Role Expectations of the Clinical Nurse Specialist

Michele Jans Crissman

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ROLE EXPECTATIONS OF THE
CLINICAL NURSE SPECIALIST

by

Michele Jans Crissman

A thesis
submitted in partial fulfillment
of the requirements for the degree of
Master of Science, Major in Nursing
South Dakota State University

May, 1986
ROLE EXPECTATIONS OF THE
CLINICAL NURSE SPECIALIST

This thesis is approved as a creditable and independent investigation by a candidate for the degree, Master of Science, and is acceptable for meeting the thesis requirements for this degree. Acceptance of this thesis does not imply that the conclusions reached by the candidate are necessarily the conclusions of the major department.

Susan Hardin Palmer, R.N., M.S.
Academic Advisor

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Thesis Advisor
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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>iii</td>
</tr>
<tr>
<td>LIST OF TABLES</td>
<td>vi</td>
</tr>
<tr>
<td>LIST OF FIGURES</td>
<td>viii</td>
</tr>
<tr>
<td><strong>Chapter</strong></td>
<td></td>
</tr>
<tr>
<td>1. Research Problem</td>
<td>1</td>
</tr>
<tr>
<td>Introduction to the Problem</td>
<td>1</td>
</tr>
<tr>
<td>Statement of the Problem</td>
<td>3</td>
</tr>
<tr>
<td>Significance of the Study</td>
<td>3</td>
</tr>
<tr>
<td>Objectives of the Study</td>
<td>4</td>
</tr>
<tr>
<td>Definition of Terms</td>
<td>4</td>
</tr>
<tr>
<td>Organization of the Thesis</td>
<td>6</td>
</tr>
<tr>
<td>2. Review of Literature, Conceptual Framework and Hypothesis</td>
<td>7</td>
</tr>
<tr>
<td>Role Theory</td>
<td>7</td>
</tr>
<tr>
<td>Specialized Nursing Role Development</td>
<td>13</td>
</tr>
<tr>
<td>Research Related to Role Expectations of the CNS</td>
<td>18</td>
</tr>
<tr>
<td>Summary of Literature Review</td>
<td>20</td>
</tr>
<tr>
<td>Conceptual Framework</td>
<td>21</td>
</tr>
<tr>
<td>Hypotheses</td>
<td>22</td>
</tr>
<tr>
<td>3. Methodology</td>
<td>23</td>
</tr>
<tr>
<td>Approach</td>
<td>23</td>
</tr>
<tr>
<td>Sample</td>
<td>23</td>
</tr>
<tr>
<td>Variables</td>
<td>24</td>
</tr>
</tbody>
</table>
Research Tool .................................................. 24
Method of Collecting Data ......................................... 26
Procedure for Analysis ............................................. 26
4. Analysis of Data .................................................. 27
  Description of the Acceptance of Role
    Expectations of the CNS by Nurse Managers .......... 27
  Description of the Acceptance of Role
    Expectations of the CNS by Staff Nurses .......... 36
  Significant Differences in the Acceptance
    of the CNS Roles Between Nurse Managers
    and Staff Nurses ........................................ 46
  Clinical Nurse Specialist as Clinician .......... 46
  Clinical Nurse Specialist as Educator .......... 47
  Clinical Nurse Specialist as Researcher .......... 48
  Clinical Nurse Specialist as Consultant .......... 49
5. Summary, Conclusions, Implications,
   Limitations, and Recommendations ..................... 51
  Summary ...................................................... 51
  Findings and Conclusions .................................... 53
  Implications of the Research ............................... 55
  Limitations of the Research .............................. 56
  Recommendations for Future Research .................. 56
NOTES .................................................................. 58
REFERENCES .......................................................... 63
APPENDIX
  A. Questionnaire .................................................. 67
## LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Number and Percent of Nurse Managers' Responses to Acceptance of Stated Expectations Associated with the CNS Clinician Role</td>
<td>28</td>
</tr>
<tr>
<td>2. Number and Percent of Nurse Managers' Responses to Acceptance of Stated Expectations Associated with the CNS Educator Role</td>
<td>31</td>
</tr>
<tr>
<td>3. Number and Percent of Nurse Managers' Responses to Acceptance of Stated Expectations Associated with the CNS Researcher Role</td>
<td>33</td>
</tr>
<tr>
<td>4. Number and Percent of Nurse Managers' Responses to Acceptance of Stated Expectations Associated with the CNS Consultant Role</td>
<td>35</td>
</tr>
<tr>
<td>5. Number and Percent of Staff Nurses' Responses to Acceptance of Stated Expectations Associated with CNS Clinician Role</td>
<td>37</td>
</tr>
<tr>
<td>6. Number and Percent of Staff Nurses' Responses to Acceptance of Stated Expectations Associated with CNS Educator Role</td>
<td>40</td>
</tr>
<tr>
<td>7. Number and Percent of Staff Nurses' Responses to Acceptance of Stated Expectations Associated with CNS Researcher Role</td>
<td>42</td>
</tr>
<tr>
<td>8. Number and Percent of Staff Nurses' Responses to Acceptance of Stated Expectations Associated with CNS Consultant Role</td>
<td>44</td>
</tr>
<tr>
<td>9. Nurse Managers' and Staff Nurses' Acceptance of the CNS as Clinician</td>
<td>47</td>
</tr>
<tr>
<td>10. Nurse Managers' and Staff Nurses' Acceptance of the CNS as Educator</td>
<td>48</td>
</tr>
</tbody>
</table>
11. Nurse Managers' and Staff Nurses' Acceptance of the CNS as Researcher .......... 49

12. Nurse Managers' and Staff Nurses' Acceptance of the CNS as Consultant .......... 50
<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Role Episode Model</td>
<td>12</td>
</tr>
<tr>
<td>2</td>
<td>Conceptual Framework</td>
<td>21</td>
</tr>
</tbody>
</table>
CHAPTER 1

Research Problem

Introduction to the Problem

The concept of specialization is apparent in all aspects of society as well as in the profession of nursing.\(^1\) As a result of specialization, the role of the clinical nurse specialist (CNS) has evolved. Being a fairly new role, the CNS, along with other expanded roles in nursing, has been associated with ambiguity for the CNS, and for nurse administrators and other nurses.\(^2\) While many roles have a degree of ambiguity, those who assume specialized roles often deal with a greater amount of confusion regarding role expectations. And, indeed, one of the most misunderstood roles in nursing has been that of the CNS.\(^3\)

The concept of the role of the CNS was first envisioned by Frances Reiter, R.N., M.A. in the 1940's. Reiter described this specialist as a nurse who consistently demonstrated a high degree of clinical management and an advanced level of competence in the performance of nursing care in a clinical area of specialization.\(^4\) Generally, the CNS is hired to improve the quality of patient care by her/his ability to function as clinician, educator, consultant, and researcher. However, the diffuse nature of the roles and the lack of a clear understanding by others of what is expected can create role ambiguity and role conflict. Noemi Farkas, R.N., Pulmonary Clinical Specialist, states that role ambiguity occurs
when the expectations for a position are unknown or unclear to the individual in the position or when the role's appropriate behaviors are not known or are misinterpreted by others. Furthermore, role ambiguity may lead to anxiety, frustration, dissatisfaction, and decreased productivity.\textsuperscript{5}

Despite the acknowledgement by nurses of the need for academically prepared expert practitioners, such as the CNS, this role often lacks acceptance. This may be due to a problem of role implementation and utilization. This ineffective role implementation and utilization may be a direct result of role ambiguity and diffusion, inadequate administrative support, and lack of support from peers.\textsuperscript{6} Farkas further supports this belief when she states that problems with utilization of the clinical nurse specialists in institutions occur partially due to the lack of role clarity.\textsuperscript{7}

In addition, it may be that the acceptance of the CNS within health care institutions may be due to a lack of clear definition of the role expectations of the CNS. Furthermore, this lack of acceptance may be shared by nurse managers and staff nurses who are uncertain in their understanding of the CNS's capabilities and responsibilities. It seems appropriate to state that if effective utilization of the knowledge and skill possessed by the CNS is to occur, clarification needs to be made in this professional practice role.\textsuperscript{8}
Statement of the Problem

The problem under investigation in this study is: To what extent do nurse managers and staff nurses accept the expectations of the clinical nurse specialist in four identified role functions?

Significance of the Study

Because the expectations of the CNS role have considerable influence on how the role is implemented, it would seem appropriate to examine the expectations of this role as accepted by nurse managers and staff nurses. 9

The American Nurses Association's (ANA) Social Policy Statement emphasizes that it is critical for the administrator and other nursing managers to whom the clinical specialist is responsible to understand and respect the individual's qualifications and expertise in order for the CNS to have a successful impact on patient care. 10 With the necessary support and cooperation from administration, the CNS can reduce health care costs, promote a higher level of functioning in patients and their families, and increase the level of job satisfaction for staff who provide direct patient care. 11 Edlund and Hodges also support the contention that administrative support is necessary for implementing the role of the CNS. They state that two factors for successful implementation are: 1) support and commitment of the director of nursing service greatly influence the failure or success of the role, and 2) support and commitment of the
administrative staff, particularly head nurses, increase the chances for the CNS to be successful.\textsuperscript{12}

The success of the CNS role is also dependent upon the cooperation of the nursing staff.\textsuperscript{13} The CNS can positively affect the patient care given by nursing staff by facilitating clinical competence and by promoting professional development. The CNS assists the nursing staff to become excellent practitioners thus preparing nurses to provide excellent patient care.\textsuperscript{14}

Furthermore, the CNS strives to motivate nurses to assume responsibility for their own professional growth.\textsuperscript{15} In addition, it has been found that the staff units with clinical nurse specialists develop a greater clinical insight than those staff nurses not having the benefits of a CNS.\textsuperscript{16}

**Objectives of the Study**

The objectives of this study were:

1. to describe the nurse managers' acceptance of the role expectations of the clinical nurse specialist

2. to describe the staff nurses' acceptance of the role expectations of the clinical nurse specialist

3. to determine if there exists a significant difference in the level of acceptance of the role expectations of the CNS between nurse managers and staff nurses.

**Definition of Terms**

The following terms were used in this study and defined as
follows:

**Clinical nurse specialist (CNS).** The ANA 1980 policy statement identifies the CNS as "a nurse who through study and supervised practice at the graduate level has become expert in a defined area of knowledge and practice in a selected clinical area of nursing." The CNS has been prepared with a Master's Degree in the clinical nurse specialist option or tract. The current generally accepted view of the CNS encompasses four functional role components: 1) **expert clinician,** a role in which the CNS is prepared to provide direct patient care with advanced skills and services; 2) **educator,** the role in which the CNS is prepared to provide and evaluate patient/staff education after assessing learning readiness; 3) **researcher,** a role in which the CNS is prepared to evaluate, communicate, and utilize new knowledge to improve practice; and 4) **consultant,** a role in which the CNS is prepared to offer clarification, diagnostic formulations, advice, and education in relation to management issues. In this study, these four specific roles were addressed.

**Nurse manager.** Registered nurses in management positions with titles such as Director of Nursing, Associate Director of Nursing, Head Nurse, Assistant Head Nurse, and Supervisor or titles corresponding with these positions. In this study, the manager may possess an associate degree, diploma, baccalaureate degree or be prepared at the graduate level. In addition, the manager participating in this study may be employed full or
part-time and may be practicing in any area of a hospital including an area where there is no CNS practicing.

Role expectations. Cognitions of relevant people about what one with a particular title or position should and should not do. Clear role expectations aid in minimizing role ambiguity. In this study, acceptance of a stated expectation was indicated by the extent of agreement/disagreement to statements reflecting role components of the CNS.

Staff nurse. Registered nurses employed to give direct patient care. In this study, the staff registered nurse may possess an associate degree, diploma, baccalaureate degree or be prepared at the graduate level. Also, the staff nurse involved in this study could be employed full or part-time and could be practicing in any area of the hospital including an area where there is no CNS practicing.

Organization of the Thesis

The remainder of this thesis will be organized as follows:

1. Chapter 2 includes a review of selected literature relevant to the study and the conceptual framework of the study.
2. Chapter 3 includes the methodology used to complete the study.
3. Chapter 4 includes the analysis of the research data.
4. Chapter 5 includes a summary, implications, limitations, and recommendations.
CHAPTER 2

Review of Literature, Conceptual Framework

and Hypothesis

This chapter contains the review of literature appropriate to this study, the conceptual framework and the hypothesis. For organizational purposes the review of literature is divided into three sections. The sections are: role theory, specialized nursing role development, and research related to the expectations of the CNS.

Role Theory

The following concepts relate to role theory and are discussed to aid in the understanding of role development and role identification.

Role development. Two major theories exist in the behavioral sciences to describe the manner in which roles are developed and evaluated: the functionalist theory and the symbolic interactionist theory. In the functionalist theory, CNS positions exist to meet a societally conceived demand. Since the society, in this instance, the health care organization, determined the need for the role of the CNS, the society also established norms or demands about the activities that should occur within the role. The functionalist perspective indicates to the CNS that certain expectations are demanded by the employed organization, and the organization will impose positive or
negative reinforcements to ensure that those demands are met. Those who ascribe to the functionalist theory encourage the CNS to list the specific expectations the organization has of the CNS. This list of expectations provides a source for continual review to ensure that expectations are met. Changes in the list of expected behaviors must be negotiated with the administration. As long as the CNS meets the organization's expectations, administrative support will be present. 20

According to the symbolic interactionist theory, the individual determines which activities have relevance for a role. The CNS considers the reaction of appropriate others in the environment, evaluates the responses of these persons and then decides to continue, change, or abandon behaviors based on this evaluation. According to this theory, the CNS assumes responsibility for the evolving role development. As the CNS assumes different role behavior, many persons in the environment will react to the CNS's behaviors. Each person's response will be based on his or her own perception, and that perception depends on the individual's unique work and responsibility in the social structure. 21

**Role function.** Sister Callista Roy, a nurse theorist, identifies man as an adaptive organism composed of four adaptive modes. Roy has identified one of these four adaptive modes as "role function." 22 Roy states that because of the need for social integrity, man needs to know who he is in relation to others and
what the expectations of society are regarding the positions he holds so that he can act appropriately. If role is designated as the title given to an individual as well as the behaviors expected of an individual to perform in order to maintain the title, then role performance is the collection of behaviors observed when an individual with a particular title undertakes those actions which society attributes to that title. Role and role performance are described to have two major components, those being instrumental and expressive behaviors. Instrumental behaviors define behaviors with a long-term goal orientation and are influenced by a beneficiary of action, pay, access to facilities, and cooperation or collaboration with others. The goal for expressive role performance is for direct and immediate feedback and is influenced by an object of affection or consumer-response to feedback, a set of circumstances to enable a person to accomplish a specified task, and a cooperative system. In addition to the stimuli influencing instrumental and expressive behaviors, other stimuli that may influence role performance include social norms, the structure of an individual (age, sex, etc.), the individual's self-concept, the response and performance of others in respective positions, and the individual's knowledge of what constitutes role expectations.

Roy states that to maintain social integrity, the person needs cues to the appropriate behaviors for a particular role,
needs others to interact with, and needs access to facilities for role performance. If any of these requirements are lacking, a deficit is created in the role function adaptive mode. Roy identifies three major problems that may occur in the role function mode as role distance, role conflict, and role failure. Role distance implies that an individual demonstrates behaviors appropriate to a specific role but these behaviors differ significantly from prescribed behaviors for the role. Role conflict occurs when a person experiences incompatible expectations from one or more persons concerning this expected behavior. Role failure occurs when there is an absence of feelings (expressive behavior) and/or a lack of action (instrumental behavior). Role failure may be the ultimate resolution of role conflict.

Role conflict. In certain situations an individual may find himself exposed to conflicting expectations: some expect him to behave in one way while others expect another, and these expectations are incompatible. An understanding of role conflict is helpful since role expectations alone seldom present a problem and it is only when role expectations are incongruent in some way or when they are not met that role conflict occurs. Role conflicts, caused by disparity between role expectations of different groups, develop from a number of sources. First, there is "interrole" conflict which occurs when a person holds two or more roles simultaneously and the expectations of one role
conflict with the expectations of another role. Second, there is "intrasender" conflict which occurs when a person sends out expectation messages that indicate a double or contradictory message. "Intrarole" conflict occurs when different role expectation messages are received from different members of one's role set (the role expectations held by colleagues for a person in a role). Last, "self-role" conflict occurs when the expectations of the role are in opposition to one's individual needs.32

Kahn et al. provide a useful model for analyzing role conflict and the responses for coping with tensions which arise from role expectations being sent and received (see Figure 1). The model organizes factors influencing an individual's adjustment to the stresses of an organization and relates these factors and conditions in a complex interaction. The interaction is called the role episode and refers to a role interaction which occurs at a given moment in time.33

Four events constitute the role episode of interaction: the experience and response of the role senders and the experience and response of the focal person. The experience of the role senders includes perceptual, cognitive and evaluative components. Role senders have certain expectations regarding the way in which a particular role should be performed. Role expectations held for a certain person will reflect the role sender's concept of the role. Role senders also compare their expectations with their perceptions of the performance of a specific role and then exert
<table>
<thead>
<tr>
<th>Role Senders</th>
<th>Focal Person</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXPERIENCE</strong></td>
<td><strong>RESPONSE</strong></td>
</tr>
<tr>
<td>Role expectations;</td>
<td>Role pressures;</td>
</tr>
<tr>
<td>Perception of focal person's behavior;</td>
<td>Objective role conflict;</td>
</tr>
<tr>
<td>Evaluations</td>
<td>Objective ambiguity</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>EXPERIENCE</strong></td>
</tr>
<tr>
<td></td>
<td>Psychological conflict;</td>
</tr>
<tr>
<td></td>
<td>Experienced ambiguity;</td>
</tr>
<tr>
<td></td>
<td>Perception of role and role senders</td>
</tr>
</tbody>
</table>

Figure 1  
Role Episode Model

pressure to make the performance congruent with their expectations of the specific role. This pressure perceived by the focal person induces an emotional experience and a rethinking of the role. The focal person is aware that role senders expect a role to be done in certain ways and if perceptions do not concur with one's own conception of this role, psychological conflict may occur. Thus, adjustments in the focal person's behavior occur to respond to the perceived role expectations. When the focal person reacts to the perception of other's expectations of the role, this reaction or role behavior then alters in some way the role senders' perceptions and how the role is fulfilled. These altered perceptions will affect further expectations of the focal person. 34
Role expectations are also influenced by organizational factors and interpersonal relations. The organizational structure which is the functional specialization and division of labor influences the content of a particular position. Variables that characterize the organization include size, number or rank of status levels, and the products it produces. Ecological variables associated with the organizational influences of a position may include the rank of a position and the number and positions of others who are directly concerned with the performance of this role. Interpersonal relations address patterns of interaction between a person and his role senders. Dimensions of interpersonal relations include affective bonds, or the presence of respect and trust, and dependence of one on the other. 35

The literature suggests that role senders (staff nurses and nurse managers) have certain expectations regarding the way in which the role of the CNS should be performed. Because of their expectations of the CNS, pressure is exerted on the focal person (CNS) and role conflict may occur if staff nurses' and nurse managers' perceptions do not concur with the CNS's conception of the role. The CNS responds to these perceptions of the role expectations which may in turn alter the perceptions held by nurse managers and staff nurses.

Specialized Nursing Role Development

As discussed, with the advent of the specialized role of
the CNS has come confusion regarding role expectations. "Clinical Nurse Specialist" is a title given a nurse who is, as described by the ANA in 1980, a nurse holding a master's degree with a concentration in specified areas of clinical nursing. A title designates a role one plays in society, and because of one's title, certain behaviors are expected. These expectations include not only those that others have of the person holding the title but also the expectations the person has of himself or herself.36 Furthermore, in an organization standardized titles serve a function by identifying the persons holding the titles and by indicating the behaviors expected of them and of the persons with whom they interact.37 However, as the literature suggests, the title "Clinical Nurse Specialist" has not been accepted with clearly identified expectations. Yet, the expectations and parameters of this role as defined within the institution have considerable influence on how the role is implemented.38

Dorothy Oda describes a systematic and analytic role development process upon which to build a foundation to define a specialized nursing role effectively. She states that the essence of developing a specialist role consists 1) in clearly identifying the role purpose and function, 2) in implementing the role through goal directed interactions, and 3) in achieving positive recognition and support for the role.39

Oda describes the above identified elements of role development in three operational phases. The first phase, role
identification, strives to meet a goal to clarify the purpose and objective of the specific role, first for oneself, then for others. In this phase, the nurse identifies clearly what is to be accomplished and how. The second phase is that of role transition. To achieve role transition, the nurse must interact with others in the work setting so as to reach the goals appropriate for the role. It is in the second phase that the specialized nurse can gather data to determine how people perceive the specialized role. The interchange of perceptions is essential to give some direction to role performance. The ultimate goal of the second phase is to evolve a specialized nursing role that accommodates a specific staff and institution. In the third phase, role confirmation, the nurse seeks and gains reinforcement of the role definition. The degree to which the staff accept and administrators recognize the specialized nurse indicates the extent to which the role is confirmed.40

Oda states that while a specialized role is being developed, continuous communication of role purpose and function is imperative. It cannot be assumed that everyone will understand or remember an explanation of what one is doing. Oda adds that role communication should be mutual as the specialist and those with whom interaction occurs exchange perceptions and modify them as necessary. The ability to detect and accurately interpret perceptions is important to role implementation.41

CNS role functions. Despite the existing ambiguity about
the role functions of the CNS, general agreement exists that the four major role functions of the CNS are expert clinician, educator, consultant, and researcher. 42

The CNS is described as an expert clinician in a specified area of clinical nursing; a direct caregiver to patients. The CNS functions as an expert clinician by virtue of an advanced education and expanded knowledge-base. Since the CNS is involved in direct care, this specialized nurse also experiences the obstacles and constraints under which the staff must function and can better identify the need for and assist in developing reality-based nursing care methods and tools. In addition, the CNS assists with and encourages problem solving to be based on more accurate perceptions. Furthermore, direct involvement with the staff provides for establishing and maintaining the CNS's credibility with the nursing staff which is a key factor in promoting acceptance of the specialist role. 43

The CNS functions to educate patients as well as to facilitate the education of staff and health care consumers. 44 Also, the CNS can provide a more reality-based classroom teaching experience for staff nurses and student nurses. 45 Siehl states that clinical nurse specialists have the responsibility of educating fellow nurses and developing with them stronger support systems for effectively thinking about patient problems. 46 In addition, Siehl states that the focus for clinical nursing education is on what happens to the patient. 47 Clinical nurse
specialists also accept the responsibility for patient education with considerable emphasis on the patient's or family's readiness to learn. 48

Consultation can be defined as an interpersonal, educational process in which the consultant collaborates with a person or group of persons who influence and/or participate in the delivery of health care and who have requested assistance in problem solving. 49 In this role, the CNS is able to strengthen leadership abilities, to improve the quality of patient care, and to develop innovative procedures and policies. The CNS may function as an expert consultant or as a process consultant. Because of expertise and in-depth knowledge, the expert consultant is requested to give a specific answer to a specific problem. In process consultation, the CNS collaborates with the consultee in deciding on the solution to a problem. 50

The CNS has two research expectations that will ultimately provide for high quality nursing care: 1) evaluation and communication of research findings, and 2) application and testing of research findings in practice. 51 Frances Reiter states that as a result of clinical care and treatment, the CNS more than other nurse practitioners would be able to study a situation until the essence of the nursing problem has been identified and would then search for the solution according to the nature of the problem. Because nursing deals with many aspects of patient care, the CNS would be able to conduct a search into whichever bodies of science
were pertinent rather than be limited to a set of known principles from one or two general applied concepts. 52

Research Related to Role Expectations of the CNS

Because of the potential ambiguity associated with the activities of the CNS, nurses in specialized roles need to be clear about their role purposes. A review of literature indicated there has been relatively little research done in the area of role expectations of the CNS. Literature does indicate that ambiguity exists about the role functions of the CNS.

As stated earlier, in an organization, standardized titles serve to identify the persons holding the titles and to indicate the behaviors expected of them and of the persons with whom they interact. In a study by Baker and Kramer, the title "Clinical Nurse Specialist" afforded no such clear-cut expectations. 53 Eight of thirty-two directors participating in the study inappropriately designated nurses to function with the CNS title yet they were not adequately educated as defined by the ANA. At other times the CNS was placed in a non-CNS role but was expected to function in activities consistent with the CNS's role. 54

Kwong, Manning, and Koetters in describing similarities and differences in role implementation, identify expectations shared of their bosses, bosses' expectations of the Oncology Clinical Nurse Specialist (OCNS), staff nurses' expectations of each of them as an OCNS, and the expectations the OCNS has of the
staff. Expectations that the authors shared regarding their bosses included a clear definition of responsibilities, organization guidance, role modeling and feedback when appropriate, and support through problem solving and listening. The bosses expected clinical expertise, sensitivity to impact of the role, self direction, role modeling to staff, follow-through on projects, communications and conflicts, loyalty to department and hospital, and willingness to request help when needed. Staff nurses expected an OCNS to be available and visible, to troubleshoot and problem solve, to share skills and support them, and to monitor quality of care. The expectations the OCNS has of the staff included quality comprehensive nursing care, professional interest in caring for patients, collaboration, cooperation, and use of the OCNS as a resource person.\textsuperscript{55}

To support the already cited literature, Cason and Beck found that administrators expected clinical nurse specialists to collaborate with others, to promote self care through patient education, to act from a holistic approach to care, to perform clinical skills competently, and to involve clients in their own care.\textsuperscript{56}

In a study done by Ayers, the presence of role ambiguity experienced among clinical nurse specialists was found. This study found that four kinds of ambiguity exist. These four types of ambiguity include status ambiguity, determining where they stood in relation to other nurses, doctors, administrators,
patients, etc.; task ambiguity, determining what work the CNS should/should not do; effect ambiguity, determining whether the clinical nurse specialists were making a contribution or having an effect; and career ambiguity, determining where all their work was taking them in their own clinical careers as professional nurses.57

Summary of Literature Review

The literature suggests the following generalizations:

1. Two major theories exist to describe how roles are developed and evaluated—the functionalist theory and the symbolic interactionist theory.

2. A person needs cues from others as to the appropriate behaviors associated with a particular role. Role conflict may occur when a person experiences incongruent expectations.

3. Role ambiguity is derived from various sources.

4. Specialized nursing roles experience a role development process.

5. There is general agreement on the four major functions of the CNS—clinician, educator, consultant, and researcher.

6. There are inconsistencies in the acceptance of role expectations of the CNS by nurse managers and staff nurses.

7. Role ambiguity exists because of unclear expectations.
Conceptual Framework

The conceptual framework for this study reflected the review of literature and role theory. Role expectations can be influenced by the organizational structure, interpersonal relations, and professional attributes/experiences. Variables of the organizational structure affecting this study include the size of the institution, the number of advance practice nurses (clinical nurse specialists) employed by the institution, and the specialty areas within the institution. A variable of interpersonal relations is the nurse managers' and staff nurses' professional contact with a CNS. Variables reflecting the professional attributes/experiences in this study include the level of education of the nurse managers and staff nurses and the knowledge possessed by these persons regarding the role of the CNS (see Figure 2).

![Conceptual Framework Diagram]

Figure 2
Conceptual Framework
Hypotheses

The hypotheses tested in this study were the following:

1. There will be no difference between the nurse managers' and the staff nurses' level of acceptance associated with role expectations of the clinical nurse specialist as a clinician.

2. There will be no difference between the nurse managers' and the staff nurses' level of acceptance associated with role expectations of the clinical nurse specialist as an educator.

3. There will be no difference between the nurse managers' and the staff nurses' level of acceptance associated with role expectations of the clinical nurse specialist as a researcher.

4. There will be no difference between the nurse managers' and the staff nurses' level of acceptance associated with role expectations of the clinical nurse specialist as a consultant.
CHAPTER 3
Methodology

The research methodology used for this study is reviewed in this chapter. This chapter discusses the research approach, sample, variables, research tool, method of collecting data, and procedure for analysis.

Approach

The research design of this study was nonexperimental utilizing a survey approach. The research examined the perceptions held by nurse managers and staff nurses regarding the acceptance of the role expectations of the CNS. This study specifically addresses the CNS's roles as an expert clinician, educator, researcher, and consultant.

Sample

The accessible population for this study involved registered nurses employed as nurse managers (N=30) and staff nurses (N=60) in a selected 450 bed hospital located in a rural midwestern state. The registered nurses could be practicing in any area of the hospital including those areas where a CNS is not practicing. The purposive sample consisted of 24 nurse managers and 32 staff nurses. Data analysis reflected the responses of these respondents.
Variables

The dependent variable in this study was the level of acceptance of the four roles of the CNS by nurse managers and staff nurses. The independent variables in this study were: 1) professional attributes of the nurse managers and staff nurses, that is, the level of education of the nurses and the knowledge possessed by these persons regarding the role of the CNS; 2) organizational structure, that is, the size of the institution, number of advanced practice nurses (clinical nurse specialists) employed by the institution, and specialty areas within the institution; and 3) interpersonal relations, that is, any professional contact with a CNS.

Research Tool

The research utilized a questionnaire that reflected the conceptual framework and the review of literature. The questionnaire was designed to determine the nurse managers' and staff nurses' acceptance of the CNS in four role functions (see Appendix A). The questionnaire contained three sections: Section I contained statements regarding professional attributes to obtain demographic data and to obtain information regarding past or present professional contact with a CNS. Section II contained statements regarding role expectations of CNS in the CNS's specific role performance as a clinician, an educator, a researcher, and a consultant.
Statements specifically addressing the CNS expectations as a clinician were statements 8-13, and 23-26. Statements specifically addressing the CNS expectations as an educator were statements 14-17, and 27-29. Statements specifically addressing the CNS expectations as a researcher were statements 18, 30, and 31. Statements specifically addressing the CNS expectations as a consultant were statements 19-21, and 32-33.

Participants were asked to respond to each question by indicating the degree to which they agreed or disagreed with the statement on a seven point Likert-type scale.

Section III included a question in which participants were asked to respond to whether or not there would be an advantage to have a CNS on their unit.

A cover letter accompanied the questionnaire. The cover letter described the purpose of the study, introduced the researcher, explained participant selection, provided a definition of the CNS upon which participants were asked to base their responses, assured anonymity and confidentiality, and indicated when and where to return the completed questionnaire if they decided to participate in the study. Last, an expression of thanks for their cooperation was provided.

The questionnaire was evaluated for content validity by asking three clinical nurse specialists to examine the questionnaire for clarity of each question and to assess for adequate content coverage of the four role components included in
the questionnaire. Based on their recommendations, the questionnaire was modified prior to distribution.

Method of Collecting Data

Prior to distributing the questionnaire to participants, the study was presented to the hospital's vice president of nursing and permission was received to proceed with the study.

The questionnaire was hand delivered to nurses employed in management and staff nurse positions. They were asked to complete it by August 15, 1985. Nurses were given a maximum of 72 hours to complete the questionnaire and were asked to return the questionnaire to a designated place on their respective units.

Procedure for Analysis

Of the ninety questionnaires presented, fifty-six were returned. The questionnaires were analyzed by computer. Instructions were given to the computer to sum the responses to each of the questions specific to the four role components. The data provided descriptive analysis of: 1) the nurse managers' level of acceptance of the role expectations of the clinical nurse specialist, and 2) the staff nurses' level of acceptance of the role expectations of the clinical nurse specialist. In addition, a chi-square analysis was done to determine if there was a significant difference in the role expectations of the CNS as accepted by nurse managers and staff nurses.
CHAPTER 4
Analysis of Data

This chapter analyzes the role expectations of the clinical nurse specialist as accepted by nurse managers and staff nurses. This chapter will be divided into three sections: 1) acceptance of role expectations of the CNS by nurse managers, 2) acceptance of role expectations of the CNS by staff nurses, and 3) significant differences in the acceptance of role expectations of the CNS between nurse managers and staff nurses. In each of these sections, the four major functions of the CNS will be addressed.

Description of the Acceptance of Role Expectations of the CNS by Nurse Managers

This section fulfills objective one of the study and describes the acceptance of role expectations of the CNS by nurse managers according to the four major role functions of the CNS.

Clinician. Table I indicates that a majority of the nurse managers accepted the role expectations of the CNS as clinician as indicated by their agreement with these stated role functions. More than fifty percent of the nurse managers indicated strong agreement with statements that expected the CNS to be able to function independently, to assess patients at an advanced level, and to provide leadership. One-fourth to one-third of the nurse managers indicated a strong agreement with the CNS's ability to anticipate patient crisis, to evaluate nursing practices, to
### TABLE I

**NUMBER AND PERCENT OF NURSE MANAGERS' RESPONSES TO ACCEPTANCE OF STATED EXPECTATIONS ASSOCIATED WITH THE CNS CLINICIAN ROLE**

<table>
<thead>
<tr>
<th>Expectation</th>
<th>Strongly Agree F</th>
<th>Strongly Agree %</th>
<th>Moderately Agree F</th>
<th>Moderately Agree %</th>
<th>Agree F</th>
<th>Agree %</th>
<th>Undecided F</th>
<th>Undecided %</th>
<th>Disagree F</th>
<th>Disagree %</th>
<th>Moderately Disagree F</th>
<th>Moderately Disagree %</th>
<th>Strongly Disagree F</th>
<th>Strongly Disagree %</th>
<th>Total F</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would expect a CNS to be more prepared to function independently in appropriate areas than a nurse not prepared as a CNS.</td>
<td>13 54.16</td>
<td>7 29.16</td>
<td>1 4.17</td>
<td>1 4.17</td>
<td>0 0</td>
<td>1 4.17</td>
<td>1 4.17</td>
<td>1 4.17</td>
<td>24 100</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would expect a CNS to be more prepared to assess patients at an advanced level than a nurse not prepared as a CNS.</td>
<td>16 66.66</td>
<td>4 16.66</td>
<td>1 4.17</td>
<td>1 4.17</td>
<td>0 0</td>
<td>1 4.17</td>
<td>1 4.17</td>
<td>1 4.17</td>
<td>24 100</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would expect a CNS to be more prepared to anticipate patient crisis than a nurse not prepared as a CNS.</td>
<td>7 29.16</td>
<td>11 45.83</td>
<td>3 12.50</td>
<td>1 4.17</td>
<td>0 0</td>
<td>1 4.17</td>
<td>1 4.17</td>
<td>1 4.17</td>
<td>24 100</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>I would expect a CNS to be more prepared to provide leadership in the development of nursing protocols than a nurse not prepared as a CNS.</td>
<td>13 54.17</td>
<td>5 20.83</td>
<td>4 16.67</td>
<td>2 8.33</td>
<td>0 0</td>
<td>0 0</td>
<td>0 0</td>
<td>0 0</td>
<td>24 100</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would expect a CNS to be more prepared to evaluate nursing practices than a nurse not prepared as a CNS.</td>
<td>6 25.00</td>
<td>10 41.67</td>
<td>5 20.83</td>
<td>2 8.33</td>
<td>1 4.17</td>
<td>0 0</td>
<td>0 0</td>
<td>0 0</td>
<td>24 100</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would expect a CNS to be more prepared to identify patient's support systems than a nurse not prepared as a CNS.</td>
<td>2 8.33</td>
<td>7 29.16</td>
<td>10 41.67</td>
<td>1 4.17</td>
<td>3 12.50</td>
<td>1 4.17</td>
<td>0 0</td>
<td>0 0</td>
<td>24 100</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
I would expect a CNS to be more prepared to use a broader science base in the decisions made in the practice of nursing than a nurse not prepared as a CNS.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Moderately Agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Moderately Disagree</th>
<th>Strongly Disagree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>%</td>
<td>F</td>
<td>%</td>
<td>F</td>
<td>%</td>
<td>F</td>
<td>%</td>
</tr>
<tr>
<td>I would expect a CNS to be more prepared to use a broader science base in the decisions made in the practice of nursing than a nurse not prepared as a CNS.</td>
<td>8</td>
<td>33.33</td>
<td>10</td>
<td>41.67</td>
<td>5</td>
<td>20.83</td>
<td>1</td>
<td>4.17</td>
</tr>
<tr>
<td>I would expect a CNS to be more prepared to be able to select alternative nursing interventions than a nurse not prepared as a CNS.</td>
<td>8</td>
<td>33.33</td>
<td>9</td>
<td>37.50</td>
<td>2</td>
<td>8.33</td>
<td>3</td>
<td>12.50</td>
</tr>
<tr>
<td>I would expect a CNS to be more prepared to utilize appropriate resources than a nurse not prepared as a CNS.</td>
<td>6</td>
<td>25.00</td>
<td>8</td>
<td>33.33</td>
<td>6</td>
<td>25.00</td>
<td>2</td>
<td>8.33</td>
</tr>
<tr>
<td>I would expect a CNS to be more prepared to be clinically competent in the delivery of health care than a nurse not prepared as a CNS.</td>
<td>4</td>
<td>16.67</td>
<td>6</td>
<td>25.00</td>
<td>3</td>
<td>12.50</td>
<td>4</td>
<td>16.66</td>
</tr>
</tbody>
</table>
use a broader science base, to select alternative nursing interventions, and to utilize appropriate resources. Less than one-fifth (16.66 percent) of the nurse managers indicated a strong agreement with the CNS's ability to be clinically competent and less than one-tenth (8.33 percent) indicated a strong agreement with the CNS's ability to identify support systems.

The greatest number of disagreement responses by nurse managers in this role occurred with the statement regarding the CNS's ability to be clinically competent. Five (20.83 percent) nursing managers indicated disagreement, 1 (4.17 percent) indicated moderate disagreement, 1 (4.17 percent) indicated strong disagreement with the statement. In addition, four (16.66 percent) nurse managers indicated an uncertainty with this statement.

Educator. Table II indicates that a majority of the nurse managers accepted the role expectations of the CNS as educator as indicated by their agreement with these stated role functions. Approximately forty-one to forty-five percent of the nurse managers indicated a strong agreement with the CNS's ability to participate in public education, to use learning theory, and to contribute to the education of students. Twenty-five percent of the nurse managers indicated a strong agreement with the CNS's abilities to evaluate patient teaching. Twenty percent of the nurse managers indicated strong agreement with the CNS's abilities to assess patient readiness for learning and to recognize factors
I would expect a CNS to be more prepared to assess patient readiness for learning than a nurse not prepared as a CNS.  

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Moderately Agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Moderately Disagree</th>
<th>Strongly Disagree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would expect a CNS to be more prepared to recognize factors that affect patient behavior than a nurse not prepared as a CNS.</td>
<td>5 20.83</td>
<td>6 25.00</td>
<td>6 25.00</td>
<td>4 16.67</td>
<td>1 4.17</td>
<td>0 0</td>
<td>24 100</td>
<td></td>
</tr>
<tr>
<td>I would expect a CNS to be more prepared to evaluate outcomes of patient teaching than a nurse not prepared as a CNS.</td>
<td>6 25.00</td>
<td>9 37.50</td>
<td>7 29.16</td>
<td>1 4.17</td>
<td>0 0</td>
<td>0 0</td>
<td>24 100</td>
<td></td>
</tr>
<tr>
<td>I would expect a CNS to be more prepared to participate in public education than a nurse not prepared as a CNS.</td>
<td>11 45.83</td>
<td>7 29.17</td>
<td>5 20.83</td>
<td>1 4.17</td>
<td>0 0</td>
<td>0 0</td>
<td>24 100</td>
<td></td>
</tr>
<tr>
<td>I would expect a CNS to be more prepared to use learning theory than a nurse not prepared as a CNS.</td>
<td>10 41.67</td>
<td>4 16.66</td>
<td>8 33.33</td>
<td>1 4.17</td>
<td>1 4.17</td>
<td>0 0</td>
<td>24 100</td>
<td></td>
</tr>
<tr>
<td>I would expect a CNS to be more prepared to set realistic goals during patient teaching than a nurse not prepared as a CNS.</td>
<td>4 16.67</td>
<td>3 12.50</td>
<td>10 41.67</td>
<td>2 8.33</td>
<td>4 16.66</td>
<td>1 4.17</td>
<td>0 0</td>
<td>24 100</td>
</tr>
<tr>
<td>I would expect a CNS to be more prepared to contribute to the education of students from other professions than a nurse not prepared as a CNS.</td>
<td>10 41.66</td>
<td>9 37.50</td>
<td>3 12.50</td>
<td>1 4.17</td>
<td>1 4.17</td>
<td>0 0</td>
<td>0 0</td>
<td>24 100</td>
</tr>
</tbody>
</table>
affecting patient behavior. Less than twenty percent (16.66 percent) of the nurse managers indicated a strong agreement with the statement regarding the CNS's ability to set realistic goals during patient teaching.

The greatest number of disagreement responses by nurse managers occurred with the statements regarding the CNS's abilities to assess patient readiness for learning and to set realistic goals for patient teaching. With each of these statements, 4 (nearly 17 percent) nurse managers indicated disagreement and 1 (4 percent) indicated moderate disagreement. There was no disagreement indicated by nurse managers regarding the CNS's ability to participate in public education.

There was one (4 percent) or two (8 percent) nurse managers who were undecided with each of the expectations of the CNS in the educator role.

Researcher. Table III indicates that a majority of the nurse managers accepted the role expectations of the CNS as researcher as indicated by their agreement with these stated role functions. More than fifty percent of the nurse managers indicated strong agreement with the CNS's abilities to apply research findings, to do research studies, and to participate in interdisciplinary research.

Only one (4 percent) nurse manager indicated disagreement with these statements which occurred in response to the CNS's ability to participate in interdisciplinary research.
I would expect a CNS to be more prepared to apply research findings of others in the clinical practice than a nurse not prepared as a CNS.

I would expect a CNS to be more prepared to do research studies that will enhance nursing practice than a nurse not prepared as a CNS.

I would expect a CNS to be more prepared to participate in interdisciplinary research than a nurse not prepared as a CNS.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Moderately Agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Moderately Disagree</th>
<th>Strongly Disagree</th>
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</tr>
</thead>
<tbody>
<tr>
<td>12 50.00 F % 10 41.66 F % 1 4.17 F % 1 4.17 F % 0 0</td>
<td>0 0</td>
<td>0 0</td>
<td>24 100</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 62.50 F % 6 25.00 F % 2 8.33 F % 1 4.17 F % 0 0</td>
<td>0 0</td>
<td>0 0</td>
<td>24 100</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 54.16 F % 4 16.67 F % 4 16.67 F % 2 8.33 F % 1 4.17 F % 0 0</td>
<td>0 0</td>
<td>0 0</td>
<td>24 100</td>
<td></td>
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</tr>
</tbody>
</table>
There were either one (4 percent) or two (8 percent) nurse managers who were undecided with each of the expectations of the CNS in the researcher role.

Consultant. Table IV indicates that a majority of the nurse managers accepted the role expectations of the CNS as consultant by their agreement with these stated role functions. More than fifty percent of the nurse managers indicated a strong agreement with the CNS's abilities to assist with the development of programs and to work with professional colleagues to enrich the base of knowledge of a specified area of nursing. Approximately forty-one to forty-five percent of the nurse managers indicated a strong agreement with the CNS's abilities to collaborate with other disciplines and to act as a consultant. Slightly less than twenty percent of the nurse managers indicated a strong agreement with the CNS's abilities to collaborate with other nurses and to act as a patient advocate.

The greatest number of disagreement responses was indicated with the CNS's abilities to act as a patient advocate. Four (nearly 17 percent) nurse managers indicated disagreement, one (4 percent) indicated moderate disagreement, and one (4 percent) indicated strong disagreement with the statement. There were no nurse managers who disagreed with the CNS's abilities to assist with the development of programs and to work with professional colleagues to enrich the base of knowledge of a specified area of nursing.
### Table IV

**NUMBER AND PERCENT OF NURSE MANAGERS' RESPONSES TO ACCEPTANCE OF STATED EXPECTATIONS ASSOCIATED WITH THE CNS CONSULTANT ROLE**

<table>
<thead>
<tr>
<th>Expectation</th>
<th>Strongly Agree F</th>
<th>Strongly Agree %</th>
<th>Moderately Agree F</th>
<th>Moderately Agree %</th>
<th>Agree F</th>
<th>Agree %</th>
<th>Undecided F</th>
<th>Undecided %</th>
<th>Disagree F</th>
<th>Disagree %</th>
<th>Moderately Disagree F</th>
<th>Moderately Disagree %</th>
<th>Strongly Disagree F</th>
<th>Strongly Disagree %</th>
<th>Total F</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would expect a CNS to be more prepared to assist with the development of programs designed to update nursing practice in a specified area than a nurse not prepared as a CNS.</td>
<td>15 67.50</td>
<td>5 20.83</td>
<td>3 12.50</td>
<td>1 4.17</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>24 100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would expect a CNS to be more prepared to collaborate with other disciplines in planning care programs than a nurse not prepared as a CNS.</td>
<td>10 41.67</td>
<td>6 25.00</td>
<td>5 20.83</td>
<td>2 8.33</td>
<td>1</td>
<td>4.17</td>
<td>0</td>
<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>24 100</td>
<td></td>
</tr>
<tr>
<td>I would expect a CNS to be more prepared to work with professional colleagues to enrich the base of knowledge of a specified area of nursing than a nurse not prepared as a CNS.</td>
<td>13 54.17</td>
<td>6 25.00</td>
<td>3 12.50</td>
<td>2 8.33</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>24 100</td>
<td></td>
</tr>
<tr>
<td>I would expect a CNS to be more prepared to collaborate with other nurses than a nurse not prepared as a CNS.</td>
<td>4 16.66</td>
<td>9 37.50</td>
<td>6 25.00</td>
<td>3 12.50</td>
<td>1</td>
<td>4.17</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>4.17</td>
<td>0</td>
<td>1</td>
<td>4.17</td>
<td>0</td>
<td>24 100</td>
<td></td>
</tr>
<tr>
<td>I would expect a CNS to be more prepared to act as a consultant than a nurse not prepared as a CNS.</td>
<td>11 45.83</td>
<td>7 29.17</td>
<td>2 8.33</td>
<td>2 8.33</td>
<td>2</td>
<td>8.33</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>24 100</td>
<td></td>
</tr>
<tr>
<td>I would expect a CNS to be more prepared to act as a patient advocate than a nurse not prepared as a CNS.</td>
<td>4 16.67</td>
<td>4 16.67</td>
<td>5 20.83</td>
<td>5 20.83</td>
<td>4 16.66</td>
<td>1</td>
<td>4.17</td>
<td>1</td>
<td>4.17</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>24 100</td>
<td></td>
</tr>
</tbody>
</table>
Five (nearly 21 percent) nurse managers were undecided about the CNS's ability to act as a patient advocate.

**Description of the Acceptance of Role Expectations of the CNS by Staff Nurses**

This section fulfills objective two of the study and describes the acceptance of role expectations of the CNS by staff nurses according to the four major role functions of the CNS.

**Clinician.** Table V indicates that a majority of the staff nurses accepted the role expectations of the CNS as clinician as indicated by their agreement with these stated role functions. In only one statement did more than forty percent of the staff nurses indicate a strong agreement to the stated role functions. Approximately forty-four percent strongly agreed with the CNS's ability to assess patients at an advanced level. The remainder (approximately 19 to 37 percent) of the staff nurses indicated a strong agreement with the stated role functions with the exception of one other statement. Only six percent of the staff nurses indicated a strong agreement with the CNS's ability to be clinically competent.

The statements regarding the CNS's abilities to identify patient's support systems and to be clinically competent generated the most disagreement among staff nurses. One-fourth of the staff nurses indicated disagreement, nine percent indicated moderate disagreement and six percent indicated strong disagreement with
<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Moderately Agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Moderately Disagree</th>
<th>Strongly Disagree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would expect a CNS to be more prepared to function independently in appropriate areas than a nurse not prepared as a CNS.</td>
<td>12 37.50</td>
<td>13 40.63</td>
<td>5 15.63</td>
<td>1 3.12</td>
<td>1 3.12</td>
<td>0 0</td>
<td>0 0</td>
<td>32 100</td>
</tr>
<tr>
<td>I would expect a CNS to be more prepared to assess patients at an advanced level than a nurse not prepared as a CNS.</td>
<td>14 43.75</td>
<td>12 37.50</td>
<td>4 12.50</td>
<td>0 0</td>
<td>2 6.25</td>
<td>0 0</td>
<td>0 0</td>
<td>32 100</td>
</tr>
<tr>
<td>I would expect a CNS to be more prepared to anticipate patient crisis than a nurse not prepared as a CNS.</td>
<td>8 25.00</td>
<td>12 27.50</td>
<td>4 12.50</td>
<td>3 9.37</td>
<td>3 9.38</td>
<td>2 6.25</td>
<td>0 0</td>
<td>32 100</td>
</tr>
<tr>
<td>I would expect a CNS to be more prepared to provide leadership in the development of nursing protocols than a nurse not prepared as a CNS.</td>
<td>11 34.37</td>
<td>13 40.63</td>
<td>5 15.63</td>
<td>2 6.25</td>
<td>1 3.12</td>
<td>0 0</td>
<td>0 0</td>
<td>32 100</td>
</tr>
<tr>
<td>I would expect a CNS to be more prepared to evaluate nursing practices than a nurse not prepared as a CNS.</td>
<td>7 21.88</td>
<td>10 31.25</td>
<td>11 34.38</td>
<td>1 3.12</td>
<td>1 3.12</td>
<td>2 6.25</td>
<td>0 0</td>
<td>32 100</td>
</tr>
<tr>
<td>I would expect a CNS to be more prepared to identify patient's support systems than a nurse not prepared as a CNS.</td>
<td>6 18.75</td>
<td>6 18.75</td>
<td>6 18.75</td>
<td>1 3.12</td>
<td>8 25.00</td>
<td>3 9.38</td>
<td>2 6.25</td>
<td>32 100</td>
</tr>
</tbody>
</table>
### TABLE V (continued)

<table>
<thead>
<tr>
<th>I would expect a CNS to be more prepared to use a broader science base in the decisions made in the practice of nursing than a nurse not prepared as a CNS.</th>
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<th></th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
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<td>Agree</td>
<td>Undecided</td>
<td>Disagree</td>
<td>Moderately Disagree</td>
<td>Strongly Disagree</td>
<td>Total</td>
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<td></td>
</tr>
<tr>
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<td>%</td>
<td>F</td>
<td>%</td>
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<td>%</td>
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<td>%</td>
<td>F</td>
<td>%</td>
<td>F</td>
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<tr>
<td>8</td>
<td>25.00</td>
<td>13</td>
<td>40.63</td>
<td>4</td>
<td>12.50</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>I would expect a CNS to be more prepared to be able to select alternative nursing interventions than a nurse not prepared as a CNS.</th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>18.75</td>
<td>9</td>
<td>28.13</td>
<td>9</td>
<td>28.13</td>
<td>5</td>
<td>15.62</td>
<td>3</td>
<td>9.37</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I would expect a CNS to be more prepared to utilize appropriate resources than a nurse not prepared as a CNS.</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>18.75</td>
<td>9</td>
<td>28.13</td>
<td>7</td>
<td>21.88</td>
<td>3</td>
<td>9.37</td>
<td>5</td>
<td>15.62</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I would expect a CNS to be more prepared to be clinically competent in the delivery of health care than a nurse not prepared as a CNS.</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
the CNS's ability to identify support systems. In addition, eighteen percent of the staff nurses indicated disagreement, 9 percent indicated moderate disagreement, and 6 percent indicated strong disagreement with the CNS's ability to be clinically competent.

Six or fewer percent of the staff nurses disagreed with the CNS's abilities to function independently, to assess patients at an advanced level, and to provide leadership.

Up to approximately sixteen percent of the staff nurses indicated an uncertainty to the statements regarding the CNS clinician role. Approximately sixteen percent indicated an uncertainty with the CNS's ability to select alternative nursing interventions whereas there was no uncertainty indicated with the CNS's ability to assess patients at an advanced level.

**Educator.** Table VI indicates that a majority of the staff nurses accepted the role expectations of the CNS as educator as indicated by their agreement with these stated role functions. Over thirty percent of the staff nurses indicated strong agreement with the CNS's abilities to participate in public education and to contribute to the education of students from other professions. In contrast, fifteen or less percent of the staff nurses indicated strong agreement with the remainder of these statements. Only two (6.25 percent) of the staff nurses indicated strong agreement with the CNS's ability to set realistic goals during patient teaching.

Thirty to thirty-four percent of the staff nurses
I would expect a CNS to be more prepared to assess patient readiness for learning than a nurse not prepared as a CNS.

I would expect a CNS to be more prepared to recognize factors that affect patient behavior than a nurse not prepared as a CNS.

I would expect a CNS to be more prepared to evaluate outcomes of patient teaching than a nurse not prepared as a CNS.

I would expect a CNS to be more prepared to participate in public education than a nurse not prepared as a CNS.

I would expect a CNS to be more prepared to use learning theory than a nurse not prepared as a CNS.

I would expect a CNS to be more prepared to set realistic goals during patient teaching than a nurse not prepared as a CNS.

I would expect a CNS to be more prepared to contribute to the education of students from other professions than a nurse not prepared as a CNS.

### TABLE VI

NUMBER AND PERCENT OF STAFF NURSES' RESPONSES TO ACCEPTANCE OF STATED EXPECTATIONS ASSOCIATED WITH THE CNS EDUCATOR ROLE

| I would expect a CNS to be more prepared to assess patient readiness for learning than a nurse not prepared as a CNS. | Strongly Agree F 3 | Strongly Agree F 3 | Moderately Agree F 5 | Moderately Agree F 15 | Agree F 12.50 | Agree F 12.50 | Undecided F 3 | Undecided F 9.37 | Disagree F 11 | Disagree F 34.38 | Disagree F 5 | Disagree F 15 | Strongly Disagree F 1 | Strongly Disagree F 3 | Total F 32 | Total % 100 |
| I would expect a CNS to be more prepared to recognize factors that affect patient behavior than a nurse not prepared as a CNS. | 3 | 9.37 | 6 | 18.75 | 4 | 12.50 | 6 | 18.75 | 8 | 25.00 | 5 | 15.63 | 0 | 0 | 32 | 100 |
| I would expect a CNS to be more prepared to evaluate outcomes of patient teaching than a nurse not prepared as a CNS. | 3 | 9.37 | 8 | 25.00 | 6 | 18.75 | 7 | 21.88 | 6 | 18.75 | 2 | 6.25 | 0 | 0 | 0 | 0 | 32 | 100 |
| I would expect a CNS to be more prepared to participate in public education than a nurse not prepared as a CNS. | 11 | 34.38 | 15 | 46.88 | 4 | 12.50 | 1 | 3.12 | 1 | 3.12 | 0 | 0 | 0 | 0 | 32 | 100 |
| I would expect a CNS to be more prepared to use learning theory than a nurse not prepared as a CNS. | 5 | 15.62 | 13 | 40.62 | 9 | 28.13 | 3 | 9.38 | 0 | 0 | 0 | 0 | 2 | 6.25 | 32 | 100 |
| I would expect a CNS to be more prepared to set realistic goals during patient teaching than a nurse not prepared as a CNS. | 2 | 6.25 | 3 | 9.37 | 7 | 21.88 | 4 | 12.50 | 10 | 31.25 | 5 | 15.63 | 1 | 3.12 | 32 | 100 |
| I would expect a CNS to be more prepared to contribute to the education of students from other professions than a nurse not prepared as a CNS. | 10 | 31.25 | 14 | 43.75 | 4 | 12.50 | 3 | 9.38 | 1 | 3.12 | 0 | 0 | 0 | 0 | 32 | 100 |
indicated disagreement with the CNS's abilities to assess patient readiness for learning and to set realistic goals during patient teaching. In addition, nearly nineteen to twenty-five percent indicated disagreement with the CNS's abilities to recognize factors affecting patient behavior and to evaluate outcomes of patient teaching. In contrast, three or less percent of the staff nurses indicated disagreement with the CNS's ability to participate in public education, to contribute to education of students from other professions, and to use learning theory.

Nearly nineteen to twenty-two percent of the staff nurses indicated an uncertainty with the CNS's ability to evaluate outcomes of patient teaching. Approximately nine to twelve percent of the staff nurses were uncertain with the CNS's abilities to assess patient readiness for learning, to use learning theory, and to contribute to the education of students from other professions. In contrast, only three percent were uncertain with the CNS's ability to participate in public education.

Researcher. Table VII indicates that a majority of the staff nurses accepted the role expectations of the CNS as researcher as indicated by their agreement with these stated role functions. More than fifty percent of the staff nurses indicated strong agreement with the CNS's abilities to apply research and to do research studies whereas forty-three percent of the staff nurses indicated strong agreement with the CNS's ability to
TABLE VII
NUMBER AND PERCENT OF NURSE MANAGERS' RESPONSES TO ACCEPTANCE
OF STATED EXPECTATIONS ASSOCIATED WITH THE CNS RESEARCHER ROLE

| I would expect a CNS to be more prepared to apply research findings of others in the clinical practice than a nurse not prepared as a CNS. | 16 50.00 | 14 43.75 | 1 3.12 | 0 0 | 0 0 | 1 3.12 | 0 0 | 32 100 |
| I would expect a CNS to be more prepared to do research studies that will enhance nursing practice than a nurse not prepared as a CNS. | 16 50.00 | 13 40.63 | 2 6.25 | 1 3.12 | 0 0 | 0 0 | 0 0 | 32 100 |
| I would expect a CNS to be more prepared to participate in interdisciplinary research than a nurse not prepared as a CNS. | 14 43.75 | 11 34.37 | 2 6.25 | 5 15.63 | 0 0 | 0 0 | 0 0 | 32 100 |
participate in interdisciplinary research. In addition, approximately forty-one to forty-four percent of the staff nurses indicated moderate agreement with the CNS's ability to apply research and to do research studies, whereas thirty-four percent indicated moderate agreement with the CNS's ability to participate in interdisciplinary research. Only three to six percent of the staff nurses indicated agreement with these statements.

Only one staff nurse indicated any disagreement with the statements of the CNS in the researcher role. One staff nurse indicated moderate disagreement with the CNS's ability to apply research findings. Although no staff nurses indicated disagreement with the CNS's ability to participate in interdisciplinary research, five (15.63 percent) responses indicated an uncertainty with this statement. Only one staff nurse indicated an uncertainty with the CNS's ability to do research studies and no staff nurse was uncertain with the CNS's ability to apply research.

Consultant. Table VIII indicates that a majority of the staff nurses accepted the role expectations of the CNS as consultant as indicated by their agreement with these six stated role functions. Fifty percent of the staff nurses indicated strong agreement with the CNS's abilities to assist with the development of programs to update nursing practice. Thirty-four to nearly forty-one percent indicated strong agreement with the CNS's abilities to work with professional colleagues to enrich the
TABLE VIII
NUMBER AND PERCENT OF NURSE MANAGERS' RESPONSES TO ACCEPTANCE
OF STATED EXPECTATIONS ASSOCIATED WITH THE CNS CONSULTANT ROLE

<table>
<thead>
<tr>
<th>I would expect a CNS to be more prepared to assist with the development of programs designed to update nursing practice in a specified area than a nurse not prepared as a CNS.</th>
<th>Strongly Agree</th>
<th>Moderately Agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>%</td>
<td>F</td>
<td>%</td>
<td>F</td>
<td>%</td>
<td>F</td>
</tr>
<tr>
<td>I would expect a CNS to be more prepared to assist with the development of programs designed to update nursing practice in a specified area than a nurse not prepared as a CNS.</td>
<td>16</td>
<td>50.00</td>
<td>11</td>
<td>34.38</td>
<td>4</td>
<td>12.50</td>
<td>0</td>
</tr>
</tbody>
</table>

| I would expect a CNS to be more prepared to collaborate with other disciplines in planning care programs than a nurse not prepared as a CNS. | 12 | 37.50 | 9 | 28.12 | 6 | 18.75 | 5 | 15.63 | 0 | 0 | 0 | 0 | 1 | 3.12 | 32 | 100 |

| I would expect a CNS to be more prepared to work with professional colleagues to enrich the base of knowledge of a specified area of nursing than a nurse not prepared as a CNS. | 11 | 34.38 | 10 | 31.25 | 6 | 18.75 | 3 | 9.38 | 0 | 0 | 1 | 3.12 | 1 | 3.12 | 32 | 100 |

| I would expect a CNS to be more prepared to collaborate with other nurses than a nurse not prepared as a CNS. | 4 | 12.50 | 6 | 18.75 | 3 | 9.38 | 4 | 12.50 | 6 | 18.75 | 6 | 18.75 | 3 | 9.38 | 32 | 100 |

| I would expect a CNS to be more prepared to act as a consultant than a nurse not prepared as a CNS. | 13 | 40.63 | 10 | 31.25 | 6 | 18.75 | 3 | 9.37 | 0 | 0 | 1 | 3.12 | 0 | 0 | 32 | 100 |

| I would expect a CNS to be more prepared to act as a patient advocate than a nurse not prepared as a CNS. | 2 | 6.25 | 9 | 28.12 | 3 | 9.37 | 2 | 6.25 | 5 | 15.63 | 6 | 18.75 | 5 | 15.63 | 32 | 100 |
base of knowledge of a specified area of nursing, to collaborate with other disciplines, and to act as a consultant. In contrast, approximately twelve percent of the staff nurses strongly agreed with the CNS's ability to collaborate with other nurses and only six percent strongly agreed with the CNS's ability to act as a patient advocate.

Twenty-eight to thirty-four percent of the staff nurses indicated moderate agreement with these stated role functions except with the statements regarding the CNS's ability to collaborate with other nurses and to act as a patient advocate. Approximately nine percent of the staff nurses indicated an agreement with both of these statements.

The greatest amount of disagreement among staff nurses occurred with the statements regarding the CNS's ability to collaborate with other nurses and to act as a patient advocate. Approximately sixteen to eighteen percent of the staff nurses indicated disagreement or moderate disagreement with these role functions. In addition, nearly sixteen percent of the staff nurses indicated strong disagreement with the CNS's ability to act as a patient advocate.

Approximately twelve to sixteen percent of the staff nurses indicated an uncertainty with the CNS's ability to collaborate with other nurses and to collaborate with other disciplines. Nearly six to nine percent of the staff nurses indicated an uncertainty with the CNS's ability to work with
professional colleagues to enrich the base of knowledge of a
specified area and to act as a patient advocate. In contrast, no
staff nurses indicated an uncertainty with the CNS's ability to
assist with the development of programs to update nursing
practice.

**Significant Differences in the Acceptance of the CNS Roles Between Nurse Managers and Staff Nurses**

This section fulfills objective three of the study and
discusses whether any significant differences exist in the
acceptance of the role expectations of the CNS by nurse managers
and staff nurses. The statistical test used for this analysis was
chi-square, and the significance level was .05. The procedure for
reporting the findings is as follows:

1. The hypothesis will be stated in null form for the
   purpose of testing.
2. The contingency table with chi-square values will be
   presented.
3. The results will be discussed.

**Clinical Nurse Specialist as Clinician**

**Null Hypothesis 1.** There will be no difference between
the nurse managers' and the staff nurses' level of
acceptance of the clinical nurse specialist as a
clinician.

Table IX indicates that a majority of the responses made
by both the nurse managers and the staff nurses reflected an acceptance of the stated role expectations of CNS as a clinician. However, a significant difference was found to exist between the nurse managers' and staff nurses' expectations of the CNS as a clinician. The null hypothesis, therefore was rejected.

Table IX

<table>
<thead>
<tr>
<th>Nurse Managers' and Staff Nurses'</th>
<th>Acceptance of the CNS as Clinician</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESPONSE</td>
<td>Agree</td>
</tr>
<tr>
<td>Nurse Managers</td>
<td>200</td>
</tr>
<tr>
<td>Staff Nurses</td>
<td>244</td>
</tr>
</tbody>
</table>

\[ x^2 = 6.0695 \]
\[ df = 2 \]
\[ p < .05 \]

Clinical Nurse Specialist as Educator

Null Hypothesis 2. There will be no difference between the nurse managers' and the staff nurses' level of acceptance of the clinical nurse specialist as an educator.

Table X indicates that a majority of the responses made by nurse managers and staff nurses reflected an acceptance of the stated role expectations of the CNS as an educator. The staff
nurses also had the largest proportion in disagreement indicating an inability to accept the statements reflecting the role expectations of the CNS as an educator. A significant difference was found to exist between the nurse managers' and staff nurses' expectations of the CNS as an educator. The null hypothesis, therefore was rejected.

Table X

<table>
<thead>
<tr>
<th>Nurse Managers' and Staff Nurses' Acceptance of the CNS as Educator</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESPONSE</td>
</tr>
<tr>
<td>Nurse Managers</td>
</tr>
<tr>
<td>Staff Nurses</td>
</tr>
</tbody>
</table>

\[
x^2 = 24.168
\]
\[
df = 2
\]
\[
p < .05
\]

Clinical Nurse Specialist as Researcher

Null Hypothesis 3. There will be no difference between the nurse managers' and the staff nurses' level of acceptance of the clinical nurse specialist as a researcher.

Table XI indicates that a majority of the responses made by the nurse managers and the staff nurses reflected an acceptance
of the stated role expectations of the CNS as a researcher. No significant difference was found to exist between the nurse managers' and staff nurses' expectations of the CNS as a researcher. Thus, the null hypothesis could not be rejected.

Table XI

<table>
<thead>
<tr>
<th>RESPONSE</th>
<th>Agree</th>
<th>Disagree</th>
<th>Uncertain</th>
<th>Total</th>
</tr>
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<td>Nurse Managers</td>
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<td>4</td>
<td>72</td>
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<tr>
<td>Staff Nurses</td>
<td>89</td>
<td>1</td>
<td>6</td>
<td>96</td>
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</tbody>
</table>

\[ x^2 = 0.0750 \]
\[ df = 2 \]
\[ p < 0.05 \]

Clinical Nurse Specialist as Consultant

Null Hypothesis 3. There will be no difference between the nurse managers' and the staff nurses' level of acceptance of the clinical nurse specialist as a consultant.

Table XII indicates that a majority of the responses made by the nurse managers and the staff nurses reflected an acceptance of the stated role expectations of the CNS as a consultant. Staff nurses also had a greater proportion of disagreement indicating an
inability to accept these stated role functions than nurse managers. A significant difference was thus found to exist between the nurse managers' and staff nurses' expectations of the CNS as a consultant. Therefore, the null hypothesis is rejected.

Table XII
Nurse Managers' and Staff Nurses'
Acceptance of the CNS as Consultant

<table>
<thead>
<tr>
<th>RESPONSE</th>
<th>Nurse Managers</th>
<th>Staff Nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Agree</td>
<td>Disagree</td>
</tr>
<tr>
<td>Nurse Managers</td>
<td>118</td>
<td>11</td>
</tr>
<tr>
<td>Staff Nurses</td>
<td>139</td>
<td>36</td>
</tr>
</tbody>
</table>

\[ \chi^2 = 8.452 \]
\[ df = 2 \]
\[ p < .05 \]
CHAPTER V
Summary, Conclusions, Implications, Limitations, and Recommendations

The final chapter summarizes the problem, provides findings and conclusions for the objectives of the study, discusses implications derived from the conclusions, identifies limitations of the research, and suggests recommendations for future research.

Summary

The problem under investigation was to determine the extent to which nurse managers and staff nurses accepted the expectations of the CNS in four identified role functions.

The objectives of the study included: 1) to describe the nurse managers' acceptance of the expectations of the CNS role, 2) to describe the staff nurses' acceptance of the expectations of the CNS role, and 3) to determine if there exists a significant difference in the level of acceptance by nurse managers and staff nurses of the expectations of the CNS role.

The review of literature indicated that by virtue of a particular title, expectations exist for that title or role. However, when the expectations of others are not congruent with those of the person actually holding the title, role conflict may occur.

The review of literature supported the contention that
clearly defined expectations do not exist for many clinical nurse specialists. Although four major role functions of the CNS have been identified and generally agreed upon, the expectations of the CNS role as described by administrators and staff nurses remain numerous and somewhat inconsistent. In addition, the existence of role ambiguity experienced among clinical nurse specialists was documented.

The conceptual framework for this study was based on the review of literature. The review of literature and the conceptual framework provided the basis from which expectations for role performance were derived.

This study used a non-experimental survey approach. The subjects were two groups of nurses. One group consisted of 24 subjects employed as nurse managers. The other group consisted of 32 subjects employed as staff nurses. The research tool was a questionnaire reflecting the conceptual framework and the review of literature. Each subject was personally presented with a questionnaire in Fall 1985 and asked to return it to a designated place within 72 hours. The questionnaires were analyzed to provide a descriptive analysis (frequency and percentage) of the nurse managers' and staff nurses' acceptance of the role expectations of the CNS. The data were also analyzed using chi-square to determine if a significant difference existed in the acceptance of role expectations of the CNS by nurse managers and staff nurses.
Findings and Conclusions

Objective 1: Describe the nurse managers' acceptance of the expectations of the CNS.

In general, a majority of the nurse managers indicated an acceptance of the four role functions of the CNS. Greater than eighty percent of the nurse managers indicated an acceptance of each of four role functions of the CNS. Nurse managers indicated the greatest acceptance of the researcher role and least acceptance of the consultant role.

Less than ten percent of the nurse managers indicated disagreement with or an inability to accept the statements regarding the CNS's role performance in any of the four functions of the CNS. Nurse managers indicated the greatest inability to accept the educator role.

In addition, less than ten percent of the nurse managers indicated an uncertainty with acceptance of the four role functions of the CNS in all but one role. There was greater uncertainty (slightly more than 10 percent) with the consultant role than with the other roles. Nurse managers indicated the least uncertainty with the researcher role.

The conclusions indicated that nurse managers accepted expectations of the CNS in the four role functions.

Objective 2: Describe the staff nurses' acceptance of the expectations of the CNS.

A majority of the staff nurses indicated their acceptance
of the expectations of the CNS in the four identified role functions. Nearly two-thirds or more of the staff nurses indicated an acceptance of the four role functions of the CNS. Staff nurses indicated the greatest acceptance of the researcher role and the least acceptance of the educator role.

Staff nurses expressed a greater inability to accept the role functions of the CNS in each of the four role functions than what was expressed by nurse managers. Staff nurses indicated the greatest inability to accept the educator role and the least inability to accept the researcher role.

The greatest percentage of responses made by staff nurses indicating an inability to accept and an uncertainty with the acceptance of the role functions occurred with the educator role. Otherwise, less than ten percent of the staff nurses expressed an uncertainty with the acceptance of the CNS in the four identified role functions. The least amount of uncertainty was indicated with the researcher role.

The conclusions indicated the staff nurses accepted expectations of the CNS as stated in the questionnaire.

Objective 3: Objective 3 was to determine if there exists a significant difference in the level of acceptance by nurse managers and staff nurses of the expectations of the CNS role.

A significant difference was found to exist between the nurse managers' and staff nurses' acceptance of the CNS in the CNS's role as a clinician, an educator and as a consultant. No
difference was found to exist between the nurse managers' and staff nurses' acceptance of the CNS in the CNS's role as a researcher.

**Implications of the Research**

Based on the findings of this study, the following implications were concluded:

1. There was no significant difference between the nurse managers' and staff nurses' level of acceptance of the CNS in the role of researcher.

2. There was a significant difference between the nurses managers' and staff nurses' level of acceptance of the CNS in the roles of clinician, educator and consultant. This difference may be related to a difference in the professional contact with the CNS. In addition, this difference may be related to the nurse managers' and staff nurses' abilities as a clinician and educator, i.e. the staff nurse may be expected to fulfill these roles as well as the CNS.

3. The CNS may experience role conflict because of the difference in accepted expectations expressed by the nurse managers and staff nurses.

4. Last, because 100 percent of the nurses who participated in this study agreed that it would be a benefit to have a CNS on their respective unit, the CNS in the institution where the study was conducted should expect to receive the necessary support and cooperation from the nurse managers and
staff nurses.

**Limitations of Research**

Limitations of this study were the following:

1. The non-random purposive sample does not permit generalizations of the findings.

2. Different interpretations of the questions may have produced varying responses.

3. The presence of only one CNS in this institution may have influenced the results of the study in some manner. Since the CNS functions in a specialty area, nurses in other areas may not have had any professional contact with a CNS.

4. The presence of "clinician" role in this institution may have created some confusion in the nurse managers' and staff nurses' acceptance of the role expectations of the CNS.

5. The employment of the researcher in this institution may have influenced the participants' responses.

**Recommendations for Future Research**

Suggestions for future research include the following:

1. A large sample selected at random should be used.

2. A sample representing subjects from a variety of institutions may provide more varied responses.

3. A definition of the "clinician" role as well as the CNS role may eliminate any potential confusion in the roles and responsibilities of these two separate titles. A definition of
the "clinician" title may have helped to distinguish this role from the role of the CNS.

4. The study should be conducted in institutions in which the researcher has no connections. This may help minimize potential influence the researcher may have on the participants.

5. Research focusing on the role expectations of the CNS as accepted by clinical nurse specialists and the role expectations of the CNS as accepted by nurse managers and staff nurses may provide a more accurate interpretation of whether the CNS is experiencing role conflicts due to incongruent expectations.
NOTES


3 Ibid.


6 Everson, Sally J., "Integration of the Role of the Clinical Nurse Specialist," The Journal of Continuing Education in Nursing, 12, No. 2 (1981), 16.

7 Farkas, loc. cit.


15 Blount, op. cit., p. 61.


17 American Nurses Association, loc. cit.


20 Clayton, op. cit., p. 18.
21 Ibid., p. 19.


23 Ibid., p. 247.

24 Ibid., p. 16.

25 Ibid., p. 252.

26 Ibid., p. 16.

27 Ibid., p. 253.

28 Ibid., p. 254.


34 Ibid., op. cit., pp. 27-31.

35 Ibid., op. cit., pp. 31-33.

36 Baker, Constance and Marlene Kramer, "To Define or Not to Define: The Role of the Clinical Specialist," *Nursing Forum*, 9, No. 1 (1970), 44.
37 Ibid.
38 Starck, loc. cit.
40 Ibid, op. cit., p. 375.
41 Ibid, op. cit., p. 374.
42 Clayton, op. cit., p. 20.
44 Clayton, op. cit., p. 21.
45 Siehl, op. cit., p. 757.
46 Ibid.
47 Ibid.
48 Ibid.
49 Blake, loc. cit.
50 Ibid., p. 34.
52 Reiter, loc. cit.
53 Baker and Kramer, loc. cit.
54 Ibid., op. cit., p. 45.
Kwong, Monica, Mary Pat Manning and Theresa L. Koetters, "The Role of the Oncology Clinical Nurse Specialist: Three Personal Views," Cancer Nursing, 5, No. 6 (1982), 432.


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Kwong, Monica, Mary Pat Manning, and Theresa L. Koetters. "The Role of the Oncology Clinical Nurse Specialist: Three Personal Views." *Cancer Nursing, 5,* No. 6 (1982), 432.


Siehl, Sandra. "The Clinical Nurse Specialist in Oncology."
    Nursing Clinics of North America, 17, No. 4 (1982), 753.


Appendix A
In every professional relationship, we have expectations of one another's respective roles. In completing my Master's Degree in Nursing, it is my interest to examine the role expectations of the Clinical Nurse Specialist. This study will examine the role expectations staff nurses and nurse managers have of the Clinical Nurse Specialist (CNS). You have been selected to participate in this study because of your position as a nurse and as a person who has expectations of the Clinical Nurse Specialist. With the role of the Clinical Nurse Specialist continuing to be developed, you can be involved in understanding this role by completing this questionnaire regarding your expectations of a CNS. In addition, you would be making a personal contribution to research designed to gain knowledge about role expectations for the CNS. In completing the questionnaire, please base your responses on the following definition of the CNS:

The CNS has been defined as a nurse with a Master's Degree who through study and supervised practice at the graduate level has become expert in a defined area of knowledge and practice in a selected clinical area of nursing. (ANA 1980 Policy Statement) In addition, the CNS has completed a tract or option in graduate school entitled "Clinical Specialist."

All responses will be confidential. Consent to participate in this study will be evidenced by your completion of this questionnaire and return of it in the attached envelope to the designated place at the nurse's station by August 15. Thank you for your participation.

Michele Jans, R.N.
SDSU Graduate Student
The following questions seek to obtain some general information about you and your job. Please write the number of the most appropriate response in the blank to the left of the question.

1. What is your basic level of preparation in nursing?
   1) Associate Degree
   2) Diploma
   3) Baccalaureate Degree

2. What is the highest level of education you have obtained?
   1) Associate Degree
   2) Diploma
   3) Baccalaureate Degree
   4) Master of Science Degree in Nursing
   5) Master of Science/Arts Degree in another field
   6) Master of Science Degree in Nursing and other field

3. What is your present title? (Select all that are appropriate)
   1) Staff Nurse
   2) Nurse Manager
   3) Clinician
   4) Clinical Specialist
   5) Other (Specify) ________________________________________

4. Is there a Clinical Nurse Specialist as described in the definition employed by your institution?
   1) Yes
   2) No
   3) I don't know

5. Have you had professional contact with a Clinical Nurse Specialist employed within your institution?
   1) None employed
   2) Yes
   3) No

   If yes, please describe the type of contact you have with this person
   __________________________________________________________________________________

6. Have you had professional contact with a Clinical Nurse Specialist (as defined) in the past?
   1) Yes
   2) No
   3) Uncertain
7. What type of nursing unit do you spend the greatest number of hours per week? (If equal time is spent on more than one unit, circle those units)

1) Medical/Surgical  
2) Emergency Room  
3) ICU  
4) CCU  
5) Dialysis  
6) Pediatric ICU  
7) Pediatrics  
8) Adolescent Unit  
9) Postpartum/Nursery  
10) Labor and Delivery  
11) High Risk Maternity  
12) Neonatal ICU
PLEASE INDICATE YOUR EXTENT OF AGREEMENT/DISAGREEMENT WITH EACH OF THE FOLLOWING STATEMENTS BY CIRCLING THE APPROPRIATE RESPONSE. USE THE FOLLOWING CODE:

SA - Strongly Agree
A - Agree
MA - Moderately Agree
U - Uncertain
MD - Moderately Disagree
D - Disagree
SD - Strongly Disagree

8. I would expect a Clinical Nurse Specialist (CNS) to be more prepared to function independently in appropriate areas than a nurse* not prepared as a CNS.  
   SA A MA U MD D SD

9. I would expect a CNS to be more prepared to assess patients at an advanced level than a nurse not prepared as a CNS.  
   SA A MA U MD D SD

10. I would expect a CNS to be more prepared to anticipate patient crises than a nurse not prepared as a CNS.  
    SA A MA U MD D SD

11. I would expect a CNS to be more prepared to provide leadership in the development of nursing protocols than a nurse not prepared as a CNS.  
    SA A MA U MD D SD

12. I would expect a CNS to be more prepared to evaluate nursing practices than a nurse not prepared as a CNS.  
    SA A MA U MD D SD

13. I would expect a CNS to be more prepared to identify patient's support systems (family or significant others) than a nurse not prepared as a CNS.  
    SA A MA U MD D SD

14. I would expect a CNS to be more prepared to assess patient readiness for learning than a nurse not prepared as a CNS.  
    SA A MA U MD D SD

15. I would expect a CNS to be more prepared to recognize factors that affect patient behavior (i.e. compliance) than a nurse not prepared as a CNS.  
    SA A MA U MD D SD

16. I would expect a CNS to be more prepared to evaluate outcomes of patient teaching than a nurse not prepared as a CNS.  
    SA A MA U MD D SD

* This term will always refer to an RN regardless of academic profession but excludes Nurse Practitioners.
17. I would expect a CNS to be more prepared to participate in public education than a nurse not prepared as a CNS.

18. I would expect a CNS to be more prepared to apply research findings of others in the clinical practice than a nurse not prepared as a CNS.

19. I would expect a CNS to be more prepared to assist with the development of programs designed to update nursing practice in a specified area than a nurse not prepared as a CNS.

20. I would expect a CNS to be more prepared to collaborate with other disciplines in planning care programs than a nurse not prepared as a CNS.

21. I would expect a CNS to be more prepared to work with professional colleagues to enrich the base of knowledge of a specified area of nursing than a nurse not prepared as a CNS.

22. I would expect a CNS to be more prepared to collaborate with other nurses than a nurse not prepared as a CNS.

23. I would expect a CNS to be more prepared to use a broader science base in the decisions made in the practice of nursing than a nurse not prepared as a CNS.

24. I would expect a CNS to be more prepared to be able to select alternative nursing interventions than a nurse not prepared as a CNS.

25. I would expect a CNS to be more prepared to utilize appropriate resources than a nurse not prepared as a CNS.

26. I would expect a CNS to be more prepared to be clinically competent in the delivery of health care than a nurse not prepared as a CNS.

27. I would expect a CNS to be more prepared to use learning theory than a nurse not prepared as a CNS.

28. I would expect a CNS to be more prepared to set realistic goals during patient teaching than a nurse not prepared as a CNS.
29. I would expect a CNS to be more prepared to contribute to the education of students from other professions than a nurse not prepared as a CNS.

SA A MA U MD D SD

30. I would expect a CNS to be more prepared to do research studies that will enhance nursing practice than a nurse not prepared as a CNS.

SA A MA U MD D SD

31. I would expect a CNS to be more prepared to participate in interdisciplinary research than a nurse not prepared as a CNS.

SA A MA U MD D SD

32. I would expect a CNS to be more prepared to act as a consultant than a nurse not prepared as a CNS.

SA A MA U MD D SD

33. I would expect a CNS to be more prepared to act as a patient advocate than a nurse not prepared as a CNS.

SA A MA U MD D SD

34. It would be an advantage to have a CNS on my unit. (Check one)

____ Yes
____ No
____ Uncertain

Please state reason(s) for response to #34 ________________________________

____________________________________