Work Processes Used by Clinical Nurse Specialists to Improve Patient Outcomes

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Background

- Healthcare environments are diverse and changing rapidly
- Poor outcomes are costly
- Nurses are accountable for patient and organizational outcomes
- Evidence-based practice is critical
Advanced Practice Nurses (APN)

Four (4) recognized APN roles in USA
- Clinical Nurse Specialist
- Nurse Practitioner
- Nurse Midwife
- Nurse Anesthetist

All APNs hold a graduate degree
- Master's or Doctorate

All APNs contribute to evidence-based practice and quality outcomes
Clinical Nurse Specialists (CNS)

- CNS is academically prepared to lead large practice change initiatives to improve care across systems
- Core CNS practice competencies and outcomes are defined
- CNS practice varies across specialties and settings
Problem

- Improving clinical outcomes requires application of theoretical and scientific knowledge
- Processes used by CNSs to achieve outcomes is largely unknown
Purpose

To identify common processes used by clinical nurse specialists (CNS) working in a variety of practice settings and specialties to advance nursing practice and achieve improved clinical outcomes.
Methods

▸ Design – Qualitative descriptive as described by Sandelowski (2000)

▸ Sample/Setting – Purposive sample
  ▸ Participants selected from among juried abstract presentations describing project outcomes
  ▸ Total = 20 participants

▸ Procedures
  ▸ Two, 1 hour focus groups
  ▸ Taped and transcribed
Analysis

- Standard content analysis process
  - Team members read transcripts
  - Text units created and coded independently
  - Text units compared and contrasted into subcategories
  - Consensus procedures
  - Audit trail
Findings

Demographic

- 17 CNSs participated (8 and 9 in each focus group)
- RN experience: Mean 24 years (11 – 39)
- CNS experience: Mean 8.6 years (1.5 – 23)
- Age: Mean 49 years (35 – 62)
- 82% Master’s; 18% doctorate (DNP or PhD)
- 88% Advanced certification
- Specialties: adult/gerontology (35%); acute/critical care (18%); wound/ostomy (6%); other (6%)
Overarching Theme

- Situating Work
  - Process of fitting the work to context
  - Each team or unit was unique
  - Project plans required adaptations
Situating Work included...

- Process of fitting the work into context
- Beginning with the end in mind
- Garnering resources
- Aligning evidence
- Managing tasks
- Tailoring strategies
... I need buy-in not only from directors and management, but physician buy-in... and from nurse champions... all the key stakeholders.

... you have to do the groundwork... meaning getting the evidence for why we need to move forward with the change...

The way that you sell it is going to be different depending on who you're talking...

...there’s units with cultures, and you can have cultures within cultures... you can tell who’s gonna be receptive to change and who’s gonna absolutely resistant change.
Situating Work included...

- Managing the team
- Developing skills in staff
- Energizing forward movement
- Monitoring progress
- Removing barriers
- Meeting the challenge of resistance
It’s not going to sustain if we don’t [bring everyone along]... sustainability is always in the back of my mind.

...we did the literature review, we took a step back and we engaged the staff.

...every step along the way you can find these barriers and you have to kind of smooth it out until you can move forward with the change. It takes finesse.
...on a day-to-day basis, in terms of making the changes, you have to be cautious... you have to adjust to other priorities on the unit.

You may be rerouted but know what you want to achieve... What is the outcome you want for your patient or your organization.

You find more and more problems as you start delving into things so you have to reroute and stop and restart.
Situationing Work...

- …it’s not a barrier, it’s not an end stop... I need to overcome, to renegotiate, to find the right fit for whatever is in front of me so that I keep the project moving, sustain this initiative, produce that outcome that we’re looking for.

- I think a lot of what helps us move things forward is good listening.
...having the data that shows that [the situation] is not what your perception is, that your perceptions are inaccurate.

You’ve got to have data, you’ve got to have information and you’ve got to have evidence... because it’s hard to argue with that. With data you can get support.
Supportive Processes for Situating Work

- Identifying a Problem
  - Using staff input and CNS knowledge/experience

- Engaging Stakeholders
  - Identifying stakeholders
  - Conducting preparatory steps for engagement
  - Onboarding stakeholders

- Forecasting
  - Reading situation dynamics
  - Seeing possibilities/open to revision
Supportive Process for Situating Work

- Providing Feedback
  - Communicating
  - Providing support and encouragement
  - Seeking feedback from others

- Interfacing with the System
  - Connecting with administration
  - Bridging interdisciplinary teams
  - Connecting within the system

- Disseminating
  - Needing to report
  - Reporting when, what and how to whom
CNS Self-Agency

- Foundational characteristics
  - Education
  - Experience
  - Emotional intelligence
  - Self-Reliance
Having Self-Agency

- Taking responsibility
- Owning nursing practice
- Self-reflecting
- Influencing others
Owning Nursing Practice

So I said, this is not right for the patient and something has to be done and someone needs to do it. And who is the person to do it? A Clinical Nurse Specialist is the one to really drive the thing forward... pull out that evidence, go to the right people... it is for the patient... that pulled at me and I said whoa, we’ve got a problem here and the right thing’s not happening for this patient.

You come up to barriers many times and you have to pull out all your tools in the CNS toolbox...
...the manager said, you don’t have direct authority to – you’re not a direct supervisor of these people. And I said, yes, but in a way that makes it harder because I have to get these people to do things that I would like them to do without any direct authority.

It’s having influence without authority, right? And so you have to use influence, trust. Trust is huge. As a new CNS staff have to learn to trust you... to know you are OK.
Circular Nature of Trust

- Building trust
- Using earned trust
- Generating trust capital

...even if you are busy, you have to be sensitive because people will ask you to participate on their project... you don’t want to burn bridges because you need them in the future.

... know the politics of what you do. Let every day be an opportunity where you’re building trust and respect with your colleagues, including interdisciplinary colleagues... we need them to support us. If you don’t start off well respected and trusted it’s hard to move a project forward. But if you’ve spent that time up front, it really pays off in the end.
Identifying the Problem
Engaging Stakeholders
Forecasting
Providing Feedback
Interfacing with System
Disseminating

Building Trust
Using Earned Trust
Gaining Trust Capital

Taking Responsibility
Owning Nursing Practice
Self-Reflecting
Influencing Others

Having Self-Agency
Discussion

- CNSs are clinical nursing experts
- Expert work done well is not often visible
- Experts engaged in supporting system-level practices become invisible
Invisible Work

Used to describe unrecognized or undervalued work in a society (DeVault, 2014)

CNSs provide expert “invisible” work processes

Supporting and leading health care improvements and better patient outcomes

Articulation Work

Unacknowledged management of awkward intersections among the social worlds of people, technology and organizations

Facilitated by CNS self-agency
Limitations

- Participants were from North America (USA and Canada)
- Limited insight into CNS work in different countries/health systems
- Participants were recruited from list of accepted conference abstracts - successful projects
- Little is known about projects that were not successful or accepted for presentation
Implications

- CNS-led projects are central to advancing nursing practice and improving outcomes
- Self-agency and trust are central to CNS work processes
- CNS education should include knowledge and experiences for creating self-agency
- Administrators should recognize and support the critical, though often invisible, CNS work processes
Future Research

- Closer examination of clinical and fiscal outcomes of CNS practice related to improvement projects.
- Conduct additional studies in different countries and health systems to identify unique characteristics of CNS work.
The Challenge

- Nursing practice is difficult to define and quantify.
- CNS practice is nursing practiced at an advanced level.
- If nursing is difficult to define... it is therefore even more difficult to define and quantify nursing practiced at an advanced level.

- Thank you!