

American Association of Colleges of Nursing
Working Statement Comparing the Clinical Nurse Leadersm and Nurse
Manager Roles: Similarities, Differences and Complementarities
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The American Association of Colleges of Nursing (AACN) Board of Directors approved the Working Paper on the Role of the Clinical Nursing Leadersm in May 2003. In response to client care needs and to the health care delivery environment, the Working Paper, the report of the Task Force on Education and Regulation II, delineates a new role, the clinical nurse leader (CNL) role. To address questions that have been raised by the nursing community, a group of individual nurse managers, leaders in the field of nursing and nursing practice and education, were asked to work with AACN to develop a statement that would compare the CNL and Nurse Manager roles: the similarities, differences and complementarities. This statement represents the work of those individuals.

Clinical Nurse Leader (CNL)	Shared Role Characteristics	Nurse Manager (MN)
The Clinical Nurse Leader (CNL) is prepared at the master's degree level as a generalist. In addition to the competencies delineated in the AACN (1998) Essentials of Baccalaureate Education for Professional Nursing Practice ¹ , the CNL is prepared with the competencies outlined in the AACN (2003) Working Paper on the Role of the Clinical Nurse Leader ² .		The Nurse Manager (NM) is usually prepared at the BSN or higher level.
The CNL functions as a clinical generalist providing and managing care in the direct care setting to patients, individuals, families, and communities.	Both the CNL and NM may be based in all types of health care settings, including acute and outpatient.	The NM functions as a clinical discipline leader who provides the administrative/operational practice on a particular unit, group of units, product line group or continuum grouping of units.
The CNL is responsible for the management and coordination of comprehensive client care, for individuals and clinical cohorts usually of no more than 15 [?] ⁷ patients.	The CNL and NM practice using a comprehensive and holistic view of patient care.	The NM is responsible for the management and coordination all patient care operations for an entire unit of patients [see above]

<p>The CNL functions primarily within clinical microsystems which are small functional front-line units such as a hospital unit, outpatient clinic or home health agency.¹⁰</p>	<p>Both the CNL and NM manage care that is responsive to the health care needs of individuals and families.</p>	<p>The NM functions primarily on single or multiple units within a clinical microsystem to influence: client, personnel and organizational systems.¹¹</p>
<p>The CNL assesses individuals and families to anticipate risks, design and implement plans of care, provide oversight of the care delivery and outcomes for a specified group of patients.</p>	<p>The CNL and NM each understand and lobby for the mandatory safety and quality care requirements of a patient care unit. The CNL and NM serve as advocates for individual clients and families and communities in the health care system.</p>	<p>The NM manifests a high level of expertise in balancing the business and clinical operational requirements required to manage individual patient care units or clinics. The NM supports the structures by which the care can be delivered .</p>
<p>The CNL implements principles of “mass customization”¹³ to ensure consistency of clinical care within populations. The CNL also uses strategies for risk anticipation and risk assessment to design, implement and evaluate plans of care for a cohort of patients.</p>	<p>The CNL and NM use professional knowledge and skill and a variety of information technologies, including outcome databases, to anticipate risk, perform risk assessments and other surveillance strategies to customize interventions and ensure achievement of unit-related outcomes. The CNL and NM design and provide health promotion and risk reduction services for patients.</p>	<p>As a consultant the NM provides expert professional knowledge and skill in a specific patient care unit to develop the technical and professional skills of the multidisciplinary health care team.</p>
<p>The CNL is responsible for the delegation and oversight of care delivery by other staff on a daily basis</p>	<p>The CNL and NM mentor nursing staff.</p>	<p>The NM serves as a mentor to other members of the unit’s healthcare team.</p>
<p>The CNL has the ability and primary responsibility for providing the necessary coordination and communication with other team members within the microsystem to affect improved patient outcomes for individual patients or a specified cohort of patients in a unit or care setting. The CNL coordinates care, decreasing the fragmentation and ensuring seamless, safe care.</p>		<p>The NM has the ability and responsibility to communicate within and across the organization or systems to support improved patient outcomes for their area of responsibility.</p>
<p>The CNL evaluates evidence for practice, implements evidence-based practice, and uses quality improvement strategies to affect improved outcomes at the microsystem level. The CNL identifies problem areas and participates in the implementation of clinical research.</p>	<p>Both the CNL and NM support the development and utilization of nursing research for clinical practice.</p>	<p>The NM plays a key role in providing and supporting the professional development of staff to assist with nursing research and evaluate evidence for practice.</p>
<p>The CNL identifies the need for new policies and practices, participates in their development and provides leadership in implementation and evaluation of guidelines, professional standards and policies that impact patient care at the microsystem level.</p>	<p>The CNL and NM use knowledge of health organizations, systems, policy leadership and change to implement evidence-based standards, policies and procedures.</p>	<p>The NM identifies the need for new standards, policies and procedures within the organization and across systems¹⁷. The NM demonstrates professional leadership by taking an active role in the formulation and implementation of such policies</p>

		throughout the facility.
The CNL coordinates human, environmental and material resources for a cohort of patients within the unit microsystem to ensure cost-effective care. ¹⁸		The NM interprets the nursing care requirements and provides the necessary resources at the system level ¹⁹
The CNL works with the multidisciplinary care team to provide quality care to a cohort of patients at the microsystem level.	Although both the CNL and NM work with multidisciplinary care teams, the sphere of influence and focus may differ.	The NM works with multidisciplinary care teams within and across facility systems.
As a member of the professional staff, the CNL is responsible administratively to the unit administrator/nurse manager or equivalent depending upon the type of health care setting/unit.		The NM may be responsible administratively to the area administrator or chief nursing officer within the organization.
<p>Key activities of the CNL include:</p> <ul style="list-style-type: none"> • The CNL is the health professional to whom other care providers go for day-to-day information or issues related to the care of the specified patient cohort. • Performing a comprehensive assessment of the client and family/caregiver upon initial contact. • Responsibility for the ongoing assessment and modification, if necessary, of the plan of care. • Responsibility and accountability for care delivered and the outcomes of care for the specified cohort of clients. • Responsibility for patient education, including individuals, families and other caregivers. 	The CNL and NM are involved in the interdisciplinary decision-making and planning processes in respect to the overall patient delivered on the unit.	<p>Key responsibilities of the NM include:</p> <ul style="list-style-type: none"> • Identifying and maintaining staffing requirements • Evaluating staff performance • Team skill development • Monitoring/updating staff competencies • Career mentoring • Hiring/firing/schedules • Budget management • Supply and equipment systems and physical structure and interventions to treat or prevent illness²⁴. • Developing criteria for and evaluating the quality and effectiveness of nursing practice and organizational systems. • Providing consultation to other nursing and health professional staff in an area of specialization, particularly for complex or critically ill patients. • Planning and implementing educational opportunities for health professional staff, patients and communities.

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The APN competencies include: direct care, expert coaching and guidance, research, ethical decision-making, collaboration, consultation, and leadership.

AACN, Working Statement Comparing the CNL and NM Roles, June 2005
AACN, Working Statement Comparing the CNL and NM Roles, June 2005 6

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American Association of Colleges of Nursing. (1998). The essentials of baccalaureate education for professional nursing practice. Washington, DC: Author.

²

American Association of Colleges of Nursing. (2004). Working Paper on the Role of the Clinical Nurse Leader. <http://www.aacn.nche.edu/newnurse>.

³

American Association of Colleges of Nursing. (1996). The Essentials of Master's Education for Advanced Practice Nurses. Washington, DC: Author.

⁴

American Nurses Association. (2004). Nursing scope & standards of practice. Washington, DC: Author.

⁵

National Association of Clinical Nurse Specialists. (2004). Statement on clinical nurse specialist practice and education. Harrisburg, PA: Author.

⁶

Sparacino, PSA. (2005). The clinical nurse specialist. In AB Hamric, JA Spross & CM Hanson (Eds.), Advanced Practice Nursing: An Integrative Approach, 3rd edition, p 415-446. Philadelphia, PA: Elsevier Saunders.

⁷

American Association of Colleges of Nursing. (2004). Working Paper on the Role of the Clinical Nurse Leader. <http://www.aacn.nche.edu/newnurse>. p.10

⁸

American Nurses Association. (2004). Scope & Standards of Practice. Washington, DC: Author. p.15.

⁹

National Association of Clinical Nurse Specialists. (2004). Statement on clinical nurse specialist practice and education. Harrisburg, PA: Author. p. 26.

¹⁰

Mohr JJ, Barach P, Cravero JP, Blike GT, Godfrey MM, Batalden PB, Nelson EC. (2003). Microsystems in health care: Part 6. Designing patient safety into the microsystem. Joint Commission Journal on Quality and Safety, 29(8) 401-408, August 2003.

¹¹

National Association of Clinical Nurse Specialists. (2004). Statement on clinical nurse specialist practice and education. Harrisburg, PA: Author.

¹²

American Nurses Association. (2004). Nursing scope & standards of practice. Washington, DC: Author.

AACN, Working Statement Comparing the CNL and CNS Roles, December 2004 7

¹³

Institute of Medicine. (2001). Crossing the quality chasm, A new health system for the 21st century. Washington, DC: National Academy Press. p 123-124.

¹⁴

Sparacino, PSA. (2005). The clinical nurse specialist. In AB Hamric, JA Spross & CM Hanson (Eds.), Advanced Practice Nursing: An Integrative Approach, 3rd edition, p 415-446. Philadelphia, PA: Elsevier Saunders.

¹⁵

National Association of Clinical Nurse Specialists. (2004). Statement on clinical nurse specialist practice and education. Harrisburg, PA: Author.

¹⁶ Sparacino, PSA. (2005). The clinical nurse specialist. In AB Hamric, JA Spross & CM Hanson (Eds.), *Advanced Practice Nursing: An Integrative Approach*, 3rd edition, p 415-446. Philadelphia, PA: Elsevier Saunders.

¹⁷ National Association of Clinical Nurse Specialists. (2004). Statement on clinical nurse specialist practice and education. Harrisburg, PA: Author. p.2.

¹⁸ American Association of Colleges of Nursing. (1996). *The Essentials of Master's Education for Advanced Practice Nurses*. Washington, DC: Author. p.9.

¹⁹ National Association of Clinical Nurse Specialists. (2004). Statement on clinical nurse specialist practice and education. Harrisburg, PA: Author. p.20.

²⁰ Hamric AB. (2005). A definition of advanced practice nursing. In AB Hamric, JA Spross, CM Hanson (Eds.) *Advanced Practice Nursing: An Integrative Approach*, 3rd edition. Philadelphia: Elsevier Saunders.

²¹ National Association of Clinical Nurse Specialists. (2004). Statement on clinical nurse specialist practice and education. Harrisburg, PA: Author.

²² Sole, M L. (2004). How do You Define the Clinical Nurse Specialist? *AACN News*, 21,1.

²³ National Association of Clinical Nurse Specialists. (2004). Statement on Clinical Nurse Specialist Practice and Education. Harrisburg, PA: Author. p.26.

²⁴ National Association of Clinical Nurse Specialists. (2004). Statement on Clinical Nurse Specialist Practice and Education. Harrisburg, PA: Author. p.14.