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NACNS POSITION STATEMENT ON THE CLINICAL NURSE LEADER

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Citing a need to focus education on preparation of nurses capable of addressing the health care dilemmas of the future, the American Association of Colleges of Nursing (AACN) proposes a new entry level master's prepared nurse. This new entry level nurse is proposed to target current and future leadership needs in all levels and types of health care settings and to implement outcomes-based practice, to improve quality, and to create/ manage systems of care. The new nurse role – labeled the Clinical Nurse Leader – is conceptualized based on 10 assumptions, 3 core competencies, 7 knowledge competencies and 3 role competencies. No data are offered to support this conceptualization.

The National Association of Clinical Nurse Specialists (NACNS) monitored the progress of this proposal since it came into the public domain May 2003. Recently AACN's Board of Directors approved master's preparation for the new nurse. The move to master's education heightened existing concerns by NACNS members and the clinical nurse specialist (CNS) community at large. In response, NACNS conducted a systematic analysis of the competencies of the new nurse. The analysis was based on a comparison of competencies described in the *Working Paper on the Role of the Clinical Nurse Leader* (AACN, 2003) with competencies described in NACNS's *Statement on Clinical Nurse Specialist Practice and Education* (NACNS, 2004). Rationale for this comparison is that the CNS is a recognized a clinical leader and expert at managing clinical outcomes (ANA, 2004). The knowledge and competencies described in the working paper were also compared with *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 1998) because the proposed new role is an entry point into nursing practice.

The results of the comparison demonstrate that the proposed new nurse is an overlaying of the baccalaureate essentials on knowledge and competencies of the CNS. From this comparison, it is NACNS's opinion that **the proposed competencies of the new nurse duplicate the competencies of the CNS. Additionally, it is NACNS's position that a clinical leader with systems level responsibilities cannot be prepared at the baccalaureate level; to be a leader requires competencies in the direct patient care level at the baccalaureate level upon which the master's preparation builds to prepare a clinical leader.** CNS competencies build on baccalaureate competencies, therefore, the graduate degree awarded by programs preparing CNSs are focused entirely on advanced nursing practice. NACNS questions the ability of a master's program to include both the competencies needed for entry into practice and the competencies to practice in a leadership/advanced role as described in the working paper.

For AACN to propose this new nurse as either a replacement for or duplication of baccalaureate entry-level nurses who provide direct clinical care at a time of severe nurse shortage is a questionable use of scarce educational resources. The current number of CNSs is inadequate to provide the needed clinical leadership. **Continued efforts to implement this new nurse proposal will disenfranchise clinical nurse specialists,** a role that has been providing leadership to meet the needs of health care of the public for the past 50 years. This new nurse role should not progress to implementation. Rather than spending scarce financial and faculty resources on developing this new role when there is a national shortage of nurses, including CNSs, **the nursing profession would be better served to support baccalaureate nursing and CNS programs.** NACNS acknowledges that baccalaureate nurses are in need of clinical mentoring and practice support and believes that CNSs are prepared to provide that support. NACNS is eager to collaborate with baccalaureate programs/health care agencies to develop mechanisms to enhance the actualization of baccalaureate leadership competencies. In addition, NACNS is interested in discussing with AACN and other organizations opportunities for supporting and strengthening CNS programs.

References

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