Reflections on New Clinical Nurse Specialist Transition into Practice

Jennifer Bath MSN, RN, AGCNS-BC, CEN, TCRN; Amy Lucas MSN, RN, CCNS, CCRN-K
Cynthia Ward DNP, RN-BC, CMSRN, ACNS-BC; Kimberly Carter PhD, RN

Carillion Roanoke Memorial Hospital

One of the largest hospitals in the Commonwealth of Virginia, Carillion Roanoke Memorial Hospital (CRMH) is the region’s only Level 1 Trauma Center, serving as a regional resource and providing access to comprehensive trauma services since 1983. CRMH features a 703-bed academic medical center, including Carilion Children’s, a full service, 92-bed “hospital within a hospital”, that provides specialized intensive care for neonatal, pediatric and adolescent patients. CRMH is part of Carilion Clinic Roanoke Campus, which has been Magnet® designated three times. System-wide, Carilion Clinic serves nearly one million patients across western Virginia and parts of West Virginia and North Carolina.

Objectives

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

Methods

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.

Outcomes

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 Spiritual Balance • balanced spheres • regulatory issues • reality

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

Carilion Clinic Roanoke Hospital

Evidence from the Literature

About Role Transition:
The novice to expert model of skill acquisition describes levels of proficiency as an individual develops a skill: 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 role.

About Self Study:
The study of self is common in education and teacher literature. Pinnegar recommends that educators use study as a way to understand professional practice settings characterized by being self-initiated, self-focused, improvement-aimed, 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.

Participant Demographics

<table>
<thead>
<tr>
<th>Questions:</th>
<th>Participant Demographics</th>
</tr>
</thead>
<tbody>
<tr>
<td>How long have you been a nurse?</td>
<td>CNS 1</td>
</tr>
<tr>
<td>What was your position before becoming a CNS?</td>
<td>Registered Nurse IV</td>
</tr>
<tr>
<td>What experience do you have?</td>
<td>Medical-surgical, mainly caring for general surgery patients</td>
</tr>
<tr>
<td></td>
<td>Charge nurse, unit preceptor</td>
</tr>
<tr>
<td></td>
<td>Competency skills trainer</td>
</tr>
<tr>
<td></td>
<td>Developed and taught nursing education programs</td>
</tr>
<tr>
<td></td>
<td>Member of hospital-wide and unit-based committees</td>
</tr>
<tr>
<td></td>
<td>Author of published nursing articles</td>
</tr>
<tr>
<td></td>
<td>Chair of clinical advancement committee</td>
</tr>
</tbody>
</table>

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.

Conclusions

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 involvement 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.

Limitations and Future Research

This was a qualitative study of a convenience sample of three new CNSs at the same Level 1 Trauma Center and Academic Medical Center. Experiences of CNSs at other hospitals may be different. The authors developed a study questions and themes in collaboration with 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