Variations in Clinical Nurse Leaders' Confidence With Performing the Core Role Functions*

MATTIA J. GILMARTIN, RN, PhD

Clinical nurse leader (CNL) practice, by definition, requires individuals to make career transitions. CNLs must adjust to their new work role and responsibilities and doing so also entails individual adjustment. Prior work has not examined the role of individual-level factors in effective CNL role transition. This study contributes to CNL implementation efforts by developing understanding of personal and contextual factors that explain variation in individuals' levels of self-confidence with performing the key functions of the CNL role. Data were gathered using a cross-sectional survey from a national sample of registered nurses (RNs) certified as CNLs. Respondents' perceptions of their confidence in performing CNL role competencies were measured with the Clinical Nurse Leader Self-Efficacy Scale (CNLSES; Gilmartin MJ, Nokes, K. (in press). The Clinical Nurse Leader Self Efficacy Scale: Results of a pilot study. *Nursing Economic$*). The CNLSES is a 35-item state-specific self-efficacy scale with established measurement properties that assesses nurses' perceptions of their ability to function effectively as a CNL. Demographic data were also collected. Data were analyzed using a general linear regression model. One hundred forty-seven certified CNLs participated in the survey. Results indicate that respondents vary in their confidence with performing the nine role competencies associated with CNL practice. Results from regression analyses also show that respondents' confidence in their abilities to carry out the core functions associated with the CNL role varied significantly across geographic region, organizational type, and by CNL graduate program model. The results of this study show important differences in CNLs' levels of self-confidence with the core competencies of their role. As a result, it may be important to develop targeted career transition interventions to gain the full benefit of CNL practice. (Index words: Clinical nurse leader; Career transitions; Self-efficacy; Practice confidence; Survey) J Prof Nurs 30:307–316, 2014.

INTRODUCED IN 2004, the clinical nurse leader (CNL) is the first new nursing role in more than 30 years (American Association of Colleges of Nursing [AACN], 2007). The goal of the CNL role is to return expert clinicians to the point of care to strengthen the nursing professions' contributions to improve the quality, safety, and outcomes of health care in the United States. The hallmark of CNL practice is the management of client-centered care and clinical excellence at the point of care (AACN, 2007; Hix, McKeon & Walters, 2009; Ott et al., 2009; Reid & Dennison, 2012).

Unlike other master's-prepared roles in nursing, the CNL is an advanced generalist with unit-level responsibility. Because of their generalist orientation, the scope of CNL practice complements that of the frontline nurse manager, on the one hand, and the nurse practitioner and clinical nurse specialist, on the other (AACN, 2007). Graduate education for the CNL role extends the direct care skills acquired at the baccalaureate level to build competence in the area of policy and organizations, outcomes management, nursing leadership, and care

Senior Research Scientist, New York University College of Nursing, New York, NY.
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Address correspondence to Dr. Gilmartin: Senior Research Scientist, New York University College of Nursing, 726 Broadway 10th floor, New York, NY, 10003. E-mail: mjg14@nyu.edu
8755-7223

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management (AACN, 2007). CNLs are educated to assume responsibility for interdisciplinary care coordination; managing clinical outcomes, with a particular focus on promoting health and preventing disease in populations; and implementing clinical quality improvement and risk management programs within the context of a clinical unit.

To promote the diffusion of the CNL role in both academic and practice settings, the AACN specified the development of CNL program curricula; clinical and didactic experiences required for certification as a CNL; and academic–service partnerships to serve as a mechanism for each partner to initiate the CNL role, with the goal of hiring CNL program graduates into formal CNL positions at the partner organization (Stanley, Hoiting, Burton, Harris & Norman, 2007). The *White Paper on the Education and Role of the Clinical Nurse Leader* (2007) outlined these requirements, which are also described elsewhere (Bartels & Bednash, 2005; Drenkard, 2004; Poulin-Tabor et al., 2008; Stanley, Hoiting, Burton, Harris & Norman, 2007; Tornabeni & Miller, 2008).

Although clinical practicum experiences are a common feature of nursing education programs, the role transition experience for individuals pursuing the CNL role differ in important ways from experiences provided in other graduate programs in nursing. Ideally, CNL education and transition to practice occur within the context of an academic–service partnership (AACN, 2007). The academic–service partnership model serves to promote CNL role implementation by aligning academic and organizational goals; each partner is committed to educating and employing nurses to lead and manage clinical improvement initiatives. CNL students complete between 400 and 500 clinical contact hours during the program, 300 to 400 of which are structured as an immersion experience in the CNL role with a dedicated preceptor and a faculty partner over a 10- to 15-week period (AACN, 2007). During the immersion experience, students have the option to select a new clinical practice area for the practicum experience as a means to promote transitions into a new practice area after graduation (Bombard et al., 2012).

Prior studies examining the transition experiences of nurses pioneering the CNL role provide important information regarding organizational factors that promote or hinder the adoption of the CNL role in clinical settings (Bombard et al., 2012; Moore & Leahy, 2012; Sherman, 2010; Stanton, Lammon & Williams, 2011). Two recent qualitative studies suggest that the CNL role is implemented differently across organizations and practice areas (Sherman, 2010; Stanton et al., 2011).

The purpose of this study is to develop understanding of factors that account for variation in individuals' self-efficacy in the CNL role. This study contributes to CNL implementation efforts by developing understanding of personal and contextual factors that explain variation in individuals' levels of self-confidence with performing the key functions of the CNL role. Understanding differences in CNLs' levels of self-confidence with the core competencies of the role will provide important information to develop targeted career transition interventions to gain the full benefit of CNL practice.

Role Transitions of CNLs

CNL practice, by definition, requires individuals to make career transitions that require adjustment to new professional work roles and responsibilities. Doing so also entails individual adjustment. Prior research suggests that experienced nurses moving into advanced practice roles experience difficulty during role transition because they are expected to function at a higher, more independent, practice level than previously demonstrated in traditional staff nurse roles (Jones, 2005; Sherman, 2010). More generally, an individual's ability to build a successful career is based on her or his ability to transition to increasingly complex work roles (Ashforth & Saks, 1995; Nicholson, 1984).

Work role transitions entail two interdependent adjustment processes: personal development and role development. Personal development includes cognitive and psychological changes in knowledge, skills, confidence, and work identity, and motivation for feedback to improve work performance and prior professional socialization experiences. In contrast, role development is reflected in the design of the job within a specific organizational context. Managers are typically responsible for attending to the required changes in organizational systems, structures, reporting relationships, politics, culture, and resources needed to promote the adoption of a new work role (Edwards, 2008; Nicholson, 1984). In sum, the extent to which an individual is able to successfully transition to a new work role is predicated on personal characteristics that make her or him well suited for the job, on the one hand, and changes in organizational context and job design to promote person–job fit, on the other (Ashforth & Saks, 1995; Edwards, 2008; Stephens, 1994).

Self-confidence is an important factor associated with successful role transitions. Self-confidence is an attitude that enables individuals to have positive, yet realistic, views of themselves and their situations. Self-confident people trust their own abilities, have a general sense of control in their lives, and believe that, within reason, they will be able to do what they wish, plan, and expect (Stakjovic & Luthans, 1998). Prior research establishes that self-confidence is an important factor associated with a number of important work outcomes including successful career transitions, job satisfaction, job performance, and voluntary turnover (Stakjovic & Luthans, 1998; Judge, Erez & Bono, 1998).

Variations in nurses' self-confidence associated with transitioning into the CNL role is likely to be influenced by a number of personal and contextual factors. First, because nursing is a contextually situated practice, prior exposure to a particular clinical problem or practice situation builds competence and confidence in the ability to respond appropriately to similar situations (Benner, 2009; Tanner, 2006). Recent analyses of the content of registered nurses' (RNs') daily work suggest