A clinical nurse specialist (CNS), I’ve observed many people have not heard of a CNS and are unsure of the role and responsibilities. In addition to the lay public, nurses and other healthcare professionals often do not understand the role and its impact on improving patient outcomes. Some people do not know CNSs are advanced practice registered nurses (APRNs). The graduate-prepared nurse educator and clinical nurse leader roles add to the confusion (Mohr & Coke, 2018).

CNS Practice
Clinical nurse specialists are described by the National Association of Clinical Nurse Specialists (NACNS, 2017) as expert clinicians with advanced education and training in a specialized area of nursing practice. They work in a wide variety of healthcare settings, which may be defined by population, setting, disease or medical subspecialty, type of care, or type of health problem. They practice within three spheres of influence: patient, nurses/nursing practice, and organization/system. These spheres are interrelated and share the goal of improving the quality of patient care. The patient sphere is the main focus of CNS practice. The basis for practice in the patient sphere is clinical expertise directed toward managing patient outcomes to improve quality and provide cost-effective patient care (Chan & Cartwright, 2014). Patient can be interpreted to include individuals, families, patient populations, or communities (Atherton et al., 2018). The nurses/nursing practice sphere pertains to how the CNS affects the activities and actions of other nurses to improve patient outcomes. The organization/system sphere refers to hospital or organization-wide changes spearheaded by the CNS to improve patient outcomes and cost effectiveness. The CNS’s practice may not be divided equally among the spheres, but may vary based on the needs of the patients and the organization. The versatility and variability of the CNS role often cause confusion about CNS practice (Chan & Cartwright, 2014). Possibly because the work of the CNS often is done behind the scenes, and because not every CNS provides direct care, the general public may have little knowledge about CNSs.

Clinical nurse specialists are recognized as billing providers by the Centers for Medicare & Medicaid Services (2016). However, the Office of Management and Budget continued to classify CNSs as general registered nurses in the 2018 revision to the Standard Occupation Classification System (Executive Office of the President, Office of Management and Budget, 2018). This is one barrier to CNSs’ practicing to the full extent of their education and training.

CNS Impact on Health Care
CNSs have an enormous impact on the quality of patient care, decreasing healthcare costs, decreasing hospital length of stay, and preventing hospital readmissions (Duffy, Daniels, Mittelstadt, & Muller, 2014). A key benefit of the CNS is the ability to translate expert clinical knowledge into the transformation of nursing personnel and systems to achieve improved patient outcomes. CNSs are the only APRNs who practice in the three spheres of influence and have advanced education in all three spheres. This gives them a unique perspective in tackling complicated problems, enhancing practice in each sphere and improving overall patient outcomes (Atherton et al., 2018).

CNSs are master problem-solvers and change agents. If you have a challenging patient care need, if you need help with an evidence-based practice project, if there is a hospital-wide need for a new product or service, turn...
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to your CNS. If your hospital does not have CNSs, make a case for why they are needed to improve patient care and outcomes. If all of these job functions interest you, I challenge you to become a CNS.

REFERENCES