



CORE PRACTICE

OUTCOMES FOR CLINICAL NURSE SPECIALISTS: A REVALIDATION STUDY

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Measuring outcomes of clinical nurse specialist (CNS) practice is essential for demonstrating accountability. Literature is limited with respect to the scope of reported CNS outcomes. The National Association of Clinical Nurse Specialists' (NACNS) published listing of CNS outcomes could serve as an outcome measurement framework. Revalidation of these outcomes is an important step in creating a structured outcome measurement approach. The purpose of this descriptive study was to assess CNSs' perceptions of the ongoing validity of NACNS published outcomes. A Web-based survey asked participants to describe, for each of 42 outcomes, the frequency of outcome accountability, importance to practice, and frequency of monitoring. Of the 427 surveys returned, 347 (81%) were included in analysis. Findings demonstrated concordance between identified outcomes and actual CNS practice. When job descriptions included the CNS outcomes, more CNSs reported using the outcomes in practice. Both accountability and importance predicted the monitoring of outcomes ($p < .001$). This study demonstrated the ongoing validity of NACNS outcomes. Nurse educators must ensure that CNS program curricula are based on the NACNS framework and that successful achievement of program outcomes are congruent with the framework. These outcomes have potential for use as a conceptual framework for guiding future CNS outcome investigations and ongoing monitoring systems. Finally, the findings of this study give voice to CNS practice and provide knowledge about expectations for practice outcomes. (Index words: Advanced practice nursing; Clinical nurse specialist; Internet; Practice outcomes; Survey) *J Prof Nurs 32:271–282, 2016. © 2016 Elsevier Inc. All rights reserved.*

THE IMPORTANCE OF addressing outcomes of advanced practice nursing (APN) has been recognized for many years (Kleinpell & Alexandrov, 2014; Urden, 1999). Describing and measuring outcomes of APNs will continue to be essential because of an increased emphasis on accountability, the ongoing implementation of the Affordable Care Act, and increased regulation of health care. All nurses have a duty to demonstrate accountability for their actions (American Nurses Association [ANA],

2010), and one way to demonstrate accountability is to identify, measure, and report outcomes of care.

Professional organizations representing the four APN roles (certified registered nurse anesthetist, certified nurse–midwife, clinical nurse specialist [CNS], and certified nurse practitioner) (APRN Joint Dialogue Group, 2008) have each published practice competencies for the respective roles. The National Association of Clinical Nurse Specialists (NACNS, 2004) is the only professional organization to publish practice outcomes corresponding to the role competencies. The CNS competencies and their corresponding outcomes were developed to be central to the CNS role regardless of specialty (NACNS, 2004).

In addition to practice outcomes developed by NACNS (2004), studies have documented CNS contributions to clinical and fiscal outcomes. Many of these studies were included in a systematic review of APN outcomes (Newhouse et al., 2011) comparing APN practice outcomes with outcomes of physicians or provider

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teams not including APNs. With respect to CNS practice, Newhouse et al. (2011) located and synthesized the results of four randomized control trials and seven observational studies. Based on this published evidence, the authors were able to identify only four outcomes associated with CNS practice including patient satisfaction, length of stay, cost, and complications (Newhouse et al., 2011). Relatively few studies focused on outcomes of CNS practice, which likely reflects the historical emphasis placed on care processes by hospital-accrediting agencies and the preponderance of CNS practice being hospital based. By publishing CNS practice outcomes, NACNS (2004) was leading the shift toward outcomes and away from the focus on processes. The CNS practice outcomes published by NACNS (2004) were more extensive than was described in the literature, including additional outcomes related to symptom management, nurse empowerment, integration of evidence into practice, and initiation of practice innovations. It is apparent that additional research is needed to fully document the CNS's contributions to outcomes of care. The NACNS (2004) practice outcomes can serve as a framework for creating a formal mechanism for documenting and disseminating CNS contributions to patient, nurse, and system outcomes. However, a gap in time exists between the 2004 publication of outcomes and today. Revalidating the 2004 NACNS outcomes is an important first step in creating a structured approach to measuring the effect of CNS practice on outcomes. The purpose of this study was to assess practicing CNSs' perceptions of the ongoing validity of CNS outcomes previously published by NACNS.

Review of Literature

CNSs are graduate-prepared (master's or doctorate) advanced practice nurses. The role, introduced in the 1950s as a master's-prepared role, was the nursing profession's response to increasing demands for improved nursing care in hospitals and psychiatric facilities. CNS practice focused on improved clinical care and was regulated primarily by the profession. Recognition to practice as a CNS was having been prepared in a specialty-focused graduate nursing program. Professional certification was an optional measure of excellence and available only after years of experience in the CNS role. Few states offered title protection; those that did specify an earned graduate degree (Fulton, 2014). At present, CNS education, practice, and regulation are being aligned with the APRN Joint Dialogue Group (2008).

CNS practice has been recognized for its multifaceted nature and is well suited to meet any number of health care demands including managing individual patient care, advancing nursing practice, and implementing and evaluating evidence-based care practices at the system level (Chan & Cartwright, 2014; Fulton, 2014; Lewandowski & Adamle, 2009; Mayo et al., 2010). The NACNS conceptualization of CNS practice as three domains—patient/client, nurses and nursing practice, and organization/system (also called *spheres of*

influence)—was based on an extensive review of CNS practice (reflected in job descriptions), a comprehensive literature review and expert review by nurse leaders (Baldwin, Clark, Fulton, & Mayo, 2009). The patient/client domain is the cornerstone of CNS practice and reflects the CNS's core clinical practice expertise for a specialty population. The nurses/nursing practice sphere addresses CNS practice in leading, mentoring, and educating nurses and nursing personnel in the development of innovative, cost-effective, evidence-based nursing practice. The organization/system sphere includes practice activities for articulating the value of nursing care at the organizational decision-making level, removing system-level barriers interfering with safe, high-quality care while assuring programs of care address specialty populations.

Findings from Lewandowski and Adamle's (2009) comprehensive review of the literature, using thematic analysis of 1,030 published articles related to CNS practice, supported NACNS' conceptualization of three domains of CNS practice. In the comprehensive review, three substantive areas emerged that included (a) managing the care of complex and vulnerable populations, (b) educating and supporting interdisciplinary staff, and (c) facilitating change and innovation within the health care system. In addition, these substantive areas were consistent across a wide number of specialty practice areas (Lewandowski & Adamle, 2009).

In addition to studies of the substantive nature of CNS practice, reports of the impact of CNS practice on a variety of outcomes have been published. Examples of individual studies of outcomes of CNS practice include the following: decrease in central line-associated blood stream infections through CNS-led evidence-based practice changes (Richardson & Tjoelker, 2012); increase in number of staff nurse-initiated evidence-based practice projects and improved physician collaboration and teamwork (Catania et al., 2012); statistical and clinical improvements in glucose management following CNS-led implementation of standardized glucose treatment plans (Custer, 2010); decreased contamination rates and cost savings following CNS-led implementation of evidence-based practices related to urine specimen collection (Dolan & Cornish, 2013); and significant contributions toward achieving and maintaining Magnet status (Walker, Urden, & Moody, 2009).

CNSs have long been recognized for their expertise in ensuring health care quality and in producing positive patient outcomes.

In addition to the Newhouse et al. (2011) systematic review of outcomes of APN, other researchers have published syntheses of individual studies on CNS influence and outcomes. Doran, Sidani, and DePietro (2014) analyzed published literature to identify CNS outcomes and to determine the extent to which identified outcomes were sensitive to CNS practice. Through the review, the authors identified five categories of patient outcomes sensitive to CNS practice including specific diseases/conditions, physical and psychosocial

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