

## The clinical nurse leader

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### ABSTRACT

**Background:** The Clinical Nurse Leader (CNL) is the first new role in nursing since the nurse practitioner was introduced over many years ago. The CNL evolved after the American Association of Colleges of Nursing (AACN) convened a task force to identify ways to improve quality of patient care and determine how to prepare nurses with the skills and competencies needed to thrive in the current and future healthcare system. The original task force on education developed models for nursing education and regulation. A second task force was established, and from that work, a new role emerged-the Clinical Nurse Leader (CNL).

**Aim:** The aim of the present study was review the literature about the role of Clinical Nurse Leader.

**Method and Material:** Method was used is to search in databases (PUBMED, SCOPUS) to identify articles related to the role of clinical nurse leader. The search took place in February 2011 for scientific papers until February 2011. The keywords used in combination were: clinical, nurse, leader, leadership.

**Results:** The Clinical Nurse Leader role was developed in response to concerns about the quality and safety of nursing care in the complex, technologically advanced, ever-changing healthcare system. The CNL could be a clinician, an advanced generalist, an outcomes manager, an interdisciplinary care team manager, a patient advocate, an educator, an information manager, a member of the profession and a lifelong learner.

**Conclusions:** The Clinical Nurse Leader role emerged following several years of research and discussion with stakeholders as a way to engage highly skilled clinicians in outcomes-based practice and quality improvement strategies. The CNL is an advanced generalist clinician with education at the master's degree level. The Clinical Nurse Leader is an emerging nursing role developed by the American Association of Colleges of Nursing (AACN) in collaboration with an array of leaders from the practice environment. Two AACN task forces were convened to identify a) how to improve the quality of patient care and b) how to best prepare nurses with the competencies needed to thrive in the current and future health care system.

**Key words:** Clinical, nurse, leader, leadership.

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## INTRODUCTION

**T**wenty-first century realities affecting healthcare are dramatically and radically changing the landscape for nursing practice.<sup>1</sup> Much of the intensive and comprehensive professional and role development for the entire field of nursing grew out of the focused action of nursing leaders during the 20th century.<sup>2</sup> A clinical nurse is certainly one involved in clinical practice with knowledge, experience and understanding of providing nursing care. Leadership implies authority in the broadest sense of the word, is nonhierarchical and not confined to a specific set of skills, attributes or traits. One can deduce, then, that clinical nursing leadership reflects all of the complexity of the culture, the organization, the practice setting and situational variables of each clinical nurse leader.<sup>3</sup>

Clinical leadership requires dedication. Clinicians are being asked to respond to a range of challenges: investment is slowing down, and demands for quality, safety, and efficiency are rising. Strategic plans from health authorities and trusts are identifying key areas for service redesign and improvement. Clinical leaders are standing in the gap between management and their clinical colleagues-enthusing, negotiating,

pacifying, and challenging are all part of a day's work.<sup>4</sup>

The Clinical Nurse Leader (CNL) is the first new role in nursing since the nurse practitioner was introduced over many years ago. The CNL evolved after the American Association of Colleges of Nursing (AACN) convened a task force to identify ways to improve quality of patient care and determine how to prepare nurses with the skills and competencies needed to thrive in the current and future healthcare system. The original task force on education developed models for nursing education and regulation. A second task force was established, and from that work, a new role emerged - the CNL. The role is prepared in a new master of nursing curriculum that educates nurses to understand how to provide care and improve quality in today's complex healthcare system.

The coursework provides theoretical and clinical experiences that result in competencies that prepare the CNL to be a strong leader and clinician in today's healthcare setting. CNLs are putting a new face on nursing as a true partner in care with colleagues across the healthcare system by acting as an integrator of the threads of care provided

by many to weave a new fabric of comprehensive, coordinated care. Nurses have always been patient advocates and did what needed to be done for patients, no matter what the circumstances or environment in which they practiced. Today, nursing is called upon to rise above the staccato pace of fragmented and complex healthcare delivery, as well as partner with, others to ensure that patient care is safe and effective. The CNL is a fresh new role that is helping to answer this call and holds great promise for the future in a time when it is desperately needed.<sup>5</sup>

### **Aim**

The aim of the present study was review the literature about the role of Clinical Nurse Leader (CNL).

### **Material and Methods**

Method was used is to search in databases (PUBMED, SCOPUS) to identify articles related to the role of clinical nurse leader. The search took place in February 2011 for scientific papers until February 2011. The keywords used in combination were: clinical, nurse, leader, leadership. We found a total of 378 articles. In this literature review were included twenty five articles that were deemed absolutely on the subject.

### **Results**

#### *The Clinical Nurse Leader Role.*

The CNLs working in partnership with clinical nurses, physicians, other allied health professionals, and the patients and families are strengthening patient-centered care through a team approach. Leading processes of care, the CNLs are able to synthesize best practices from all disciplines and reach improved outcomes on patients' behalf while breaking down discipline-centric silos.<sup>5</sup> The Clinical Nurse Leader (CNL) role was developed in response to concerns about the quality and safety of nursing care in the complex, technologically advanced, ever-changing healthcare system.<sup>6</sup> As a master's prepared nurse, the CNL is educationally prepared as an *advanced nurse generalist* to improve patient care outcomes through use of the microsystem assessment process<sup>7</sup> and managing care delivery for a group of patients.<sup>7-9</sup>

*As a clinician*, the CNL would use evidence-based information to design and coordinate the care delivered to individuals and cohorts of patients within the rural hospital microsystem. Through the lateral integration of care, the CNL can facilitate and coordinate multiple disciplines and services to ensure the most efficient and goal-

directed activities are performed at the right time and in partnership with other disciplines.<sup>10</sup> Reduced fragmentation of care and gaps in communication result in cost-effective efficiency, improved clinical outcomes, and increased patient satisfaction.

*As an advanced generalist* with graduate-level nursing knowledge of illness and disease management, health assessment, and innovative nursing interventions, the CNL bring nursing leadership needed at the point of care to ensure high quality, safe generalist nursing care. Comprehensive knowledge of the patient and case management skills, allows the CNL to facilitate patient movement efficiently through the rural healthcare system from the period of acute illness to the patient's return to the community. Efficiency and effectiveness in care delivery is particularly important in Critical Access Hospitals (CAH) with programmatic requirements to limit the length of stay to 96 hours and inpatient census no more than twenty five inpatients.<sup>11</sup>

*As an outcomes manager*, the CNL is prepared to lead quality improvement initiatives and design research-based interventions that reduce error, increase patient safety, and stream-line healthcare delivery processes. The CNL

evaluates patient health and nursing care process outcomes through the analysis of variance data, communicates findings to the healthcare team, and leads the team in the implementation of initiatives to treat deficiencies within the microsystem. Cost benefit analysis is used as a strategy to reduce waste and manage resources. The organizational effectiveness of the CNL is measured by improved clinical, financial, and satisfaction outcomes.<sup>12</sup> Examples of CNL effectiveness in improving clinical outcomes include improved rates of home health referrals, discharge planning<sup>13</sup> improved core measure data, decreased nursing staff turnover<sup>14</sup>, reduced length of stay (LOS)<sup>15</sup> increased patient satisfaction, a reduction in fall rates, and fewer cardiac arrests.<sup>16</sup> Satisfaction outcomes include not only patient satisfaction but nursing staff satisfaction which is demonstrated by increased retention rates, empowerment of nursing staff, and participation in career advancement opportunities.

*As the interdisciplinary care team manager*, the CNL delegates and manages nursing team resources (staff and supplies).<sup>17</sup> Through an understanding of human interactions, communication, problem-solving skills, conflict management, and coalition or

team building<sup>18</sup> the CNL is able to advance patient-care delivery through effective team work.

*As a patient advocate*, the CNL leads efforts to create and manage a care environment that is responsive to the healthcare needs of diverse rural patients and families. The CNL can include patient preferences and values into the plan of care with patients and families included as partners in care and decision-making. Through analysis of differences in clinical outcomes for cohorts of patients in the microsystem, the CNL is able to address health disparities for the most vulnerable including the uninsured, the aged, the less educated, and those with cultural barriers. As an advocate for health care professionals, the CNL promotes practices that are characteristic of healthy work environments.

*As an educator*, the CNL prepares individuals, families, or cohorts of clients for self-care and a maximal level of functioning and wellness.<sup>17</sup> To maximize wellness, health promotion, and risk reduction, education programs are designed and implemented, with particular emphasis on those with chronic illnesses. The CNL working at the point of care in the microsystem is able to mentor new members of the nursing staff, promoting evidence-based

practice, critical thinking, and sound clinical decision-making.

*As an information manager*, the CNL is able to use information systems and technology that put knowledge at the point of care to improve healthcare outcomes familiarity with the facility's state of technology and information systems allows the CNL to identify and document internal trends, as well as compare microsystem function to external benchmarks. As a systems analyst/risk anticipator, the CNL participates in the review and evaluation of processes at the system and individual level to anticipate risks to patient safety, prevent medical error, and improve the quality of patient care delivery.<sup>17</sup> Utilizing tools such as the Failure Mode Effect Analysis (FMEA) and Root Cause Analysis (RCA) allow the CNL to anticipate and respond appropriately to near misses and sentinel events.<sup>18</sup>

*As a member of a profession*, the CNL is personally accountable for her/his personal practice; actively engaging in the acquisition of knowledge and skills to effect change in health care practice and outcomes and in the profession.<sup>17</sup>

*As a lifelong learner*, the CNL recognizes the need to actively pursue new knowledge and skills as the practice roles and the health care system evolve.<sup>19</sup>

## Discussion

The CNL is a generalist clinician with education at the master's degree level. This nurse leader must be prepared to bring a high level of clinical competence and knowledge to the point of care and to serve as a resource for the clinical nursing team.<sup>20</sup> It is supported that clinical nurse leaders have the opportunity to work effectively and efficiently through collaboration, evaluating the present roles, and developing a strategy of continual review of the roles that best fit the institution, the staff, and, ultimately, the patient.<sup>21</sup> As the conceptual framework of the task force moves into our practice settings, challenges and issues arise that will need to be addressed, the CNL role holds much promise, albeit with many unanswered questions. The role of the nurse executive will be to serve as a leader of the change process, helping resolve the unanswered questions, participating actively in the dialogue with their academic partners, and leading the way by experimenting and implementing new models of care. As nurse executives direct the path to implementation, several areas of questions require explorations.<sup>22</sup>

Additionally, it appears ironic amid our current nursing shortage, a situation in

which we do not have enough staff to fill existing positions, that we are discussing the creation of another nursing role. However, there are those who would emphatically state that it is exactly the convergence of these and other internal and external factors that provide an opportune time for the development of a new provider of nursing care. Clinical leaders in nursing may feel stuck in the middle of conflicting demands from the various members of their organisation and patients' needs.<sup>23</sup> Nurse executives face daily struggles in their attempts to staff clinical units with competent, qualified registered nurses who are accountable for a full range of patient interventions and associated practice outcomes. Our current work environments are fraught with numerous challenges that affect the quality, safety, and effectiveness of patient care.

High staff vacancy and turnover rates reflect the growing level of frustration of bedside caregivers. A compelling case can be made for a generalist clinician prepared at the master's level to help focus on and promote the clinical, financial, utilization, and quality elements of the day-to-day practice of the staff nurse. The potential for both duplication and fragmentation of care poses additional challenges to addressing

role clarity and practice differentiation. The ultimate success of the CNL will be dependent on the design of the position and its application at the patient's bedside. During implementation, role clarity between the CNL and other advanced practice nurses must be defined. The potential for duplication and confusion of role sets must be minimized in the current environment of cost containment. Although the concept of the CNL role may not be perfected yet, it offers the opportunity for dialogue among our colleagues in academia and service - a dialogue that is critical to its successful implementation.<sup>22</sup>

While it is tempting to suggest a direct relationship between the implementation of the CNL role and changes in outcome measures, the primary value of examining early outcomes experienced by first adopters of the CNL role is to raise awareness of the potential for improved outcomes of care and cost savings. In addition, it stresses the need to compare findings of outcomes from multiple sites. The creation of the CNL Evaluation Plan is needed to learn more about what CNLs do and their impact on patient outcomes in diverse health care units and with different patient populations. Early evaluation efforts like these provide glimpses into the potential the CNL role holds for improving patient

care outcomes. In addition, the experiences of these three settings demonstrate significant cost savings in very short periods of time. Similar outcomes are also being reported at other sites across the country.<sup>24</sup> Clinical nurse leaders can be seen as experts in their field, and because they are approachable and are effective communicators, are empowered to act as a role model, motivating others by matching their values and beliefs about nursing and care to their practice. This is supported by a new leadership theory, congruent leadership, proposed as the most appropriate leadership theory to support an understanding of clinical leadership.

Clinical nurse leaders are followed because there is a match between the leader's values and beliefs and their actions.<sup>25</sup> Working together as a community of nurse leaders will be essential to the success of this or any other innovative attempt to change the practice of nursing in our care settings. Identifying stakeholders with the influence and courage to initiate the necessary changes to nursing practice is a key first step. Nursing associations, practice partners, academic institutions, and providers of healthcare must all be willing to come to the table to participate in this effort. Leaders in nursing must be

willing to create spaces for dialogue and decision making. We may all not agree on the details of the CNL role or even the fact that we need one. But we must all engage in the conversation in an effort to find solutions. By considering the proposal and the subsequent pilot programs as a “work in progress,” nursing as a discipline will learn to be more comfortable living with the ambiguity and uncertainty as we systematically and scientifically find a better way to serve our patients.

## Conclusions

The Clinical Nurse Leader is an emerging nursing role developed by the American Association of Colleges of Nursing (AACN) in collaboration with an array of leaders from the practice environment. Two AACN task forces were convened to identify:

- *How to improve the quality of patient care and*
- *How to best prepare nurses with the competencies needed to thrive in the current and future health care system.*

The Clinical Nurse Leader role emerged following several years of research and discussion with stakeholders as a way to engage highly skilled clinicians in outcomes-based practice and quality improvement strategies. The CNL is an

advanced generalist clinician with education at the master's degree level. Graduate education is necessary because the CNL must bring a high level of clinical competence and knowledge to the point of care and to serve as a resource for the nursing team. The master's degree with a major in nursing will prepare graduates for an advanced generalist role.

The CNL provides and manages care at the point of care to individuals, clinical populations and communities. In this role, the CNL is responsible for the clinical management of comprehensive client care, for individuals and clinical populations, along the continuum of care and in multiple settings, including virtual settings. The CNL is responsible for planning a patient's contact with the health care system. The CNL also is responsible for the coordination and planning of team activities and functions. In order to impact care, the CNL has the knowledge and authority to delegate tasks to other health care personnel, as well as supervise and evaluate these personnel and the outcomes of care. Along with the authority, autonomy and initiative to design and implement care, the CNL is accountable for improving individual

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care outcomes and care processes in a quality, cost-effective manner.

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