

CLINICAL NURSE SPECIALIST

CNA POSITION

The Canadian Nurses Association (CNA) believes that clinical nurse specialists (CNSs) make a significant contribution to the health of Canadians within a primary health care framework. Through innovative nursing interventions, they improve access to effective, integrated and coordinated services across the continuum of health care.¹

CNA also believes that CNSs advance the profession by contributing to the development of nursing knowledge and evidence-based practice and by promoting excellence in clinical practice.

A CNS is a registered nurse who holds a master's or doctoral degree in nursing and has expertise in a clinical nursing specialty. As an advanced nursing practice role within the scope of practice of a registered nurse, the CNS role reflects and demonstrates the characteristics and competencies of advanced nursing practice.² CNSs bring value to clients³ and to the health-care team, with the potential to improve safety for patients, promote positive health outcomes and reduce costs.⁴

CNSs promote excellence in nursing practice and serve as role models and advocates for nurses by providing leadership and by acting as clinicians, researchers, consultants and educators.⁵ With in-depth knowledge and skills, advanced judgment and clinical experience in a nursing specialty, they assist in providing solutions for complex health-care issues at all levels with clients, colleagues in other disciplines, administrators and policy-makers. CNSs are leaders in the development of clinical guidelines and protocols, and promote the use of evidence, provide expert support and consultation, and facilitate system change.⁶

In light of the changes that are anticipated in the nursing workforce within the next five years, CNSs will play a critical role in mentoring and supporting nurses. The CNS role supports high-quality practice environments that ensure safety for patients and system effectiveness.

THE CNS ROLE: A SHARED RESPONSIBILITY

CNA recognizes that CNSs, employers, educational institutions, nursing professional associations and regulatory bodies and governments share the responsibility to further integrate the CNS role into the health-care system, as outlined below:

- CNSs are responsible for maintaining their competence in all areas of their practice, for clearly articulating and defining their practice and, through research, for clarifying the links between their practice and health outcomes.

¹ (Canam, 2005; Fulton & Baldwin, 2004; Tringali, Murphy & Osevala, 2008)

² (Canadian Nurses Association [CNA], 2008)

³ Clients may be individuals, families, communities, groups or a population.

⁴ (Clinical Nurse Specialist Interest Group [CNSIG], 2004)

⁵ (College of Registered Nurses of British Columbia, 2005)

⁶ (CNA, 2008; Association of Registered Nurses of Newfoundland and Labrador [ARNNL], 2007)

- Health-care organizations are responsible, in collaboration with nursing leaders, for identifying populations of clients with complex needs who would benefit from care provided by a CNS. The determination of whether a CNS is needed in a service or program must be based on client needs and team competencies in consultation with the health-care team.
- Health-care organizations must also provide environments that value and recognize the scope of practice of the CNS, facilitate access to continuing education and foster collaboration of the CNS with other nurses and disciplines.
- Educational institutions are responsible for preparing nurses for CNS roles by providing curricula based on the competencies for advanced nursing practice and by developing innovative programs that facilitate access to graduate education.
- Nursing professional associations are responsible for promoting the development, recognition and integration of the CNS role throughout Canada. To support role integration and mobility, they promote a coordinated approach to education and practice and an expanded national registered nurses database that includes relevant information on CNSs. Nursing professional associations advocate for appropriate funding for CNS education and mentorship, CNS positions throughout the health-care system, and research on related health outcomes.
- Nursing regulatory bodies are responsible for regulating the activities of all registered nurses. CNS practice is within the current scope of registered nursing practice.
- Governments are responsible for providing the necessary funding to enable the further development of CNS practice in Canada.

BACKGROUND

The CNS role was introduced into the Canadian health-care system in the 1960s. With the increasing complexity of health care came a trend toward specialization in nursing and the development of advanced nursing practice roles. In the 1970s, the CNS role responded to an institutional need to support nursing staff at the point of care in managing complex cases and improving quality of care. In times of fiscal cutbacks, however, CNS positions are often vulnerable to being reduced or eliminated.⁷ As concern over the quality of care builds in the early 21st century, there is reason to believe that the CNS role will regain prominence.⁸

The CNS role has become well established in hospital, community and independent practice.⁹ Research confirms the positive impact of CNS practice on the quality and cost of care.¹⁰

⁷ (CNA, 2006)

⁸ (CNA, 2008)

⁹ (Registered Nurses Association of Ontario [RNAO], 2004)

¹⁰ (Heitkemper & Bond, 2004; LaSala, Connors, Pedro & Phipps, 2007)



The CNS role comprises five key components. These areas of practice, or roles, speak to the diversity and flexibility inherent in the CNS role.¹¹ The degree to which a CNS implements these areas of practice is driven by the practice setting and the needs of clients.¹²

Clinician

As a clinician, the CNS provides expert client care based on an in-depth knowledge of nursing and other relevant sciences. The CNS assesses clients, develops or contributes to the plan of care and intervenes in complex health-care situations within the selected clinical specialty.¹³

Consultant

In the role of consultant, the CNS uses advanced knowledge, skills and judgment to improve client care and deals with complex and challenging situations. The CNS shares specialized knowledge and expertise and provides consultation to clients, nurses, other health-care providers, health-care organizations and policy-makers.¹⁴ The integration of CNS expertise thus promotes positive outcomes for clients, care providers and the health-care system.

Educator

As an educator, the CNS promotes a learning environment for clients, their families, nurses, students and other health-care providers. CNSs are experts in their clinical specialty and function as preceptors, mentors, teachers, client educators, planners and evaluators of educational programs.¹⁵ The CNS supports other nurses in direct care by providing clinical teaching, promoting evidence-based practice, and providing resources that will meet nurses' learning needs.

Researcher

In the research role, the CNS strengthens the link between research and clinical practice by facilitating the understanding and application of research.¹⁶ The CNS is knowledgeable about the research process and research methodologies and leads or participates in identifying research topics and projects. The CNS may be a primary investigator, a co-investigator or a member of a research team, stimulating research activities whose results may be applied in clinical practice or influence public policy.¹⁷ For every practice change, the CNS reviews existing research evidence and provides expert opinion to determine the most effective application of a specific practice.¹⁸ The CNS translates research findings into improved and client-centred care.¹⁹

¹¹ (Kring, 2008)

¹² (Fahey-Walsh, 2004)

¹³ (College of Registered Nurses of Nova Scotia, 2008)

¹⁴ (ARNNL, 2007)

¹⁵ (ARNNL, 2007)

¹⁶ (RNAO, 2004)

¹⁷ (Hamric, Spross & Hanson, 2009)

¹⁸ (RNAO, 2004)

¹⁹ (Heitkemper & Bond, 2004)



Leader

Leadership is an essential part of the CNS role. The CNS demonstrates leadership by promoting quality client care and advancing nursing practice. As a clinical leader and agent of change, the CNS provides expert nursing care based on evidence-based knowledge of nursing and other relevant sciences. The CNS provides clinical leadership by acting as a resource, facilitator, coordinator, role model and advocate.²⁰ The CNS helps foster the advancement of the specialty locally, regionally, provincially, territorially and nationally.²¹

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References:

- Association of Registered Nurses of Newfoundland and Labrador. (2007). *Advanced practice – clinical nurse specialist* [Position statement]. St. John's: Author.
- Canadian Nurses Association. (2006). *Report of 2005 dialogue on advanced nursing practice*. Ottawa: Author.
- Canadian Nurses Association. (2008). *Advanced nursing practice: A national framework* (Revised). Ottawa: Author.
- Canam, C. (2005). Illuminating the clinical nurse specialist role of advanced practice nursing: a qualitative study. *Nursing Research*, 18(4), 70-89.
- Clinical Nurse Specialist Interest Group. (2004). *The CNS role: Advanced practice nursing to optimize patient outcomes*. Toronto: Author.
- College of Registered Nurses of British Columbia. (2005). *Advanced nursing practice* [Position statement]. Vancouver: Author.
- College of Registered Nurses of Nova Scotia. (2008). *Advanced nursing practice* [Position statement]. Halifax: Author.
- Fahey-Walsh, J. (2004). Literature review report. Advanced nursing practice and the primary health care nurse practitioner: Title, scope, and role. [Discussion paper prepared for the Canadian Nurse Practitioner Initiative.] Retrieved October 17, 2008, from http://206.191.29.104/documents/pdf/tech-report/section3/06_PracticeFW_AppendixB.pdf
- Fulton, J., & Baldwin, K. (2004). An annotated bibliography reflecting CNS practice and outcomes. *Clinical Nurse Specialist*, 18(1), 21-39.
- Hamric, A. B., Spross, J. A., & Hanson, C. M. (2009). *Advanced practice nursing: An integrative approach* (4th ed.). Philadelphia: W.B. Saunders.

²⁰ (Nurses Association of New Brunswick, 2007)

²¹ (CNSIG, 2004)



- Heitkemper, M. M., & Bond, E. F. (2004). Clinical nurse specialists: State of the profession and challenges ahead. *Clinical Nurse Specialist*, 18(3), 135-140.
- Kring, D. L. (2008). Clinical nurse specialist practice domains and evidence-based practice competencies. *Clinical Nurse Specialist*, 22(4), 179-183.
- LaSala, C. A., Connors, P. M., Pedro, J. T., & Phipps, M. (2007). The role of the clinical nurse specialist in promoting evidence-based practice and effective positive patient outcomes. *Journal of Continuing Education in Nursing*, 38(6), 262-270.
- Nurses Association of New Brunswick. (2007). *Clinical nurse specialist* [Position statement]. Fredericton, NB: Author.
- Registered Nurses' Association of Ontario. (2004). Clinical nurse specialist interest group standards of practice. Retrieved October 17, 2008, from http://www.cnsig.org/standards_of_practice.asp
- Tringali, C. A., Murphy, T. H., Osevala, M. L. (2008). Clinical nurse specialist practice in a care coordination model. *Clinical Nurse Specialist*, 22(5), 231-239.

Also see:

- Canadian Association of Advanced Practice Nurses (CAAPN) website: www.caapn.com
- CNA Fact Sheet: *The Primary Health Care Approach* (2000)
- CNA Position Statement: *Nursing Professional Regulatory Framework* (2001)
- CNA and CNFU Joint Position Statement: *Practice Environments: Maximizing Client, Nurse and System Outcomes* (2007)
- CNA Position Statement: *The Nurse Practitioner* (2003)
- CNA Position Statement: *Advanced Nursing Practice* (2007)
- Clinical Nurse Specialist: The Journal for Advanced Nursing Practice*
- Clinical Nurse Specialist Interest Group (CNSIG) website: www.cnsig.org

Replaces:

- Clinical Nurse Specialist* (2003)

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