The functions and responsibilities of the clinical nurse specialists in the thirteen western states
by Lani Marie Zimmerman

A thesis submitted in partial fulfillment of the requirements for the degree of MASTER OF NURSING
Montana State University
© Copyright by Lani Marie Zimmerman (1975)

Abstract:
The problem dealt with in this study was to determine how the practicing clinical nurse specialists in the thirteen western states are functioning in their areas of specialization. Defining the role of the clinical nurse specialist has been a difficult task because the functions are still in the process of evolution. As the role of the specialist was unfolding in the literature, variations have developed depending on the nature and needs of the setting. Hospitals were creating several positions for these nurse specialists, and the roles -were being defined to meet the specific needs.

This study was based upon data received from 97 clinical nurse specialists practicing in the thirteen western states. A combination of an open and closed ended questionnaire was sent to these specialists.

The findings suggest that generally, the majority of the tasks involved in the questionnaire were being performed either "sometimes" or "frequently." The findings also suggest there was not a significant difference between the tasks being performed by respondents with masters level preparation in nursing and those who did not have masters level preparation.

STATEMENT OF PERMISSION TO COPY

In presenting this thesis in partial fulfillment of the requirements for an advanced degree at Montana State University, I agree that the Library shall make it freely available for inspection. I further agree that permission for extensive copying of this thesis for scholarly purposes may be granted by my major professor, or in her absence, by the Director of Libraries. It is understood that any copying or publication of this thesis for financial gain shall not be allowed without my written permission.

Signature Lani Marie Zimmerman

Date 2/13/75

THE FUNCTIONS AND RESPONSIBILITIES OF THE CLINICAL NURSE SPECIALISTS
IN THE THIRTEEN WESTERN STATES

by

LANI MARIE ZIMMERMAN

A thesis submitted in partial fulfillment
of the requirements for the degree

of

MASTER OF NURSING

Approved:

Virginia E. Felton
Chairman, Examining Committee

Mrs Sue Barkley RN MS
Head, Major Department

Henry L Parsons
Graduate Dean

MONTANA STATE UNIVERSITY
Bozeman, Montana

February, 1975

ACKNOWLEDGMENTS

The writer wishes to express her sincere appreciation to the persons whose assistance contributed to this study:

To Miss Virginia Felton, committee chairman, whose help, understanding and patience fostered the completion of this thesis.

To her committee members: Dr. Laura Walker, Dr. Douglas Bishop, Mrs. Ethel Nelson, and Dr. Richard Horswill for their constructive help and encouragement.

To Dr. Erwin Smith for his statistical advice and encouragement during the study.

TABLE OF CONTENTS

	Page
VITA	ii
ACKNOWLEDGMENTS	iii
LIST OF TABLES	vi
ABSTRACT	viii
CHAPTER	
I THE PROBLEM AND ITS SETTING	1
Introduction	1
Statement of the Problem	4
Need for the Study	4
Objectives	5
Assumptions	6
Definition of Terms	6
II REVIEW OF LITERATURE	9
Role of the CNS	10
Educational Preparation	13
Organizational Structure	15
Conclusion	16
III METHODOLOGY	17
Survey Population	17
Instrument	18

CHAPTER | Page

IV PRESENTATION OF DATA 19

Characteristics of Clinical Nurse Specialists. 19

Frequency of Tasks Being Performed 24

Frequency of Tasks Being Performed According to Their Specialty Area and Educational Preparation 33

Conclusions. 49

V SUMMARY, FINDINGS, IMPLICATIONS, AND RECOMMENDATIONS . . . 50

Summary. 50

Findings 51

Implications 52

Recommendations. 53

LITERATURE CITED. 54

APPENDICES. 57

A Letters of Inquiry 57

B Questionnaire. 60

C Comments 67

LIST OF TABLES

TABLE		Page
I	SUMMARY OF RESPONSES BY CLINICAL NURSE SPECIALIST SPECIALTY AREA	19
II	SUMMARY OF JOB TITLES HELD BY RESPONDENTS	20
III	LEVEL OF EDUCATIONAL PREPARATION	21
IV	NATURE OF CLINICAL NURSE SPECIALIST'S TRAINING BEYOND THEIR EDUCATIONAL PREPARATION	21
V	YEARS OF SERVICE AS A CLINICAL NURSE SPECIALIST	22
VI	YEARS OF SERVICE AS A CLINICAL NURSE SPECIALIST IN PRESENT POSITION	23
VII	TYPE OF EMPLOYMENT	23
VIII	TYPE OF WORKING HOURS	24
IX	TASKS PERFORMED BY PRACTICING CLINICAL NURSE SPECIALISTS IN THE AREA OF PLANNING AND IMPLEMENTING	25
X	TASKS PERFORMED BY PRACTICING CLINICAL NURSE SPECIALISTS IN THE AREA OF TEACHING	27
XI	TASKS PERFORMED BY PRACTICING CLINICAL NURSE SPECIALISTS IN THE AREA OF COORDINATION AND LIAISON	29
XII	TASKS PERFORMED BY PRACTICING CLINICAL NURSE SPECIALISTS IN THE AREA OF CONSULTING	30
XIII	TASKS PERFORMED BY PRACTICING CLINICAL NURSE SPECIALISTS IN THE AREA OF EVALUATION	32
XIV	A SUMMARY OF THE CLINICAL NURSE SPECIALIST'S PERSONAL ATTRIBUTES	33
XV	SUMMARY OF TASKS PERFORMED BY PRACTICING CLINICAL NURSE SPECIALISTS IN THE AREA OF PLANNING AND IMPLEMENTING ACCORDING TO THEIR SPECIALTY AREA AND EDUCATIONAL PREPARATION	35

TABLE | Page

XVI SUMMARY OF TASKS PERFORMED BY PRACTICING CLINICAL NURSE SPECIALISTS IN THE AREA OF TEACHING ACCORDING TO THEIR SPECIALTY AREA AND EDUCATIONAL PREPARATION. 37

XVII SUMMARY OF TASKS PERFORMED BY PRACTICING CLINICAL NURSE SPECIALISTS IN THE AREA OF COORDINATION AND LIAISON ACCORDING TO THEIR SPECIALTY AREA AND EDUCATIONAL PREPARATION 40

XVIII SUMMARY OF TASKS PERFORMED BY PRACTICING CLINICAL NURSE SPECIALISTS IN THE AREA OF CONSULTING ACCORDING TO THEIR SPECIALTY AREA AND EDUCATIONAL PREPARATION. 43

XIX SUMMARY OF TASKS PERFORMED BY PRACTICING CLINICAL NURSE SPECIALISTS IN THE AREA OF EVALUATION ACCORDING TO THEIR SPECIALTY AREA AND EDUCATIONAL PREPARATION. 45

XX SUMMARY OF PRACTICING CLINICAL NURSE SPECIALISTS PERSONAL ATTRIBUTES ACCORDING TO THEIR SPECIALTY AREA AND EDUCATIONAL PREPARATION. 47

ABSTRACT

The problem dealt with in this study was to determine how the practicing clinical nurse specialists in the thirteen western states are functioning in their areas of specialization. Defining the role of the clinical nurse specialist has been a difficult task because the functions are still in the process of evolution. As the role of the specialist was unfolding in the literature, variations have developed depending on the nature and needs of the setting. Hospitals were creating several positions for these nurse specialists, and the roles were being defined to meet the specific needs.

This study was based upon data received from 97 clinical nurse specialists practicing in the thirteen western states. A combination of an open and closed ended questionnaire was sent to these specialists.

The findings suggest that generally, the majority of the tasks involved in the questionnaire were being performed either "sometimes" or "frequently." The findings also suggest there was not a significant difference between the tasks being performed by respondents with masters level preparation in nursing and those who did not have masters level preparation.

CHAPTER I

THE PROBLEM AND ITS SETTING

Introduction

One of the main goals of nursing is to improve patient care. Specialty preparation of the nurse is one way of attempting to improve patient care. Nurses must have the knowledge along with the skills and abilities to provide effective health care under today's changing conditions.[1]

Recently great emphasis has been placed on specialization in nursing. One of the most important developments in nursing has been the preparation of clinical specialists. The title was first used in 1939, but it has only been within the last two decades that there has been any effort to provide graduate programs to prepare clinical specialists.[2]

The National League for Nursing believes that the practice of nursing is becoming specialized because of the great amount of knowledge that is now recognized. The members of the League feel that

---

[1]Dolores Little, "The Nurse Specialist," American Journal of Nursing, March, 1967, p. 553.

[2]Hildegarde Peplau, "Specialization in Professional Nursing," The Clinical Nurse Specialist: Interpretations, ed. Joan Wilcox McVay and Joan P. Riehl (New York: Appleton-Century-Crofts Meredith Corporation, 1973), p. 19.

nurses need to specialize as well as do physicians. It is no longer feasible to expect a nurse to care for all kinds of patients.[3]

Marilee Rhein has said, "For years we have heard the plea to return the nurse to the bedside of the patient."[4] This can be accomplished by the clinical nurse specialist and can also provide the patient with quality nursing care. The nurse specialist can be called a practitioner who works with a group of patients at all levels of their conditions. A new concept of nursing has emerged, which is more comprehensive than the traditional role of nursing.[5]

Defining the role of the clinical nurse specialist has been a difficult task because there has been no precedent. As the role of the specialist was unfolding in literature, variants developed depending on the nature and needs of the setting. Hospitals were creating several positions for nurse specialists, and roles were defined to meet specific needs.[6]

---

[3]National League for Nursing, Extending the Boundaries of Nursing Education--The Preparation and Roles of the Clinical Specialist, Third Conference of the Council of Baccalaureate and Higher Degree Programs, Publication No. 15-1367 (New York: National League for Nursing, 1969), p. 36.

[4]Marilee Rhein, "The Education of the Clinical Specialist," The Clinical Nurse Specialist: Interpretations, ed. Joan Wilcox McVay and Joan P. Riehl (New York: Appleton-Century-Crofts Meredith Corporation, 1973), p. 131.

[5]Ibid.

[6]Margaret Vaughan, "Difficult Task: Defining Role of the Clinical Specialist," The Clinical Nurse Specialist: Interpretations, ed. Joan Wilcox McVay and Joan P. Riehl (New York: Appleton-Century-Crofts Meredith Corporation, 1973), pp. 200-201.

As a result of experience gained in the past few decades, and because of the growing number of clinical nurse specialists, there is a need for a current and definitive statement on the position of the nurse specialist. The California Nurses' Association has issued a position paper on the clinical nurse specialist. The Association stated, "the lack of uniformity in role requirements from agency to agency, and even within agencies, has led to misuse of the title of clinical nurse specialist and to confusion on the part of the consumer and the employer."[7] The California Nurses' Association defined the clinical nurse specialist as:

> A registered nurse who, by nature of expertise in a particular field of clinical nursing practice, assumes responsibility by applying current knowledge from the biological, sociological, and psychological disciplines in the practice of nursing care for the goals of improving patient care. The requirements for the clinical nurse specialist:
> 1. Registered Nurse
> 2. Prepared in a particular field of Clinical Practice at the Master's level in an accredited academic program
> 3. Evidence of a commitment to continuing education relevant to the area of practice.[8]

There has been a variety of definitions and role functions presented in the literature on the clinical nurse specialist.

---

[7]California Nurses' Association, Position Statement on the Clinical Nurse Specialist, 1973.

[8]Ibid.

Statement of the Problem

The nursing profession is continually striving to improve patient care. The clinical nurse specialist has evolved from this effort. The roles and functions of the clinical nurse specialists have not been clearly defined.

The purpose of this study was to determine how the practicing clinical nurse specialists in the thirteen western states are functioning in their own areas of specialization.

Need for the Study

The clinical nurse specialist is a relatively new term used in the nursing profession. The role of the specialist has been discussed in the literature with growing frequency.

Because there are many varying role descriptions of the clinical specialist, this researcher feels that a more definite statement will serve to guide the individual specialists in fulfilling their role. It would also be advantageous for the specialist's colleagues, both nursing and interdisciplinary, to understand exactly the responsibilities and functions of the clinical nurse specialist.

Many schools of nursing across the country have recently instituted training programs or are in the process of designing programs to prepare nurses to become clinical nurse specialists. It is believed that schools of nursing could use this information about the functions

of the clinical specialists to adequately prepare their educational objectives for the school programs.

A clear statement regarding the clinical nurse specialist's functions would be beneficial to the perspective clinical nurse specialist for her to understand role expectations. It would also provide the nurse specialist some precedent guidelines to follow.

A concise description of the functions and responsibilities would be beneficial to hospitals who do not employ a nurse specialist by showing them what a clinical nurse specialist may have to offer. They may find that there is a need in their organization for a clinical nurse specialist.

It would be advantageous for hospitals who do employ a specialist to compare respective functions in other hospitals. This may help them in setting up and revising their criteria for evaluating the way in which their clinical nurse specialists are functioning.

There is no precise description of the roles of the clinical nurse specialists. Therefore, the intent of this research is to provide data describing the manner in which the practicing clinical nurse specialist is functioning.

Objectives

Objectives of this study are:

1. To determine those functions being performed by the clinical nurse specialists.

2. To determine how frequently the practicing clinical nurse specialists perform their functions and responsibilities.

3. To determine if there is a difference in the functions performed by those clinical nurse specialists who have completed a master's degree program, as compared to those clinical nurse specialists with less than a master's degree.

4. To compare the functions performed by clinical nurse specialists in the medical, surgical, pediatric, obstetric, and mental health areas of specialization.

Assumptions

The assumptions of this study are:

1. The clinical nurse specialists have been prepared, either through a master's degree program or have received special additional training beyond their basic nursing program.

2. The nursing practice being performed, and the authority given to the clinical nurse specialists will vary from agency to agency.

Definition of Terms

In order to clarify terminology used throughout the study, the following definitions were established:

Thirteen Western States.--The western regional area represented by Western Council of Higher Education in Nursing (WCHEN). The following

states are included: Alaska, Arizona, California, Colorado, Idaho, Hawaii, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

Role Model.--The setting of an example for nursing staff and co-workers from other disciplines, thereby forming for them a mental image of nursing which reflects their behavior.

Clinical Nurse Specialist (CNS).--"A registered nurse who, by nature of expertise in a particular field of clinical nursing practice, assumes responsibility by applying current knowledge from the biological, sociological, and psychological disciplines in the practice of nursing for the goals of improving patient care.[9] Throughout the study the initials "CNS" will be used to represent clinical nurse specialist.

Liaison Nurse.--A consultant in one area of the organization working with the interdisciplinary team and all levels of nursing personnel to provide comprehensive, integrated and uninterrupted care.[10]

Change Agent.--"The clinical nurse specialist is used by the

---

[9]Ibid.

[10]Barbara Beal, and Audrey Sakamoto, "Liaison Nurse and Head Nurse," The Clinical Nurse Specialist: Interpretations, ed. Joan Wilcox McVay and Joan P. Riehl (New York: Appleton-Century-Crofts Meredith Corporation, 1973), p. 233.

nursing personnel to help bring about, through conscious, deliberate, and collaborative effort, the improvement of patient care."[11]

Medical Specialty Area.--An area of nursing that deals specifically with medical patients.

Surgical Specialty Area.--An area of nursing that deals specifically with surgical patients.

Obstetrical Specialty Area.--An area of nursing that deals specifically with obstetrical patients.

Pediatric Specialty Area.--An area of nursing that deals specifically with pediatric patients.

Mental Health Specialty Area.--An area of nursing that deals specifically with mental health patients.

---

[11] Marjory Gordon, "The Clinical Specialist as Change Agent," The Clinical Nurse Specialist: Interpretations, ed. Joan Wilcox McVay and Joan P. Riehl (New York: Appleton-Century-Crofts Meredith Corporation, 1973), p. 202.

CHAPTER II

REVIEW OF LITERATURE

Much of the related research and literature reviewed in connection with the present study was used in the quest of determining the roles and functions of CNS's. Only that which was most relevant to the study was included in the present chapter which was organized to include literature related to the roles of the specialists, educational preparation, and placement into the organizational structure of an institution.

"Who is the Clinical Nurse Specialist" was the title of an article written by Cynthia Kinsella, director of nursing at Mount Sinai Hospital in New York City. Kinsella stated "the clinical nurse specialist exhibits many unique characteristics, but the predominant one is the high degree of discriminative judgment she uses in assessing nursing problems, determining priorities of care, and identifying nursing measures to achieve therapeutic goals."[1]

About two decades ago, the concept of the CNS emerged. At that time the American public was dissatisfied with health care, and nurses were dissatisfied with nursing. Kinsella believed that nurses were not being allowed to practice nursing. Nurses were being removed from the

---

[1]Cynthia R. Kinsella, "Who is the Clinical Nurse Specialist?" Hospitals, June, 1973, p. 72.

bedside of the patient and placed into positions of supervision and administration.[2]

Francis Reiter originated the phrase "nurse clinician" in 1943 to describe "a superior kind of nurse, distinguished by the depth of her clinical knowledge and by her ability to form collegial relationships with physicians and representatives of other health care disciplines."[3] Almost 30 years later the American Hospital Association in cooperation with the American Nurses' Association met with nurses and hospital administrators to discuss who is the nurse clinician, what educational preparation was needed, and how can hospitals best utilize nurse clinicians.[4]

Roles of the CNS

There have been several studies conducted to determine the functions and roles of the specialists. There are various definitions of the CNS, just as there are various job titles (i.e. nurse clinician, master practitioner, or clinical expert). From agency to agency the role of the CNS may be defined differently.

---

[2]Ibid., pp. 72-80.

[3]"The Clinical Nurse Specialist," Hospitals, February, 1973, p. 135.

[4]Ibid.

Maxine Berlinger worked on a council for the National League for Nursing which met to determine the preparation and roles of the nurse specialist. Berlinger studied several different definitions of the CNS and found certain common elements in the definitions. The CNS,

> is first a generalist, has broad intellectual competencies, is an independent practitioner, has depth of knowledge, is an innovator, has the ability to make decisions and is analytical in thinking, and is a teacher or a supervisor.[5]

Berlinger concluded that the specialist has the following functions:

> to deliver expert nursing care; to guide allied nursing personnel as a teacher and a model, to innovate or to initiate change; to contribute to nursing knowledge through research and practice; to coordinate her activities with persons in allied disciplines; and to consult with those requiring her clinical nursing judgment and knowledge.[6]

The dual role in patient care and student learning has been a familiar pattern in nursing history. LaVaun Sutton was a CNS who worked half-time in nursing service having direct responsibility for patient care, and half-time in nursing education with responsibility for student learning. Sutton said the advantage of having a dual role was the need for nursing education and nursing service to narrow the gap between theory and practice. Sutton explained that "the individual

---

[5]Maxine R. Berlinger, "The Preparation and Roles of the Clinical Specialist at the Master's Level," The Clinical Nurse Specialist: Interpretations, ed. Joan Wilcox McVay and Joan P. Riehl (New York: Appleton-Century-Crofts Meredith Corporation, 1973), p. 102.

[6]Ibid.

in a dual role deriving from both areas has the potential for promoting the testing and incorporation of theory into practice and also for preventing theory from moving too far away from reality to be useful."[7]

Georgopoulas and Christman conducted a study of the nurse specialists in medical-surgical nursing at the University Hospital in Ann Arbor, Michigan. A carefully defined role model was constructed to evaluate the effect of the nurse specialist on nursing practice and patient care. The experiment was done with 6 medical-surgical units containing 25 beds each, 3 were experimental units and 3 were controlled units. Georgopoulas and Christman concluded that the presence of a CNS brought about an improvement in patient care and in the performance of other staff workers within the experimental area.[8]

Although the functions and responsibilities of the specialists will vary from one institution to another, there are still several commonalities in operationalizing the role of the CNS. Cynthia Kinsella, who published "Who is the Clinical Nurse Specialist?", has identified 6 commonalities which are:

---

[7]LaVaun W. Sutton, "The Clinical Nurse Specialist in a Dual Role," The Clinical Nurse Specialist: Interpretations, ed. Joan Wilcox McVay and Joan P. Riehl (New York: Appleton-Century-Crofts Meredith Corporation, 1973), p. 231.

[8]Luther Christman, and Basil S. Georgopoulas, "The Clinical Nurse Specialist: A Role Model," American Journal of Nursing, May, 1970, pp. 1030-1039.

1. The clinical nurse specialist is a patient advocate.
2. While she may use some of the tools of physical diagnosis in her nursing assessment, the clinical specialist does so in order to develop her nursing plan and to influence the nursing care of the patient.
3. The clinical specialist gives care to selected patients. In doing so, she demonstrates excellence in practice to others in the setting.
4. The clinical specialist identifies problems needing research and assumes an analytical approach to their solution.
5. The clinical specialist has the autonomy to define nursing problems and to order nursing care, assuming the responsibility and holding herself accountable to the patient.
6. The clinical specialist maintains and advances her skills constantly.[9]

Educational Preparation

Another important issue within the nursing profession is the educational preparation of the nurse specialist. It is the consensus of most people in the nursing profession, that the specialist should be prepared in an institution for higher education at the master's degree level. There are a small number of people in the nursing profession who believe that the CNS does not need academic educational training and can learn from experience and on the job training.[10]

The National League for Nursing developed educational requirements for the CNS. Generally, their requirements include:

---

[9]Kinsella, op. cit., p. 135.

[10]Joan Wilcox McVay and Joan P. Riehl, "Educational Preparation of the Clinical Nurse Specialist," The Clinical Nurse Specialist: Interpretations, (New York: Appleton-Century-Crofts Meredith Corporation, 1973), pp. 49-50.

1. A broad base in the psychopathology and pathophysiology related to the clinical specialty.
2. Knowledge and skills in the clinical practice of the specialty and in teaching and research.
3. The behavioral sciences essential to the leadership role and to prepare the person to be a change agent.
4. Knowledge and understanding of the social framework in which health care is given.[11]

Maxine Berlinger presented a report to the National League for Nursing regarding the preparation and roles of the specialist at the master's degree level. Berlinger believes that the preparation should be individualized for the student. All things must be taken into consideration--the student's experience, preparation, and goals. Even with different goals there are certain essentials for all learning experiences.[12]

The students must be able to express their own philosophy of nursing and should continuously expand their knowledge of nursing. Practice is what makes an expert practitioner. Along with practice, time must be given to investigate their roles as a CNS.[13]

---

[11] National League for Nursing, Extending the Boundaries of Nursing Education--The Preparation and Roles of the Clinical Specialist, Third Conference of the Council of Baccalaureate and Higher Degree Programs, Publication No. 15-1367, (New York: National League for Nursing, 1969), p. 79.

[12] Maxine Berlinger, The Preparation and Role of the Clinical Specialist at the Masters Level, Report presented at the Third Conference of the Council of Baccalaureate and Higher Degree Programs, (New York: National League for Nursing, 1969), pp. 15-21.

[13] Ibid.

Organizational Structure

Another important aspect of determining how the CNS is functioning is knowing where the specialist fits into the organizational structure of the institution.

Bakes and Kramer described some of the various patterns for placement of the CNS. One pattern placed the specialist in the staff position; reporting directly to the nursing service director. This placement allows communication with other nursing personnel. The specialist must have the support of the director of nursing service; and keep the channels of communication open with the staff members. It is important that the staff nurse view the specialist as a role model and a consultant rather than as a supervisor or authoritative figure.[14]

Another pattern of placement suggested by Bakes and Kramer is in the line organization. The specialist may work with the inservice department or as a supervisor. Both of these positions call for administrative tasks which may take the specialist away from giving direct patient care. The CNS who is interested in returning the nurse to nursing, must resist the pressures to remove her from the bedside of the patient.[15]

---

[14] Constance Bakes, and Marlene Kramer, "To Define or Not to Define: The Role of the Clinical Specialist," Nursing Forum, January-March, 1970, pp. 41-47.

[15] Ibid.

Conclusion

The CNS is still a developing concept to the nursing profession. Nurses and administrators are still experimenting with the way this new type of nurse should be prepared and utilized. The study of the CNS is a current issue in the nursing profession and the research in this chapter has discussed some specific aspects that influence how the specialist is functioning.

CHAPTER III

METHODOLOGY

This study was a descriptive investigation attempting to: (1) determine those functions being performed by the CNS's; (2) determine how frequently the practicing CNS's perform their functions and responsibilities; (3) determine if there is a difference in the functions and responsibilities performed by those CNS's who have completed a master's degree program, as compared to those CNS's with less than a master's degree; (4) compare the functions performed by the CNS's in the medical, surgical, pediatric, obstetric, and mental health areas of specialization.

Survey Population

A total of 152 names of CNS's were obtained by writing to the state nursing association and hospitals in each of the 13 western states. Copies of these letters are in Appendix A. All of the names received were used in this study. Out of the 152 questionnaires sent out, 107 were returned, 10 of which were reported by the respondents to be "not applicable" to this study. Thus the researcher had 97 questionnaires to use in the study. This was 71 percent returns and 63 percent usable returns for the study.

Instrument

The tool used to collect the data was an open and closed ended questionnaire developed by the researcher. The questionnaire consisted of 52 questions. The first 8 questions asked for job title, area of specialty, educational preparation, years of experience, type of employment and working hours. Questions 9 through 46 were tasks being performed that were rated on a scale of 1 to 4 with 1 being never and 4 being always. The tasks that were identified in the questionnaire were constructed from job descriptions of the CNS which were received from some of the hospitals in the 13 western states, and other research studies relating to the roles of the CNS. The last 6 questions were ratings on how the CNS's felt they were accepted by others with whom they were working.

A pilot study was conducted to improve the validity and reliability of the instrument. The questionnaire was sent to 4 master's-prepared CNS's who were on the Montana State University's nursing faculty, and not participating in the study. They were asked to complete the questionnaire, to make notations regarding wording clarity and construction of the questionnaire, and to make suggestions for any items which they felt may have been omitted. As a result of the pilot study some changes were made in the wording of some of the questions. The final questionnaire which was sent to the CNS's is in Appendix B.

CHAPTER IV

PRESENTATION OF DATA

The data for analysis were obtained from 97 questionnaires. Each response was hand coded and key punched onto data cards. Cross-tabulation was done on various questions. A Chi Square was used to determine if there was any significant difference at the .01 and .05 level between the responses of master's and non master's, and among the different specialty areas. The computer was programmed and the printout was utilized for the data presented.

The data has been arranged in tabular form and the accompanying discussion is an effort to report specific responses to aid in determining the functions and responsibilities of the CNS.

Characteristics of Clinical Nurse Specialists

Tables in this section will identify the job title, area of specialty, educational preparation, years of experience, type of employment and working hours of the CNS.

TABLE I

SUMMARY OF RESPONSES BY CLINICAL NURSE SPECIALIST SPECIALTY AREA
N = 97

Specialty Area	No.	%
Medical	37	38.1
Surgical	15	15.5
Obstetric	10	10.3
Pediatric	12	12.4
Mental Health	23	23.7
Total	97	100.0

A breakdown of CNS's by specialty area as shown in Table I indicate 38.1 percent of the respondents were in the medical specialty while only 10.3 percent of the respondents indicated they worked in the obstetrical area.

TABLE II

SUMMARY OF JOB TITLES HELD BY RESPONDENTS
N = 97

Job Title	No.	%
Clinical Nurse Specialist	46	47.4
Nurse Clinician	24	24.7
Supervisor, Head Nurse, Director and Assistant Director	10	10.3
Liasion	4	4.1
Instructor	4	4.1
Care Specialist	4	4.1
Nurse Practitioner	2	2.1
Nurse Coordinator	2	2.1
Clinical Consultant	1	1.0
Total	97	100.0

The data presented in Table II indicate that almost half, 47.4 percent reported that they went by the title of CNS, and 24, or 24.7 percent went by the title of nurse clinician. These 2 job titles combined made up a total of 70, or 72.1 percent of the respondents.

TABLE III

LEVEL OF EDUCATIONAL PREPARATION
N = 97

Educational Preparation	No.	%
Less than a Master's Degree	36	37.1
Master's Degree	61	62.9
Total	97	100.0

A review of data presented in Table III, show that the majority or 62.9 percent of the CNS have their master's degree, while only 36, or 37.1 percent have less than a master's degree.

TABLE IV

NATURE OF CLINICAL NURSE SPECIALIST'S TRAINING BEYOND THEIR EDUCATIONAL PREPARATION
N = 97

Training	Less than Master's		Master's		Both Master's & Non-Master's	
	No.	%	No.	%	No.	%
Inservice	3	3.0	0	.0	3	3.0
Continuing Education	14	15.1	19	19.5	33	34.0
Both	13	13.0	2	2.0	15	16.0
Neither	6	6.0	40	41.4	46	47.0
Total	36	37.1	61	62.9	97	100.0

An examination of data presented in Table IV reveals that more of the respondents with non master's degree had inservice training and continuing education than did the respondents with a master's degree. Another interesting fact was that 46, of the 97 respondents had no inservice training or continuing education beyond their initial educational preparation.

TABLE V

YEARS OF SERVICE AS A CLINICAL NURSE SPECIALIST
N = 97

Number of Years	No.	%
Less than one year	16	16.5
One to two years	22	22.7
Two to three years	19	19.6
Three to four years	17	17.5
More than four years	23	23.7
Total	97	100.0

The study participants were asked to report the length of time they have been functioning as a CNS. The greatest number 23, or 23.7 percent said they have been functioning as a CNS for more than 4 years. The smallest number 16, or 16.5 percent said they have been functioning for less than 1 year.

TABLE VI

YEARS OF SERVICE AS A CLINICAL NURSE SPECIALIST
IN PRESENT POSITION
N = 97

Number of Years	No.	%
Less than one year	23	23.7
One to two years	25	25.8
Two to three years	18	18.6
Three to four years	19	19.6
More than four years	12	12.4
Total	97	100.0

The data in Table VI show the length of time the CNS's have been functioning in their present position. The largest group, 25.8 percent, have been in their current position for 1 to 2 years, while only 12, or 12.4 percent have been functioning for more than 4 years. This data would support the fact that the CNS is a relatively new position in the nursing field.

TABLE VII

TYPE OF EMPLOYMENT
N = 97

Employment	No.	%
Full time job	74	76.3
Part time job	23	23.7
Total	97	100.0

The data in Table VII indicate that 76.3 percent of the CNS's work full time, and only 23.7 percent work on a part time basis. The study participants who reported they work on a part time basis were also asked to report their other functions which consisted of administrative work and educational teaching.

TABLE VIII

TYPE OF WORKING HOURS
N = 97

Working Hours	No.	%
Flexible	85	87.6
Non-flexible	12	12.4
Total	97	100.0

An examination of data presented in Table VIII reveals that the majority, 87.6 percent had flexible working hours and only 12.4 percent had non-flexible working hours.

Frequency of Tasks Being Performed

The following tables indicate the frequency which tasks being performed by the CNS's in the areas of planning and implementing, teaching, coordination and liaison, consulting and evaluation. The last table in this section indicates how the CNS believed they were accepted by others with whom they were working. In this section, no

distinction was made between their educational preparation and their area of specialization.

TABLE IX

TASKS PERFORMED BY PRACTICING CLINICAL NURSE SPECIALISTS IN THE AREA OF PLANNING AND IMPLEMENTING

Tasks	N=	Never		Sometimes		Frequently		Always	
		No.	%	No.	%	No.	%	No.	%
Developing new programs for staff	97	5	5.2	25	25.8	57	58.8	10	10.3
Developing new programs for patients	97	0	0	25	25.8	52	53.6	20	20.6
Assisting with the formulation of nursing care plans	96	4	4.1	30	30.9	53	54.6	9	9.3
Making patient assignments to the staff in the units	95	72	74.2	22	22.7	0	0	1	1.0
Performing direct patient care	97	2	2.1	51	52.6	32	33.0	12	12.4
Communicating with the medical staff and other relevant personnel regarding patient assessment	97	0	0	7	7.2	58	59.8	32	33.0
Introducing new nursing practices to your units	97	7	7.2	32	33.0	49	50.5	9	9.3
Refining nursing procedure and techniques to your units	96	8	8.2	37	38.1	39	40.2	12	12.4
Other	3			1		1		1	

The frequency of which tasks in planning and implementing are being performed are arrayed in Table IX. The most significant fact of this table was that over half, or 52.6 percent, of the specialists perform direct patient care "sometimes," and only 12, or 12.4 percent of the specialists perform direct patient care "always."

None of the specialists responded "never" to the task of communicating with the medical staff and other relevant personnel regarding patient assessment while 59, or 59.8 percent indicated they performed this task "frequently." It was also noted that 52, or 53.6 percent participated in developing new programs for staff "frequently," and 57, or 58.8 percent developed new programs for patients "frequently."

Another interesting fact was that 72, or 74.2 percent of the respondents "never" made patient assignments to the staff in the units, and only 1, or 1 percent indicated they performed this task "always."

Three of those responding identified 1 other function of planning and implementing which were as follows: administrative functions and public relations; developing environmental and constructional changes; and developing program philosophies for units.

TABLE X

TASKS PERFORMED BY PRACTICING CLINICAL NURSE SPECIALISTS IN THE AREA OF TEACHING

Tasks	N=	Never		Sometimes		Frequently		Always	
		No.	%	No.	%	No.	%	No.	%
Improving the clinical competencies of the nursing staff	97	6	6.2	8	8.2	51	52.6	32	33.0
Identifying needs of the staff in developing inservice education	97	5	5.2	22	22.7	47	48.5	23	23.7
Insuring that the nursing staff understands and knows skilled nursing practice	97	8	8.2	20	20.6	44	45.4	25	25.8
Providing reference material for the nursing staff	97	4	4.1	22	22.7	52	53.6	19	19.6
Patient education in the clinical setting	97	2	2.1	21	21.6	45	46.4	29	29.9
Patient education in the home setting	95	41	42.3	36	37.1	14	14.4	4	4.1
Other	5					2		3	

Table X presents the frequency of tasks performed by the CNS's in the area of teaching. A very interesting fact was that 41, or 42.3 percent of the respondents "never" performed the task of patient education in the home setting, while 45, or 46 percent responded "frequently" for performing the task of patient education in the clinical setting.

About half, or 52.6 percent reported "frequently" to performing the task of improving the clinical competencies of the nursing staff, and 33 percent responded "always" to performing this task.

Another interesting fact presented in Table X was that 47, or 48.5 percent responded "frequently" to performing the task of identifying needs of the staff in developing inservice education, as compared to only 5, or 5.2 percent who responded "never" to performing this task.

Five of those responding identified 1 other function of teaching which were as follows: teaching undergraduated and graduate nursing students; family education for patients going home with reduced competencies; preparing teaching tools and materials for patients and house staff; orient new staff; and family counseling.

The frequency of functions performed in the area of coordination and liaison are presented in Table XI. The most significant fact was that 58, or 59.8 percent reported they "frequently" performed the task of collaborating with the medical staff in implementing patient care, and only 1, or 1 percent responded "never" to performing this task.

Another interesting point indicated in this Table XI was that 22, or 22.7 percent responded "never" to making clinical rounds with the nursing staff, and only 6, or 6.2 percent responded "always" to performing this task.

TABLE XI

TASKS PERFORMED BY PRACTICING CLINICAL NURSE SPECIALISTS IN THE AREA OF COORDINATION AND LIAISON

Tasks	N=	Never No.	Never %	Sometimes No.	Sometimes %	Frequently No.	Frequently %	Always No.	Always %
Collaborating with the medical staff in implementing care for the patient	97	1	1.0	18	18.6	58	59.8	20	20.6
Determining, setting, maintaining and modifying nursing practice standards with the head nurse	95	9	9.3	22	22.7	45	46.4	19	19.6
Determining, setting, maintaining and modifying nursing practice standards with the director of nurses	95	18	18.6	37	38.1	31	32.0	9	9.3
Determining, setting, maintaining and modifying nursing practice standards with the staff nurses	96	6	6.2	31	32.0	51	52.6	8	8.2
Assisting nursing staff to identify and solve nursing problems	97	3	3.1	18	18.6	57	58.8	19	19.6
Making clinical rounds with the nursing staff	96	22	22.7	39	40.2	29	29.9	6	6.2
Making team rounds with the hospital staff	94	26	26.8	33	34.0	26	26.8	9	9.3
Other	7					5		2	

This table also indicates that the CNS's perform the tasks of determining, setting, maintaining, and modifying nursing practice

standards more often with the head nurses and staff nurses, than with the directors of nursing.

Seven of those responding identified 1 other function of coordination and liaison which were as follows: initiating and coordinating referrals to other agencies; liaison with schools of nursing, attending hospital wide policy meetings; coordinating with recommending services; team conferences with patients, family, and staff; staff meetings; and providing continuity of care to patients transferring to other units.

TABLE XII

TASKS PERFORMED BY PRACTICING CLINICAL NURSE SPECIALISTS IN THE AREA OF CONSULTING

Tasks	N=	Never		Sometimes		Frequently		Always	
		No.	%	No.	%	No.	%	No.	%
Consulting with other CNS's for clinical use	97	9	9.3	38	39.2	38	39.2	12	12.4
Consulting with the medical staff in preparing nursing care	97	6	6.2	35	36.1	47	48.5	9	9.3
Consulting with and referring patients to social agencies	97	7	7.2	34	35.1	43	44.3	13	13.4
Consulting families and individuals concerning their health needs	97	6	6.2	24	24.7	46	47.4	21	21.6
Serving as a consultant on patient care	97	1	1.0	10	10.3	61	62.9	25	25.8
Investigation on clinical patient problems	95	3	3.1	23	23.7	49	50.5	20	20.6
Assisting with research studies performed in your area	96	15	15.5	48	49.5	26	26.8	7	7.2
Other	3			1		2			

The frequency in which the tasks of consulting are being performed are arrayed in Table XII. The most significant fact of this table was that 62.9 percent of the specialists responded "frequently" to performing the task of serving as a consultant on patient care, and 25.8 percent performed this task "always."

Another interesting fact was that 15, or 14.5 percent responded "never" to performing the task of assisting with research studies in their area, while 48, or 49.5 percent responded "sometimes" to performing this task.

Three of those responding identified 1 other function of consulting which were as follows: consulting with school's of nursing; consulting with nursing homes; and consulting with nursing students.

The data in Table XIII indicates the frequency of which tasks in the area of evaluation are being performed. The most significant fact in Table XIII was that 39, or 40.2 percent responded "never" to performing the task of evaluating the home environment of the patients they are following, and only 35, or 36.1 percent responded "sometimes" to performing this task.

A review of data also indicates that 52, or 53.6 percent responded "frequently" to performing the task of interpreting the nursing assessments of patient care, and only 4, or 4.1 percent "never" perform this task.

TABLE XIII

TASKS PERFORMED BY PRACTICING CLINICAL NURSE SPECIALISTS IN THE AREA OF EVALUATION

Tasks	N=	Never		Sometimes		Frequently		Always	
		No.	%	No.	%	No.	%	No.	%
Interpreting the nursing assessments of patient care	95	4	4.1	26	26.8	52	53.6	13	13.4
Evaluating the clinical practice performed	96	10	10.3	33	34.0	37	38.1	16	16.5
Assisting nursing staff in developing standard care routines	97	8	8.2	38	39.2	43	44.3	8	8.2
Evaluating staff-patient teaching	97	9	9.3	42	43.3	42	43.3	4	4.1
Evaluating the home environment of the patients you are following	96	39	40.2	35	36.1	12	12.4	10	10.3
Other	3			1		2			

Three of those responding identified 1 other function of evaluation which were as follows: evaluating family communication patterns; evaluating nursing team performances; and evaluating students.

The study participants were asked to rate their acceptance by those with whom they were working. The responses were reported in Table XIV. The most significant fact was that none of the specialists responded "never" to being accepted by the medical staff, director of nursing, head nurses, registered nurses, licensed practical nurses,