

The Consultation Component of the Clinical Nurse Specialist Role

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THE ISSUE

The Clinical Nurse Specialist (CNS) role was introduced in Canada in the 1960's as a direct response to the increasing complexity of care in the healthcare system. Despite consistent descriptions of the role dimensions, the CNS role is still poorly understood and the CNS still encounters challenges relating to the consultation component of their role.

THE PURPOSE

To describe the consultation component of the CNS role in a university hospital with adult population.

What did we do?

Individual semi structured interviews were conducted with 8 CNSs in Quebec, Canada to discuss the goals, objectives, barriers, facilitators and characteristics of the consultation component of the CNS role.

What did we find?

CNSs spend between 20 to 70% of their time in consultation. Key areas of consultation include:

- Managing crisis situations
- Ensuring continuity of care
- Supporting other health professionals and health care teams.

Participants described the main goal of their consultation activity as improving quality of care by sharing knowledge or making recommendations.

Facilitators influencing CNS consultation include: administrative support, influence of CNS role models and peer support.

Challenges include: role ambiguity, interpersonal conflicts, overlap with other role dimensions such as education and research, and inadequate preparation to undertake academic activities

How will this research help?

This study shows how the CNS role is shaped by an understanding of advanced practice nursing, graduate education, organizational expectations and expertise in clinical specialty. By sharing knowledge through consultation, CNSs increase nursing knowledge and effect change resulting in improved nursing practice, quality of care and health outcomes.

CNSs encountered major challenges relating to the consultation component of their role, continually adjusting their roles and adapting their competencies to new demands. This results in role ambiguity and lack of clarity, necessitating a constant shifting of objectives.

What's next?

In order to promote the value of the CNS in the healthcare system, the role must be well defined and understood. Further exploration and documentation of activities and outcomes related to the consultation component of the CNS role should be continued.

BOTTOM LINE?

The consultative component of the CNS role can be instrumental in facilitating the sharing of expert knowledge, identifying and resolving healthcare issues, responding to crisis situations, ensuring continuity of care and building health care teams.

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