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Commentary

Patricia O'Connor, Judith A. Ritchie

Denise Bryant-Lukosius raises important issues about the future of the clinical nurse specialist (CNS) role in the Canadian health-care system. We agree with her call to action for research related to the nature and impact of CNS functions. We agree that, without more debate and research, the role may stagnate and even disappear.

We are not surprised at the lack of research related to the CNS role. First, there is strong evidence from studies in the United States of important positive impacts of the role. Many Canadian nursing leaders have used that evidence in shaping their vision for service delivery and resource-allocation decisions in this country. Second, we believe that there is funding priority for research related to nurse practitioner (NP) roles because of controversies and role boundary issues within and across professions related to the NP role and because of political pressure on governments and medical and nursing regulatory bodies to establish NP roles. This top-down evolution of the NP role, versus the bottom-up development of CNS roles, has demanded research evidence to support policy decisions. Third, CNSs, in our experience, have focused on clinical research. At the McGill University Health Centre, for example, research has focused on end-of-life surrogate decision-making (Chambers-Evans & Carnevale, 2005), decision-making with regard to treatment for multiple sclerosis (Lowden, Lee, Ritchie, & Smeltzer, 2008), and risk assessment for pressure ulcers in the critically ill (Rose, Cohen, & Amsel, 2006).

As Bryant-Lukosius points out, few roles are designed like the CNS, to offer the depth of provider and system-wide interventions required to address complex situations. CNSs typically provide expert clinical care to persons and families experiencing complex chronic or acute illnesses, and they provide consultation and support to bedside nurses. Our academic health centre employs 54 CNSs. They work within an interprofessional collaborative practice model with populations experiencing complex multi-system illnesses. They are a resource for patients and families requiring symptom management and assistance navigating the health-care system. They play significant roles in providing (a) consultation and support to bedside practitioners, thus enhancing recruitment and retention; (b) co-leadership with physicians in terms of quality performance within specialty programs; (c) consultation for partners within our "extended" university network across the province of Quebec; (d) input

into policy development by provincial, national, and international bodies that set policy direction within their specialties; and (e) leadership for evidence-informed practice changes at the program or organization level.

We believe it is essential that senior nursing leaders clearly articulate the benefits of these many functions. In our experience, physicians, rehabilitation specialists, and social workers readily acknowledge and depend on the added value that CNSs bring to the team. This appreciation has emerged from the gradual introduction of the CNS role over 25 years. Intended to complement rather than substitute for other health-care providers, our CNSs have matured because of deliberate support for and attention to their role development. Regular reflective practice sessions, a requirement of the job, enhance CNS competencies related to conflict management and system-level change.

It is clear that CNSs contribute significantly to the academic mandate of our Centre. They have assumed most of the leading roles related to improvement of nurse-sensitive indicators. Five of the seven recipients of the Centre's Eureka! research fellowships have been CNSs (Ritchie, Chambers-Evans, Chin-Peuckert, Lariviere, & Rose, 2007). In the last 3 years, CNSs have been the lead investigator for 11 of 14 small research grants and have published dozens of articles in peer-reviewed journals. Most of the Centre's CNSs hold faculty appointments at the McGill University School of Nursing.

In Quebec, in contrast to some other provinces (Canadian Institute for Health Information, 2010), the number of CNSs has risen steadily in recent years, with more than 140 on staff in the teaching hospitals in Montreal alone. At the provincial policy level, the employment of CNSs is required for any organization applying for the highest certification level as a cancer treatment centre.

We believe that research evidence is not the only driving force in establishing NP and CNS positions. Despite strong research evidence on NP roles, many jurisdictions still struggle with their implementation. However, given the current financial pressures in health care, we predict an increasing demand for the development and evaluation of new service delivery models and work redesign. Innovations in nursing and the other health professions are desperately needed to match population needs. Such innovations will influence some CNS roles. Pressures for change present important opportunities for research on CNS outcomes. We need to develop methods and systems for tracking CNS productivity and to address the challenges in measuring performance indicators sensitive to varied leadership roles and interventions.

Are CNSs here to stay in Canada? They likely are, though the emergence of new roles will influence their numbers. It is time for nursing to more clearly report the impacts of the CNS roles, through the lenses of

both research and service delivery, and to press for the appropriate policy decisions.

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Patricia O'Connor, RN, MScA, CHE, FCCHSE, is Director of Nursing and Chief Nursing Officer, McGill University Health Centre, and Assistant Professor, School of Nursing, McGill University, Montreal, Quebec, Canada. Judith A. Ritchie, RN, PhD, is Associate Director for Nursing Research, McGill University Health Centre, and Professor, School of Nursing, McGill University.