Disturbing the Existing Power Structure:
Adding the Clinical Nurse Leader Role to the Nursing Hierarchy

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Introduction

Nearly 15 years ago, the Institute of Medicine published the landmark report titled To Err is Human: Building a Safer Health System revealing the inefficiencies of the United States healthcare system. Although the healthcare system excels in its capacity to treat serious illness, medical errors, fragmentation, and inequity are prevalent and often place patients at risk unnecessarily. Though significant improvements in patient safety and quality have been accomplished over the past 10 years, much remains to be done. Toward the goal of improving healthcare quality and safety, the microsystem assessment framework was developed for use on the “front line” of care (microsystem) rather than from the traditional “top down” approach. As healthcare quality, safety, and cost outcomes are produced from activities that occur within the microsystem, improvement in the larger healthcare system (macrosystem) is dependent upon achieving optimal microsystem performance. The Clinical Nurse Leader (CNL) role was developed in response to concerns about the quality and safety of nursing care in the complex, technologically advanced, ever-changing healthcare system.

Accordingly, the CNL is a new advanced practice nursing role which possesses a skill set that is ideal for supporting hospital management to improve patient outcomes. However, nursing is a field with an existing hierarchy which stands to be upset by the introduction of a new advanced practice nursing role.

Methods

Attendees of a daylong Clinical Nurse Leader (CNL) Symposium were asked to complete an evaluation questionnaire at the conclusion of the symposium. A subset of questions to assess experiences of CNLs and other nurses in the workplace was added to the end of the questionnaire.

The symposium included CNL students (advanced practice nurses), nurses currently working as CNLs, nurses holding CNL degrees but working in other positions, and non-CNLS nurses. The survey was administered in a paper based format and the focus of the survey was on general symposium feedback and CNL practice.

Definitions

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<tr>
<th>Measure</th>
<th>Definition</th>
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<tr>
<td>Role Confusion</td>
<td>Lack of understanding/ misunderstanding regarding responsibilities, reporting lines, etc.</td>
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<tr>
<td>Exclusion/Isolation</td>
<td>Lack of value or respect, feeling left out, disregarded, or ignored</td>
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<tr>
<td>Workplace Bullying</td>
<td>Inappropriate behavior; direct or indirect, whether verbal, physical or otherwise</td>
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<td>Jealousy by Superiors</td>
<td>Outward displays of anger, resentment, or disgust</td>
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Results

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<th>Current CNLs</th>
<th>Non-CNLs</th>
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<tr>
<td>Role Confusion</td>
<td>Exclusion/Isolation</td>
</tr>
<tr>
<td>61.9</td>
<td>38.1</td>
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<tr>
<td>66.7</td>
<td>32.4</td>
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Percent of Current CNLs vs. Non-CNLS Experiencing Workplace Situations

Conclusions

Practicing CNLS have experienced higher levels of exclusion, workplace bullying, and jealousy by superiors than their non-CNL nursing counterparts. Qualitative data provided by both CNLS and non-CNLS suggests that the role is misunderstood and met with skepticism of its value and importance. Some respondents suggested that the role was threatening and considered to intrude on existing nursing roles, and that the degree can be earned with limited nursing experience.

Discussion, Limitations, and Future Directions

The present study gives support for dis harmony in the nursing workplace for non-CNLs and CNLS alike. However, as hypothesized, the affect appears to be stronger for CNLS, despite the indication that CNLS have less role confusion. While these preliminary results are not surprising, they represent a small sample size and need to be replicated in a larger study across a larger geographical area. This is precisely what is in the works at this moment.

Additionally, there is a substantial variance between nurses working in different fields that cannot be accounted for in this small study. This issue will also be factored into the sample size and distribution of the next study.

References


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