About Role Transition: The novice to expert model of skill acquisition describes levels of proficiency as an individual develops: a novice, advanced beginner, competent, proficiency, and expert. The transition from frontline nurse to CNS is an example of movement between the novice to expert levels of proficiency as patient care situations, education level or job roles change. Nurses typically are practicing at the proficient or expert level as a frontline nurse; however, they become novices or advanced beginners in the student role. On employment, CNSs enter as advanced beginners due to the lack of role experience. Role confusion may be experienced as the nurse lets go of her prior role and takes on the advanced practice role. This role confusion may lead to feelings of self-doubt, anxiety, lack of self-confidence and insecurity that may continue during the transition into the professional work role.

About Self Study: The study of self is common in education and teacher education literature. Pinnegar recommends that educators use self-study as a way to understand professional practice settings characterized by being self-initiated, self-focused, improvement-minded, interactive, qualitative, and validated through trustworthiness. An important part of self-study in the teacher literature is the use of a critical friend to support exploration of the experience.

Statement of Problem

Role development for new clinical nurse specialists (CNSs) is challenging. New CNSs are transitioning from a role in which they were an expert to being a novice in a new role.

Evidence from the Literature

The study results suggest that there are shared experiences and feelings amongst new CNSs. Prior to becoming a CNS all of the participants were in involved in professional activities and reported the feeling that the CNS role was an expansion of their previous role. Despite this, they described a transition period during which they felt uncomfortable calling themselves by the title CNS and worried about being able to meet the expectations of the role.

This self-study led to the discovery of key themes and helpful strategies that the authors felt should be shared to aid others in their role transition. Having a planned and structured role orientation taking into account the themes discussed in this article, as well as using the strategies discussed, will help provide a smoother role transition for the new CNS and minimize fears and impostor phenomenon.

The purpose of this qualitative study was to identify common themes in the experience of transitioning from staff nurse to CNS.

The investigators used a qualitative inquiry process to help them understand their shared experiences of transitioning into CNS practice. They developed a questionnaire about becoming a new CNS, and then individually wrote answers to the questions. The research team collectively identified meaning units, or the smallest element of the text that represented one concept. Data analysis included a combined technique of inductive and deductive thematic content analysis, including constant comparative methodology between the meaning units and the original transcript as it was deconstructed. Themes and subthemes were identified. The critical friend supported the process throughout.

Methods

Three major themes emerged, each with several subthemes.

Fitting into a New Identity:
- transition from staff nurse to CNS
- professional identity
- fears/anxiety

Aspiring for Spherical Balance:
- balanced spheres
- regulatory issues
- reality

Emerging:
- confidence
- barriers
- seeking out information
- impact on personal life
- professional networking
- coaching

Outcomes

The organization supports posters, presentations, and publications which I think help me as well to look beyond just what I'm doing to what I can do with a *CNS*

"I would spend more time at the bedside. Charts only have the paper of time in what we are doing and it supports that to better spend time with the patients and help with care instead."

Statement of Problem

How long have you been a *CNS*?
- 19 years-
- 15 years-
- 12 years-
- 10 years-
- 9 years-
- 8 years-
- 7 years-
- 6 years-
- 5 years-
- 4 years-
- 3 years-
- 2 years-
- 1 year-
- 0 years-

Participant Demographics

Questions:
- How long have you been a *CNS*?
- What was your position before becoming a CNS?
- What experience do you have, nursing, non-nursing?
- <br>/Registered Nurse IV <br>Registered Nurse IV <br>Trauma Nurse Specialist <br>Intensive Care Unit <br>Medical-surgical, mainly caring for general surgical patients <br>Intensive Care Unit <br>Progressive Care Unit <br>Charge nurse, unit preceptor <br>Intensive Care Unit <br>Forensics <br>Critical care unit nurse, unit preceptor <br>Intensive Care Unit <br>Forensics <br>Competency skills trainer <br>Medical-surgical, mainly caring for general surgical patients <br>Intensive Care Unit <br>Forensics <br>Developed and taught nursing education programs <br>Medical-surgical, mainly caring for general surgical patients <br>Intensive Care Unit <br>Forensics <br>Member of hospital-wide and unit-based committees <br>Member of hospital-wide and unit-based committees <br>Chair of clinical advancement committee <br>Chair of clinical advancement committee <br>Chair of hospital nursing governance board <br>Chair of hospital nursing governance board <br>held various board positions for professional nursing organizations <br>held various board positions for professional nursing organizations 

Conclusion

This was a qualitative study of a convenience sample of three new CNSs at the same level One Trauma Center and Academic Medical Center. Experiences of CNSs at other hospitals may be different. The authors developed a study question and focused their work on the subjects, which may impact their evaluation of the responses and development of themes.

The use of self-study in this approach is unique to nursing outside of the academic world. Efforts were made to increase the validity of this approach by adding a critical friend. It is recognized that bias is inherent in this approach. Future work to compare these experience themes with the experiences of other CNSs at facilities in various geographic locations will extend our understanding of being new to the CNS role. The experiences of seasoned CNSs versus CNSs new to the role can be compared and contrasted, as well as the impact of geographic location and institution size.

References