized for use. Permission is required prior to administering the PVCT-12. Requests for permission should be submitted through: <https://www.cc-institute.org/pvct/>. The CCI currently offers two approved avenues for using the PVCT-12.

Self-Customized Survey Option (\$200)

The Self-Customized Survey option is a flexible, self-managed approach best suited for users who wish to manage survey administration independently while preserving the integrity of the PVCT-12 instrument. With this option:

- Users must administer the standardized background information section and the PVCT-12 items without modification, in accordance with CCI permission terms.
- Users may add separate, institution-specific or study-specific questions before or after the background information section and PVCT-12 items, provided those sections remain unchanged.
- Users independently manage survey distribution, data collection, analysis, interpretation, and reporting.

This option is appropriate for academic or organizational projects that require flexibility in survey administration while maintaining the validated structure and wording of the PVCT-12.

CCI-Created Survey Option (\$500)

The CCI-Created Survey option provides comprehensive support for users who prefer assistance with survey development and administration. With this option:

- Users provide a qualifying statement, additional demographic or study-specific questions, and a closing or thank-you message to personalize the survey.
- CCI administers the standardized background information section and the PVCT-12 items without modification, in accordance with CCI permission terms.
- CCI builds and hosts the survey, generates a custom survey link, and tracks responses.
- Upon completion of data collection, CCI provides the raw dataset in an Excel file along with visual graphs summarizing results.
- CCI assists with scoring intrinsic and extrinsic value subscales using the validated PVCT framework.

This option is well suited for users seeking streamlined implementation and professional support throughout the survey process.

Human Subjects and Institutional Review Board (IRB) Considerations

The PVCT-12 is a self-report survey instrument designed to assess perceptions of the value of professional certification. When used in research, program evaluation, or organizational assessment, administration of the PVCT-12 typically constitutes minimal risk survey research.

Risk Assessment

- The PVCT-12 does not collect clinical data, performance data, or sensitive personal identifiers.
- Items focus on professional perceptions and experiences related to certification.
- Participation poses no more than minimal risk to respondents.

Informed Consent

Researchers and organizations should provide clear information to participants regarding:

- The voluntary nature of participation
- The purpose of data collection
- How data will be used and reported
- Measures taken to protect confidentiality

Consent may be implied through survey completion when permitted by IRB policy.

Confidentiality and Data Protection

Investigators are responsible for ensuring that data are stored securely and that results are reported in aggregate form. When surveys are administered within organizations, additional safeguards may be required to prevent inadvertent identification of individual respondents.

Methodological and Statistical Considerations

Researchers using the PVCT-12 should consider the following methodological and analytic issues to support valid interpretation of results.

- **Study Design and Sampling:** Sampling strategies influence generalizability. Investigators should describe their sampling frame, inclusion criteria, and potential sources of bias.
- **Level of Measurement:** Individual PVCT-12 items are ordinal and may be analyzed as categorical variables. When intrinsic and extrinsic subscale scores are computed, these composite scores may be treated as approximately interval-level measures for analytic purposes, provided that underlying statistical assumptions are evaluated and met.
- **Distributional Assumptions and Variance:** Researchers should evaluate score distributions and test for homogeneity of variance, particularly when comparing certified and noncertified groups.
- **Independence of Observations:** When respondents are clustered within units or organizations, multilevel or hierarchical modeling approaches may be more appropriate than single-level analyses.

Additional Guidance

Approved users receive instructions for correct citation and referencing of the PVCT-12 as part of the permission process.

Frequently asked questions related to use of the PVCT-12 are available at <https://www.cc-institute.org/pvct/>.

