



Global View of the Clinical Nurse Specialist Role

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Abstract

A clinical nurse specialist (CNS) is an advanced practice nurse who has acquired knowledge, skills, and aptitude at greater depth and breadth than generalist preparation registered nursing. Globally there are varying descriptions of the CNS role and practice. In the United States and Canada, the term CNS is used, whereas in other countries the role may be titled, for example, Clinical Nurse Consultant. As titling continues to evolve, the core criterion for a CNS is advanced formal nursing preparation at the postbaccalaureate level. CNS practice focuses on managing complex and vulnerable patients and populations, providing education and support for nurses and interprofessional staff, and creating change and innovation in healthcare systems for improved patient/population outcomes. A global need exists for the role of the CNS, and educational and regulatory support is required to fully implement the role in many countries and settings. Common concerns varying in importance by country include securing title protection, defining scope of practice, determining core practice competencies, establishing educational requirements and curriculum, securing professional certification, and obtaining authority to practice regulation. Continuing efforts to assure public access to CNS services are essential for the successful integration of the CNS role into the professional healthcare expertise contributing to the health and well-being of persons globally.

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1.1 Introduction

Clinical nurse specialist is one of four advanced practice nursing roles developed to provide advanced nursing care to specialty populations. Other advanced nursing roles include nurse practitioner, nurse-midwife, and nurse anesthetist. Globally, advanced practice nursing is recognized as nursing practiced beyond generalist registered nurse practice with advanced knowledge and skill derived from postbaccalaureate education. Advanced practice nursing is a natural evolution and extension of nursing practice with unique roles representing greater depth and breadth than generalist registered nurse preparation. Advanced practice nursing roles have varying levels of recognition depending on country and regulatory authority to practice within a defined scope.

Clinical nurse specialists hold a graduate degree in nursing that prepared graduates for the advanced role of clinical nurse specialist. In countries where graduate nursing degrees are not available, transition programs are filling the gap between generalist education and advanced practice education. The 2020 ICN Guidelines on advanced practice nursing provide a recommended path forward for nursing education to progress from generalist nurse to specialist nurse to clinical nurse specialist.

The foundation of CNS practice is direct patient care focusing on complex and vulnerable population. CNS practice includes both advanced clinical practice and practice that advances nursing care for improved clinical outcomes by providing interprofessional education, individual mentoring, and leadership for evidence-based practice for a specialty area. In addition, CNS practice includes addressing system-level organizational structures and operating procedures to remove barriers and facilitate nursing care for specialty populations. Examples of specialty populations for CNS practice are seen in Table 1.1.

Advanced practice roles are established in some countries while evolving and emerging in other countries. While many countries use the term Clinical Nurse Specialist, some countries use other titles for practice roles that match to the CNS. Titles in other countries include Certified Nurse Specialist (Japan), Senior Specialist (Saudi Arabia), Nurse Consultant (Australia, Saudi Arabia), Nurse

Table 1.1 Types of specialty care (National Association of Clinical Nurse Specialists 2019)

Specialty area	Population examples
Developmental age group	Neonatal, pediatrics, older adults
Disease/pathology	Diabetes, cancer, tuberculosis
Clinical problem	Pain, wounds, stress
Care delivery setting	Critical care unit, emergency care, surgery
Type of care	Rehabilitation, palliative care

Specialist, or Specialty Nurse (China). These various titles reflect a role that require advanced education beyond the generalist nurse and specify an advanced nurse with expert knowledge, complex decision-making abilities, and enhanced skills. Countries developing the role of the CNS are looking to standardize titling, education, competencies, and regulation. Regardless of title all roles should have advanced educational preparation, beyond the RN level, and focus on a specialty area of nursing practice. The level of development of the CNS role is different globally where the role may be just emerging or may be more established with educational standards, title protection, and accepted regulatory authority to practice.

1.2 History of the CNS Role and Practice

Often the CNS role was developed long before a formal definition or title was applied. Chapters in this book discussing CNS practice in different countries illustrate the evolution of the role on different timelines and following different paths. In the United States, the idea of an expert clinical nurse emerged in the 1940s and further developed through 1965, when Hildegard Peplau first used the term clinical nurse specialist. She described the CNS, an advanced practice nurse as having expertise in nursing practice in the care of complex patients. Peplau proposed graduate education in nursing at a minimum of the master's level to prepare CNSs (Peplau 2003). The impetus for creating the CNS role was the findings of several national studies about nursing, the most significant being the 1948 Brown report (Brown 1948). This report noted the lack of scientific principles in nursing education and the limited opportunity for development of in-depth clinical expertise in nursing practice. Nursing leaders suggested that nursing needed expert nurses at the bedside to lead the advancement of nursing practice. In-depth expertise was becoming specialized, and the CNS was the nursing profession's response to providing leadership in clinical practice. The need for expert nurses leading clinical practice continues to exist today. We see this as countries continue to develop the CNS role and as other countries are in the beginning stages of CNS role implementation.

The CNS role has emerged as a response to societal needs for improved nursing care. Each chapter includes a brief history of the development of the CNS role in each respective country. Many of the described efforts began without formal frameworks in place. Over the years these initiatives in various countries recognized the need to establish a framework for practice or are currently developing the role definitions and model for practice.

Several countries identified the late 1990s and early 2000s as a time of focused activity to establish the CNS role. Ireland's National Council for the Professional Development of Nursing and Midwifery, in 2001, published CNS definitions, core functions, and a framework establishing pathways for nurses to become CNSs. Japan first referenced the CNS role in 1987. In 1996, Japan began certifying CNSs and in 1998 began accrediting master's level CNS education programs. In 2007, the Japanese Association of Certified Nurse Specialists was formed. New Zealand introduced the role in the 1970s; by the late 1990s, the role started to proliferate. In

1998 the Ministerial Taskforce report highlighted the CNS role and its impact on patient outcomes. The report recommended recognition and endorsement of the CNS role as well as specific competencies consistent with the title. The CNS role continues to proliferate today.

Other countries started developing the role in the 2000s and are in the process of establishing the role. Finland first implemented the CNS role in 2001 and has seen rapid growth over the past 5 years. Although the CNS role is not title protected or regulated, work is well underway developing CNS competencies providing guidance for frameworks in role and practice implementation. The Ministry of Health of the People's Republic of China outlined China's nursing development plan in 2005. This plan initiated the development of the CNS. By 2007, the Ministry of Health clarified the criteria for CNS training programs, including length of training, content, and evaluation standards. Further opportunities include establishing competencies, regulation standards, and titling.

1.3 Definitions of Advanced Practice Nurse and Clinical Nurse Specialist

No one global definition for the CNS exists; however, similarities are evident when looking at the different organizational (e.g., International Council of Nurses, National Council of State Boards of Nursing) and country-specific definitions (e.g., Canada, Finland, United Kingdom, United States). Some of the definitions address all advanced practice nursing roles and are not specific to the CNS.

The International Council of Nurses describes the CNS as “a nurse with advanced nursing knowledge and skills, educated beyond the level of a generalist or specialized nurse, in making complex decisions in a clinical specialty and utilising a systems approach to influence optimal care in healthcare organizations” (International Council of Nurses 2020).

Further, the ICN Nurse Practitioner/Advanced Practice Nurse Network (NP/APNN) defines an APN as:

...a registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which s/he is credentialed to practice. A master's degree is recommended for entry level (International Council of Nurses (ICN) 2008).

The United States has been moving toward the universal use of the term Advanced Practice Registered Nurse (APRN) to designate that the advanced practice nurse is first a registered nurse. The National Council of State Boards of Nursing (NCSBN), an independent organization of nursing regulatory bodies, defines the APRN as a nurse who meets the following criteria:

1. Completed an accredited graduate-level APRN role-based education program
2. Holds national certification in the role and population
3. Acquired advanced clinical knowledge and skills in providing direct care to patients
4. Practices with a greater depth and breadth of knowledge, increased complexity of skills and interventions, and greater role autonomy than a registered nurse
5. Assumes responsibility and accountability for health promotion and/or maintenance as well as the assessment, diagnosis, and management of patient problems, including use and prescription of pharmacologic and non-pharmacologic interventions
6. Completes clinical experience of sufficient depth and breadth to reflect the intended license
7. Holds a license to practice as an APRN in one of the four APRN roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), or certified nurse practitioner (CNP) (National Council of State Boards of Nursing (NCSBN) 2008)

These definitions are important as they both describe APN practice as being nursing practice that extends beyond the preparation and practice of a registered nurse and gives expanded authority in which to practice through legal recognition of regional or national credentialing. In the United States, the definition of a CNS should meet the criteria established for all APRNs, as do all advanced nursing roles.

Country-specific definitions of a CNS generally are consistent with these definitions. For example, the Canadian Nurses Association defines the CNS as a “registered nurse who holds a graduate degree in nursing and has a high level of expertise in a clinical specialty” (Canadian Nurses Association 2014). CNS practice in Canada is described as impacting three levels: the patient or client, nurses and inter-professional teams within practice settings, and organization/systems.

Finland has a functional definition for the CNS, as described in Chap. 9:

Clinical nurse specialist is an experienced master’s or doctoral prepared registered nurse whose central focus of practice is advanced clinical nursing. The aim of the role is to support healthcare organizations to achieve their strategic goals, to assure and increase the quality and effectiveness of patient care, and to improve the merging of evidence-based practice and scholarship activities. Clinical nurse specialist role domains are advanced clinical practice and practice development, consultation and staff education, transformational leadership and scholarship activities. The role actualize through direct and indirect evidence-based patient care influencing positively to the patient care, nursing profession, organization, scholarship, and the community at large.

In Chap. 7, Leary defines the CNS in Scotland as:

A clinical nurse specialist is a registered nursing professional who has acquired additional knowledge, skills and experience, together with a professionally and/or academically accredited post-registration qualification (if available) in a clinical specialty. They practice at an advanced level and may have sole responsibility for care episode or defined client/group.

In the United States, the National Association of Clinical Nurse Specialists (NACNS) defines the CNS as (National Association of Clinical Nurse Specialists 2019):

CNSs are licensed registered nurses who have graduate preparation (master's or doctorate) in nursing as a clinical nurse specialist. They have unique and advanced level competencies that meet the increased needs of improving quality and reducing costs in our health care system. They provide direct patient care, including assessment, diagnosis and management of patient health care issues.

The essence of CNS practice is advanced clinical expertise in diagnosis and intervention to prevent, remediate or alleviate illness and promote health with a defined specialty population.

CNS practice is the translation of advanced clinical expertise, expert knowledge, complex decision-making skills and clinical competencies necessary for expanded practice to directly provide and influence care and outcomes of individuals, categories of patients and/or communities.

CNS practice also transforms systems (such as health care institutions and systems, political systems and public and professional organizations) to mobilize and change these systems through expertly designed and implemented nursing interventions.

All the definitions require two criteria for the CNS role. First the definitions included advanced formal education, recommended at the graduate level, and second, the definitions specified expertise in a specialty area of nursing. These criteria are basic to the CNS role preparation.

Characteristics delineating CNS practice were summarized by Fulton and Holly (International Council of Nurses 2020) to reflect the following:

- Clinical nurse specialists (CNSs) are professional nurses with a graduate level preparation (master's or doctoral degree).
- CNSs are expert clinicians who provide direct clinical care in a specialized area of nursing practice defined by developmental age, clinical setting, a disease/medical subspecialty, type of care, or type of problem.
- Clinical practice for a specialty population includes health promotion, risk reduction, and management of symptoms and functional problems related to disease and illness.
- CNSs provide direct care to patients and families, which may include diagnosis and treatment of disease.
- CNSs practice patient-/family-centered care that emphasizes strengths and wellness over disease or deficit.
- CNSs influence nursing practice outcomes by leading and supporting nurses to provide scientifically grounded, evidence-based care.
- CNSs implement improvements in the healthcare delivery system (indirect care) and translate high-quality research evidence into clinical practice to improve clinical and fiscal outcomes.
- CNSs participate in the conduct of research to generate knowledge for practice.
- CNSs design, implement, and evaluate programs of care and programs of research that address common problems for specialty populations.

1.4 Substantive Areas of CNS Practice

In the United States, the National Association of Clinical Nurse Specialists (NACNS) developed an organizing framework for core CNS competencies integrating three domains of practice (National Association of Clinical Nurse Specialists 2019). These domains are referred to as three spheres of impact: direct patient/family care, nurses/nursing practice, and organization/system (National Association of Clinical Nurse Specialists 2019). While CNS advanced competencies are integrated across the three spheres of impact, expert nursing practice in the patient/family sphere includes assessing, diagnosing, and treating illness. In addition, the CNS influences the practice of other nurses and healthcare personnel by supporting practice through advanced specialty clinical expertise, advocacy, consultation, collaboration, scholarship, and leadership (National Association of Clinical Nurse Specialists 2019). The CNS impacts outcomes by affecting decision-making at the system/organization level, removing barriers, and facilitating quality, safe, innovative, and evidence-based care.

In 2006, the NACNS commissioned Lewandowski and Ademle to examine CNS practice by conducting an extensive review of the literature evaluating reported CNS practice domains and related outcomes. Findings demonstrated that the substantive areas of CNS practice focuses in a specialty area of nursing to manage the care of complex and vulnerable populations, educate and support interdisciplinary staff, and facilitate change and innovation within healthcare systems (Lewandowski and Ademle 2009).

These substantive areas of CNS practice identified in the literature are consistent with and support the definitions in Canada, Finland, and the United States. These definitions are important because they differentiate the practice and role of a CNS from other APN roles. First, the CNS is educated and practices in a specialty area of nursing such as, but not limited to, critical care, palliative care, or oncology. Second, the definition delineates the types of patients the CNS cares for—the complex and vulnerable. Third, the definition clearly articulates the practice of a CNS extends beyond individual patient care to include education of interprofessional staff and facilitating change and innovations in healthcare systems since optimal care is delivered from an interprofessional perspective rather than in silos of disciplines. These activities are essential to also improve the healthcare system to help populations of patients to achieve their health goals.

The substantive areas of practice are similar in the countries highlighted in this book and are summarized in Table 1.2. CNS impact is primarily demonstrated in direct patient care. Most counties explain the underpinning of CNS practice is caring for the complex vulnerable patient populations. While consulting on the complex vulnerable patients, the CNS coaches and develops the staff nurses. The role of the CNS expands further into leadership. Some authors mention CNS-run clinics, while other authors explain CNS impact on implementation of evidence-based practice, improving safety and quality, and making policy decisions.

Table 1.2 Description of CNS role by country

Country	RN preparation Required	Post-generalist specialty education	Title	Domains of practice
Australia	Yes	Some states require postgraduate qualifications; other states recommend, but do not mandate postgraduate qualifications	Clinical Nurse Specialist Clinical Nurse Consultant	Direct and comprehensive care Support of systems Education Research and quality Professional leadership
Canada	Yes	Master's preparation, but lack title protection, so some nurses using the term CNS may not be master's prepared	Clinical Nurse Specialist	Patient/client Nurses/interprofessional teams Organizations/systems
China	Yes	Education and training beyond Master's of Nursing Specialist offered	Specialty Nurse Clinical Nurse Specialist	Direct patient care Nurses/education Research/clinical leader
Finland	Yes	Master's or doctoral preparation	Clinical Nurse Specialist	Direct patient care Nursing Organization/ scholarship Role domains: advanced clinical practice and practice development, consultation and staff education, transformational leadership, and scholarship activities
France	Yes A least 3 years of experience as RN to be registered as APN	Master's level Certification domain specified	Advanced practice nurse (Infirmière de pratique avancée) Protected title	Since 2018 • Patients living with chronic disease • Hematology and oncology • Renal disease, dialysis, renal transplant Since 2019 • Psychiatry and mental health
Germany	Yes	Education and training beyond basic nursing	Advanced Practice Nurse	Direct patient care Nurses/healthcare staff Organization
Ireland	Yes	Formal recognized post-registration education	Clinical Nurse Specialist	Patient/client Staff Service/healthcare Core concepts: client focus; advocacy; education and training; audit and research; consultancy

Table 1.2 (continued)

Country	RN preparation Required	Post-generalist specialty education	Title	Domains of practice
Japan	Yes	Master's preparation	Certified Nurse Specialist	Individuals/families/groups Nurses/healthcare professionals Organization/education/research
New Zealand	Yes	Not required, but the Ministry of Health strongly advocates for postgraduate education	Clinical Nurse Specialist Nurse Specialist Specialty Clinical Nurse	Patient/family Nursing personnel/nursing standards System/organization
Nigeria	Yes	Hospital-based pathway – Advanced specialty education University-based pathway – Master's or PhD prepared Task shifting-based pathway – Advanced skills serving specialty populations	Clinical Nurse Specialist	Direct patient care Nurses Organization
Saudi Arabia	Yes	Master's preparation	Clinical Nurse Specialist Clinical Specialist	Direct patient care Nurses/staff Organization/clinic
Taiwan	Yes	Master's or doctoral preparation	Advanced Practice Nurse	Direct patient care Nurses/medical team System leadership
Turkey	Yes	Postgraduate education Master's and doctoral programs offered	Specialist Nurse	Direct patient care Nurses Organizations/institutions
UK	No	Not yet established, graduate degree recommended	Clinical Nurse Specialist	Patient/family Nursing staff
USA	Yes	Master's or doctoral preparation	Clinical Nurse Specialist Title protected	Patient/family Nurses/nursing System/organization

1.5 Expanded Nursing Practice to Meet Patient Needs

The practice and science of nursing is a dynamic and ever-changing profession. From the beginning of modern nursing by Florence Nightingale working in military hospitals during the Crimean War in the 1850s and the Henry Street Settlement Visiting Nurses in New York City in the 1890s, nurses have dedicated their work to underserved and vulnerable patients. Often, nurses cared for patients who could not afford to visit a physician. Therefore, nurses provided care to these populations by performing physical and health exams on patients, evaluating the living conditions of communities, diagnosing the causes of illness as well as common medical conditions, prescribing pharmacologic and non-pharmacologic therapeutic interventions, and creating plans of care. This early work emphasized the autonomous scope of nursing and the focus on a holistic approach that included environmental conditions, family and social influences, cultural considerations, as well as physical and disease-related problems. In these practices nurses collaborated with physicians to co-manage complex medical conditions, sometimes using physician-initiated “standing orders” for medications and treatment and sometimes without (Keeling 2007). Standing orders were endorsed by the local medical society, which could be used until a physician could attend the patient or when specific orders were not left by the attending physician (Foley 1913).

The expansion of disease diagnosis and prescription of therapeutic measures in nursing practice led to the establishment of advanced practice registered nurses, specifically the roles of the clinical nurse specialist (CNS) in the early 1960s and the nurse practitioner (NP) in 1965. Medical and nursing scopes of practice overlap in multiple areas of care including disease diagnosis, prescription, and setting an independent plan of care with patients and families. This care can be shared between the two professional roles, especially for advanced practice nurses (APNs).

Much of what is considered expanded nursing practice, or APN practice, is nursing reclaiming its historical roots for holistic care that can include disease diagnosis and prescription of pharmacologic and non-pharmacologic interventions.

Like other APNs, CNS practice does extend into the medicine domain as new competencies in direct patient care are acquired (Fig. 1.1). Some CNSs devote a significant amount of time focused on direct patient care, utilizing competencies of diagnosis and prescription. In the United States, 21% of surveyed CNSs have prescriptive privileges (National Association of Clinical Nurse Specialists 2017). However, CNS practice differentiates itself by developing competencies advancing and extending the nursing domain to meet the nursing profession’s need for a clinical expert, as was originally described in the 1960s. As demonstrated in Fig. 1.1, the autonomous scope of nursing practice includes interventions within generalist RN license. Interdependent practice is an area where physicians and nurses share responsibility for care, such as when a physician prescribes an intravenous medication and the nurse makes autonomous decisions about the placement and insertion, type of equipment, and maintenance of the intravenous device. APNs, including CNSs, may extend into the medical domain and practice autonomously by obtaining authority to practice in an expanded scope, which generally involves diagnosing

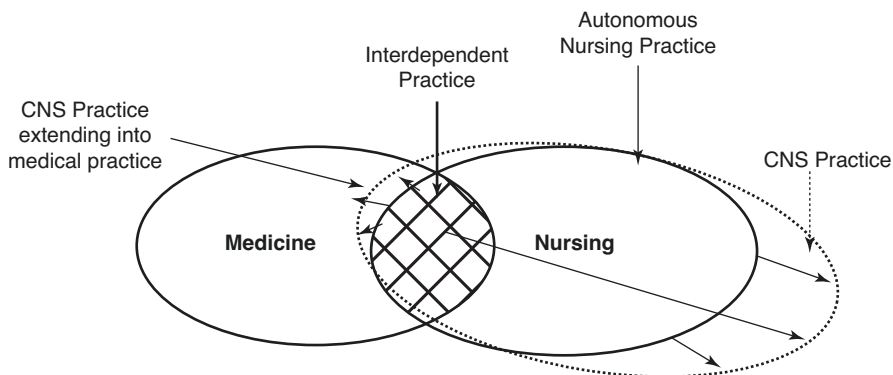


Fig. 1.1 Relationship between medical practice, nursing practice, and clinical nurse specialist practice (National Association of Clinical Nurse Specialists 2019)

disease, prescribing pharmacological agents, and ordering diagnostic tests. Consistent with the initial rationale for the CNS role, many CNSs practice by advancing the practice of nursing in the expanded autonomous domain and concentrate efforts on addressing care problems amenable to nursing's autonomous interventions.

Contemporary issues related to autonomous APN practice, such as the ability to independently evaluate and manage a patient's condition, prescriptive authority for therapeutic measures, clinical diagnosis of disease and illness, and obtaining hospital practice privileges to obtain authority to practice at the APN level, have taken different forms over the decades and continue to be areas of disagreement depending on the setting and country where the debate takes place (Schober 2016).

1.6 Regulatory Protection for the CNS Role

For CNSs to practice or for academic institutions to create CNS programs, a clear understanding of local or national laws, statutes, regulations, and the definition of nursing is essential. These legal mechanisms constitute the legal scope of practice for the CNS as an advanced practice nurse. A scope of practice is the legal framework that describes *who* is legally authorized to provide and be paid for *what* services [if payments are rendered], *for whom*, and *under what circumstances* (Schober 2016). Efforts by CNSs to establish or advance existing practice can start at the local level as demonstration projects. However, strategic efforts should be employed to advance at the regional or national level to establish practice authority and legitimacy (Schober 2017).

The authority to practice as a CNS is determined by professional and legal regulation. Professional regulation is determined by professional nursing and credentialing organizations. Professional nursing organizations establish scope and standards of practice at different levels of nursing, from the generalist RN to the APN. Nursing

organizations develop competencies appropriate for the role and recommend education curricula to meet these competencies. Professional regulation for CNSs consists of rules and policies that recognize and officially certify/credential the CNS for practice. Various nursing organizations make recommendations for licensure, accreditation of CNS programs, certification, and education. Although these recommendations are taken seriously and used to standardize practice, nursing organizations do not have legal authority to determine practice.

Legal regulation occurs at the governmental level. Civil or government legislation determines the CNS's ability to practice, based on accepted policies addressing scope and standards of practice, licensure, title protection, educational preparation, and boundaries of practice. Legal regulation functions to legitimize the role, protect the public, and monitor the individual healthcare professional's practice and behavior (Schober 2016). Model language as found in Sect. 1.3 Definitions of advanced practice nurse and clinical nurse specialist can serve as scope of practice language countries can strive toward in obtaining legal recognition of CNS advanced practice.

1.7 Future of CNS Practice Globally

Advancing the CNS role globally requires nurse leaders to understand local and international standards, customs, and legal mechanisms that support or impede CNS education specifically and APN education and practice generally. Issues such as title protection, scope of practice, competencies, educational curriculum, professional certification, or governmental registration are different by country and even within jurisdictions in countries. Schober (Schober 2017) provides a variety of frameworks and tools for nurse leaders to consider when creating the APN role or advancing APN authority. Topics covered include strategic planning, theories of social and healthcare policy, evidence-based policy decisions, politics, and examples of effective changes in countries. Creating a strategic plan is essential in creating incremental and positive change.

It is also important to understand local or national understandings and potential tensions within nursing about the APN role where there is not universal understanding or acceptance of expansion of nursing practice. CNS practice encompasses responsibilities beyond direct care to individuals and families leaving open a debate about the appropriate emphasis for practice. Thoughtful dialogue leading to shared understanding of advanced practice nursing and the unique contributions of each APN role, including CNS role, is essential to moving nursing practice forward as a force for public health and well-being.

One tenet that remains true is that nurses are stronger when united rather than when they are divided in smaller groups. Creating an organization for all APNs, especially when the number of APNs in a country or region is small, can help create identity, share resources, and attain recognition as a group within the larger discipline of nursing. However, working in collaboration with other APNs, it is essential to recognize and honor the unique contributions of each APN role and avoid blending APN roles into one. Working within professional organizations to establish

standards, guidelines, and strategy to advance the role of the CNS can create the sustainable energy necessary to serve patients, nurses, and healthcare institutions to improve the quality of care and outcomes for the people being served.

1.8 Conclusion

The CNS is one role under the inclusive term of advanced practice nurse and should be educationally prepared and practice according to the minimum requirements for all APNs. Core differentiators of the CNS role from other APN roles include a practice that is based on a specialty, focuses on complex and vulnerable patients and populations, educates and supports interprofessional staff, and creates change and innovation in healthcare systems. Depending on the local or regional healthcare needs of populations, clinical nurse specialist care is needed to improve the health outcomes of members of that community. Additionally, creating a clear understanding and a pathway of integration of the role within nursing and with the public is essential to the success of the CNS role.

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