Crit Care Nurs Q
Vol. 32, No. 4, pp. 264–271

The Role of the Clinical Nurse Leader in Promoting a Healthy Work Environment at the Unit Level

Rose O. Sherman, EdD, RN, NEA-BC, CNL;
Barbara Edwards, MSN, CMSRN, CNL;
Karen Giovengo, MSN, RN, CNL;
Nancy Hilton, MN, RN, NEA-BC

Although there is growing evidence about the link between a healthy work environment and improved patient outcomes, the achievement of the standards promoted by the American Association of Critical-Care Nurses (AACN) has proved challenging for organizations in today's often turbulent healthcare environment. One innovative approach to promote healthy work environments at the unit level has been the utilization of the Clinical Nurse Leader (CNL) role. This article provides an overview of the CNL role and a case study illustrating how 1 medical center is utilizing the CNL role to promote a healthy work environment at the unit level. Their experience demonstrates that CNLs have the ability to transform the care environment in a manner that elevates professional nursing practice, ensures quality outcomes, complies with core measures, and creates an environment in which nurses feel supported and empowered. **Key words:** *clinical nurse leader*, *CNL*, *healthy work environments*

THE AACN has played a pivotal role in the nationwide dialogue about healthy work environments with the development of 6 standards released in 2005 related to communication, collaboration, decision making, staffing, recognition, and leadership.[1] Although there is growing evidence about the link between a healthy work environment and improved patient outcomes, the achievement of the standards has proved challenging for organizations in today's often turbulent healthcare environment.[2–4]

One innovative approach to promote healthy work environments at the unit level has been the utilization of the Clinical Nurse Leader (CNL) role. The CNL role is new to nursing. It evolved in 2004 as an outcome of meetings that the American Association of Colleges of Nursing (AACN) had held with stakeholders to discuss what changes were needed in nursing education for the future. Participating nursing leaders were urged to think completely out of the box as they looked at the issues and challenges of today's healthcare delivery system. Their discussions led to the design of the CNL role and the initiation of the CNL pilot project.[5]

In introducing the need for a new role for nursing, academic and practice leaders convened by the American Association of Colleges of Nursing highlighted the challenges

Author Affiliations: *Nursing Leadership Institute, Florida Atlantic University, Christine E. Lynn College of Nursing, Boca Raton, Florida (Dr Sherman) and St Lucie Medical Center, Port St Lucie, Florida (Mss Edwards, Giovengo, and Hilton).*

The Florida Atlantic University Clinical Nurse Leader project is supported by grant funding from the Health Resources and Services Administration (HRSA) grant D65HP05366.

Corresponding Author: *Rose Sherman, EdD, RN, NEA-BC, CNL, Nursing Leadership Institute, Florida Atlantic University, Christine E. Lynn College of Nursing, 777 Glades Rd CON 121, Boca Raton, FL 33431 (rsherman@fau.edu).*

occurring in practice environments. These included issues such as the nursing shortage, a lack of continuity in patient care, an absence of strong nursing leadership at the point of care, inadequate coaching of novice nurses, fragmented communication, and a need to redesign care delivery to become more team focused.[5] In her role as a CNL project consultant to AACN, Tornabeni[6] noted that the context of how nurses' practice had changed and the work of nursing needed to be realigned to reflect this. When AACN requested proposals for participation in the CNL pilot project, there was a unique requirement. Universities and colleges interested in offering the CNL curriculum had to engage a healthcare service partner in the project that was committed to redesigning nursing care delivery to incorporate the new CNL role.[7]

Since the initial white paper was presented in 2004, the CNL project has now evolved to include over 200 academic-practice partnerships in the 4 geographic regions in the United States.[8] The first CNL students have graduated, taken their certification examination, and are in practice. An evaluation framework has been developed for the project using a balanced scorecard approach.[9] The successful implementation of a new role in nursing is not without challenges. Both the academic and service partners involved in the pilot project have assumed risks with their involvement. Early evaluation reports from partners nationwide indicate that the CNL project has generated positive clinical outcomes and an ongoing level of education and practice partner interaction that is unprecedented in nursing.[10–14]

Interest in the CNL role continues to build nationwide as nurse leaders face a healthcare environment where retention of the workforce is critical, reimbursement is based on indicators sensitive to nursing care, and patient safety is a growing concern. This article provides an overview of the CNL role and a case study illustrating how 1 medical center is utilizing the CNL role to promote a healthy work environment at the unit level.

THE CNL ROLE

The role description, competencies, and curriculum for the CNL role emerged from collaborative discussions among nursing leaders from both academic and practice settings.[5] CNLs are master's-prepared generalists, educated to practice in healthcare delivery systems working at the microsystems level. The role is not one of administration or management, although leadership is a strong component of the role. CNLs work at the point of care in any setting where healthcare is delivered and are responsible for a cohort of patients. They assume accountability for client care outcomes and apply evidence-based information to design, implement, and evaluate client plans of care. CNLs educate and advocate for patients and their families. They engage in peer practice with other healthcare professionals to provide coordination and collaboration in the total care dynamic.[15] CNLs work collaboratively with their nurse managers. They help to reduce the contentious relationships that AACN described in the healthy work environment standards document that can occur between nurses and administrators when nurse managers have responsibilities and spans of control that make it difficult to track patient outcomes and coach staff.[1]

The clinical leadership of client care is a key aspect of the role that the CNL achieves by coordinating, delegating, and supervising the care provided by other members of the healthcare team. Coaching and mentoring of staff, especially inexperienced staff, is an important component of the role. The CNL is in a unique position to promote a healthy work environment at the unit level because their practice is at the point of care. Their competencies (Table 1) reflect a focus on nursing leadership, care environment management, and patient outcomes management.[16] CNLs are expected to guide the clinical team by encouraging professional development, providing continuing education, and promoting clinical excellence and collegiality.

Table 1. American Association of Colleges of Nursing's end-of-program competencies for the CNL role

Nursing leadership
Effects change through advocacy for the profession, interdisciplinary healthcare team, and client.
Communicates effectively to achieve quality client outcomes and lateral integration of care for a cohort of clients.
Actively pursues new knowledge and skills as the CNL role and the needs of clients and the healthcare system evolve.
Care environment management
Properly delegates and utilizes the nursing team resources and serves as a leader and partner in the interdisciplinary healthcare team.
Identifies clinical and cost outcomes that improve safety, effectiveness, timeliness, efficiency, quality, and the degree to which they are client centered.
Uses information systems and technology at the point of care to improve health outcomes.
Participates in systems review to critically evaluate and anticipate risks to client safety to improve quality of client care delivery.
Clinical outcomes management
Assumes accountability for healthcare outcomes for a specific group of clients within a unit or setting recognizing the influence of the meso- and macrosystems on the microsystem.
Assimilates and applies research-based information to design, implement, and evaluate the client plans of care.
Synthesizes data, information, and knowledge to evaluate and achieve optimal client and care environment outcomes.
Uses appropriate teaching/learning principles and strategies as well as current information, materials, and technologies to facilitate the learning of clients, groups, and other healthcare professionals.

Abbreviation: CNL, clinical nurse leader.

In research conducted with nurse leaders to assess why they were involving their organizations in the CNL project, Sherman found that key factors included a desire to improve the professional development of staff and enhance physician-nurse collaboration.[17] The introduction of the CNL role was viewed as an opportunity to keep the best and brightest nurses at the bedside, particularly in medical-surgical settings, by offering career advancement for nurses who complete graduate programs. CNLs were seen as role models who could motivate and challenge staff to use an evidence-based approach to practice and encourage professionalism. Nurse leaders predicted that the ongoing presence (5 days a week) of a clinical leader on the unit would significantly improve communication with physicians. It would also reduce the current frustration that many physicians feel about no one in nursing knowing the patient's story. Those interviewed noted that the practice of nurses rounding with physicians has been lost in many nursing environments today and hoped that the CNL would role-model this for the nursing staff.[17]

As they entered practice, the early CNL students were indeed pioneers. The introduction of the CNL role has not been without controversy. Critics from both academic and practice settings questioned the need and wisdom of introducing a new role to the profession at this time.[18,19] There was considerable ambiguity and uncertainty as organizations involved in the pilot project began to introduce this new role into practice. Kotter, in his work on change, has noted that the challenge with any new organizational innovation is creating enough of a sense of urgency to move it from the design phase to

successful organizational implementation.[20] St Lucie Medical Center (SLMC) rose to that challenge with their implementation of the CNL role. This is their story.

A CASE EXAMPLE

St Lucie Medical Center

St Lucie Medical Center, an affiliate of Hospital Corporation of America (HCA), is a 229-bed hospital located on the Treasure Coast of Florida. Like many acute care hospitals in today's healthcare environment, SLMC is dealing with the challenges of increasing regulatory requirements while ensuring the delivery of safe, reliable, and person-centered care to its community members. The chief nursing officer (CNO) recognized the importance of redesigning the nursing care delivery model to meet the demands of a changing healthcare environment. Faced with increasing patient acuities, shortened lengths of stay, strict reimbursement guidelines, nursing shortages, and increased patient expectations of care, the CNO, along with her nursing leadership team, used innovation and courage to seek out a solution to redesign nursing care delivery at SLMC. Recognizing the importance of change and adaptation, the nursing leadership team began to explore the emerging role of the CNL.

In 2004, the concept of the CNL role was presented to the executive leadership team at the medical center that supported the project. Work soon began on developing an academic partnership with Florida Atlantic University, and staff members were selected to attend the 2-year part-time graduate program. The CNL role was initiated at SLMC in October, 2006. A progressive care unit (48 beds) and a medical-surgical unit (45 beds) were selected as the pilot sites. The nursing leadership team provided strong leadership and mentoring during the transition period for both staff on the pilot units and the CNLs who were implementing the role. Weekly feedback sessions were conducted to track the successes and lessons learned in the pilot. Care was taken to support the importance of all caregivers while identifying what the role priorities should be for the CNL, along with potential areas for role conflict.

Since implementation, the CNL role has transitioned from an ambiguous new concept to a major role with high impact. Communication and collaboration are priorities for the CNLs, and there has been improvement in the continuity of care. CNLs have impacted care outcomes through interdisciplinary rounding. Prior to the initiation of the CNL role, the nursing staff was held accountable for collaborating with members of the interdisciplinary team in developing a plan of care for their assigned patients. They often found this difficult to accomplish while providing direct care for high acuity patients. The CNL now leads interdisciplinary rounds and supports the staff nurse in the coordination of care planning. The primary nurses are encouraged to attend rounds, but if they are not able to attend, the CNL will meet with the nurses to review the care plan and clinical priorities and then relay this information to the team. Working a "Monday through Friday" schedule, the CNL follows patients on their assigned units from admission to discharge. Knowing the patient's story throughout their hospitalization supports the work of the nursing staff and builds trust with the patient and family. The CNL interacts with the patients daily to evaluate care planning and monitor for compliance with established evidence-based practice guidelines.

The CNL role was developed nationally to better meet the needs of patients in a rapidly changing healthcare delivery system.[5] CNLs are educated about the need to add value in their settings. CNL role implementation at SLMC has led to high patient satisfaction along with positive patient outcomes.[21] In addition to these achievements, the CNLs and the nursing leadership at SLMC felt it was important that the role have tangible positive impact on the nursing workforce and the work setting at the unit level. The CNLs have developed a healthy work environment program in their practice settings to achieve this. A large part of their practice includes looking for ways to

enhance communication, promote collaboration, recognize the contributions of staff, and mentor nursing staff at the unit level.

Clinical nurse leader interventions to promote a healthy work environment

Changing the culture at SLMC began with a focus on the improvement of communication skills among nursing staff and the introduction of a caring-based model of practice.[22] When initiating this change, the CNLs sought buy-in from the nursing staff and were able to build on the trust that they had developed with staff from their day-to-day presence at the point of care as a professional resource. It was presented as an opportunity for career growth and not as just another institutionally mandated change. The healthy workforce standards emphasize that skilled communication is as important as clinical skills.[1] The CNLs taught the nursing staff to focus on written, spoken, and nonverbal communication. The CNLs worked with the nursing staff to improve communication with one another and patients through the initiation of a bedside shift report. Many staff members were initially uncomfortable with the change to a shift report at the patient's bedside. With time and mentoring, the CNLs were able to demonstrate to the nursing staff that bedside shift report eliminated potential errors in communication that jeopardize patient safety. The bedside report also served as an opportunity to coach novice nurses.

The CNLs have had an opportunity to develop relationships with patients and families through daily visits, learning their stories, and finding out what is most important to them. These findings are shared with staff when patients are transferred across settings and have resulted in improved collaboration across units. Although the CNL role is unit based, it is not uncommon to have family members seek out the CNL from a transferring unit to help bridge the gaps that a family may perceive with care. Part of the key to success in collaboration is the continuity that is achieved with the CNL workweek. Staff nurses typically work 12-hour shifts, making it difficult to know what has happened throughout the week with the patient. A staff nurse at SLMC shared this observation:

> I have been a nurse for 10 years and with our new nursing care delivery model incorporating the CNLs, I've seen continuity of care at its best. Working in partnership with the CNLs, I am able to provide excellent patient care through clinical collaboration.

St Lucie Medical Center has been recognized as a destination hospital by the Advisory Board for initiatives designed to attract and retain nurses. Meaningful recognition is an essential component to personal and professional growth, as noted in the healthy work environment standards.[1] Staff members are coached for personal growth and are presented with opportunities for clinical advancement. The CNLs have strengthened retention efforts through their work in the initiation of unit practice councils and the coaching of staff members who participate on the councils. AACN noted in the healthy work environment standards that it is essential that nurses be valued and committed partners in making policy, evaluating clinical care, and leading organizational operations.[1] Two creative initiatives that emerged from staff involvement in the practice councils are the Save Our Skin (SOS) campaign and the Traffic Light Communication tool. The SOS is a tool designed to make hospital staff aware that this patient is at risk for developing or has a pressure ulcer. The Traffic Light Communication tool allows for nurses to share during the shift how their workload is going. A green light shows that the nurse has a smooth work flow, a yellow light represents that the nurse is beginning to feel some pressure, and a red light indicates that the nurse is in need of immediate help. These 2 programs serve as examples of initiatives that have increased nurse satisfaction and contributed to a supportive work environment.

The CNLs work hard to demonstrate authentic leadership and support of the staff. Many new graduates now request the units

where CNLs are assigned. They have been advised by other staff that the CNL will provide them with the mentoring and guidance that they will need to be successful in their career. This mentoring allows new graduates to develop their assessment skills, improve their critical thinking, and feel more confident with their technical expertise. A new graduate on the progressive care unit described the impact of the CNL in her career decision as follows:

> I was a practicum student at St. Lucie Medical Center and the CNLs were instrumental in my decision to work here. The Clinical Nurse Leaders on our floor have been great mentors for me and the rest of the staff. They help me develop critical thinking, which is a very important aspect of my work.

A new graduate employed on a medical-surgical unit discussed the impact of the CNL on her transition into professional practice: "As a new graduate nurse, I feel very comfortable having a clinical expert working beside me to support my nursing practice and give me important feedback to further develop my skills in caring for complex patients."

The CNLs can also be instrumental in promoting staff retention. A nurse who had been working on the unit for approximately 6 months was continuing to struggle with workload and time management skills, often working an hour or more after the end of her shift to complete documentation. The CNL assigned to the unit offered encouragement and ultimately shadowed the nurse for a shift to help identify opportunities for improvement in work organization. One morning, after meeting with the nurse to review pertinent clinical data, the CNL commented on how well the nurse was doing and how well the clinical information provided in the report was presented. The nurse paused for a moment, considered her response, and replied, "I have been considering resigning my position, but looking back I can see how much I have improved, and maybe there is hope for me." This nurse did not resign and continues to work on the unit today; she is a conscientious, dedicated nurse and a definite asset to the team.

Lessons learned

The CNL role at SLMC has effectively enhanced the professional practice environment at the unit level. Data are being collected that demonstrate the outcomes that have been achieved through CNL role implementation (Table 2). Harris and Ott[23] have noted the importance of building a strong business case for the continued organizational support of the CNL role. Part of the organizational philosophy at SLMC is a belief that professional growth advances the practice of nursing. The addition of the CNL role to the care delivery

Table 2. St Lucie Medical Center Clinical Nurse Leader Project outcomes[a]

Indicators	2006	2007	2008
RNs with national certification, %	4.69	16.32	16.66
Patients with unit-acquired pressure ulcer, %	3.27	4.78	0.91
Adapted NQF voluntary nursing turnover rate	12.41	8.16	0.00
Core measures, %			
Congestive heart failure	92.6	97.2	100
Pneumonia	82.7	86.7	99.3
Acute myocardial infarction	82.2	97.4	100
Surgical Care Improvement Project (SCIP)	71.5	88.0	100

Abbreviation: RN, registered nurse;
[a]Combined results for progressive care and medical-surgical units.

model has brought leadership to the bedside. This support at the point of care has assisted professional nurses in the development of a person-centered care environment. The CNLs have encouraged staff to become more professionally engaged, and there has been growth in the number of registered nurses holding national certifications. They promote to staff the need to return to school for higher education. As with any new innovation in the patient care environment, the strong support and guidance of the chief nursing officer and nursing leadership team have been critical success factors.

SUMMARY AND CONCLUSIONS

Although the jury is still out on the long-term success of the CNL role on a national level, the SLMC experience with the role has led to a belief that this innovative nursing role holds much promise to promote a healthier work environment at the unit level. The CNLs have the ability to transform the care environment in a manner that elevates professional nursing practice, ensures quality outcomes, complies with core measures, and creates an environment in which nurses feel supported and empowered.

REFERENCES

1. American Association of Critical-Care Nurses. AACN standards for establishing and sustaining healthy work environments. http://www.aacn.org/WD/HWE/Content/hwehome.pcms?menu=Practice&lastmenu=. Published 2005. Accessed May 11, 2009.
2. Parsons M, Clark P, Marshall M, Cornett P. Team behavioral norms: a shared vision for a health patient care workplace. *Crit Care Nurs Q*. 2007;30(3):213–218.
3. Schmalenberg C, Kramer M. Types of intensive care units with the healthiest, most productive work environments. *Am J Crit Care.* 2007;16(5):458–468.
4. Manoijovich M, DeCicco B. Healthy work environments, nurse-physician communication, and patients' outcomes. *Am J Crit Care.* 2007;16(6):536–543.
5. American Association of Colleges of Nursing. White paper on the Clinical Nurse Leader[SM] role. http://www.aacn.nche.edu/Publications/WhitePapers/ClinicalNurseLeader.htm. Published 2007. Accessed May 5, 2009.
6. Tornabeni J. The evolution of a revolution in nursing. *J Nurs Adm.* 2006;36(1):3–6.
7. American Association of Colleges of Nursing. *Request for Proposals: Implementing the Clinical Nurse Leader[SM] Role.* Washington, DC: American Association of Colleges of Nursing; 2004. http://www.aacn.nche.edu/CNL.pdf.rfp.pdf. Accessed April 25, 2009.
8. American Association of Colleges of Nursing. Clinical Nurse Leader[SM]. http://www.aacn.nche.edu/CNL/pdf/Partnerships.pdf. Published 2007. Accessed May 5, 2009.
9. American Association of Colleges of Nursing. Clinical Nurse Leader[SM] pilot project evaluation indicators. http://www.aacn.nche.edu/CNL/pdf/tk/EvalFramework4-06.pdf. Published 2006. Accessed May 5, 2009.
10. Poulin-Tabor D, Quirk R, Wilson L, et al. Pioneering a new role: the beginning, current and future practice of the clinical nurse leader. *J Nurs Manag.* 2008;16(5):623–628.
11. Stanley J, Gannon J, Gabuat J, et al. The clinical nurse leader: a catalyst for improving quality and patient safety. *J Nurs Manag.* 2008;16(5):614–622.
12. Harris J, Tornabeni J, Walters S. The clinical nurse leader: a valued member of the healthcare team. *J Nurs Adm.* 2006;36(10):446–449.
13. Smith D, Dabbs M. Transforming the care delivery model in preparation for the clinical nurse leader role. *J Nurs Adm.* 2007;37(4):157–160.
14. Sherman R, Clark J, Maloney J. Developing the clinical nurse leader role in the twelve-bed hospital model: an education/service partnership. *Nurs Lead.* 2008;6(3):54–58.
15. American Association of Colleges of Nursing. Talking points: AACN Board decisions regarding the Clinical Nurse Leader[SM] initiative.. http://www.aacn.nche.edu/CNL/talkingpoints.htm. Updated July 9, 2004. Accessed April 21, 2009.
16. American Association of Colleges of Nursing. AACN end-of-program competencies and required clinical experiences for the Clinical Nurse Leader[SM]. http://www.aacn.nche.edu/CNL/pdf/EndCompsgrid.pdf. Published 2006. Accessed May 5, 2009.
17. Sherman R. Factors influencing organizational involvement in the Clinical Nurse Leader project. *Nurs Econ.* 2008;26(4):236–241.

18. Erickson J, Ditomassi M. The clinical nurse leader: new in name only. *J Nurs Educ.* 2005;44(3):99–100.
19. National League For Nursing. Transforming nursing education. http//www.nln.org/aboutnln/PositionStatements/transforming052005.pdf. Published 2005. Accessed May 12, 2009.
20. Kotter JP. *Leading Change.* Boston, MA: Harvard Business School Press; 1996.
21. Gabaut J, Hilton N, Kinnaird L, Sherman R. Implementing the role of the clinical nurse leader in a for-profit environment: a case study. *J Nurs Adm.* 2008;38(6):302–307.
22. Boykin A, Schoenhofer S. *Nursing As Caring.* Boston, MA: Jones & Bartlett; 2001.
23. Harris J, Ott K. Building a business case for the clinical nurse leader role. *Nurs Lead.* 2008;6(4):25–28,37.