The clinical nurse leader (CNL) role has evolved since the American Association of Colleges of Nursing published a white paper on the role in 2007. Since then, various publications have evaluated the role of CNLs in enhancing quality outcomes for patients. The introduction of the CNL role in the oncology setting, although occurring with variability across the United States, provides a unique opportunity to explore the benefits of this role in cancer care outcomes.

AT A GLANCE

- This article presents a brief history of the CNL role and highlights the integration of CNLs in a comprehensive cancer center.
- Exemplars of their quality work in this setting are highlighted, along with recommendations for implementing the CNL role in diverse cancer care settings.
- As the CNL role continues to be refined across diverse healthcare contexts, the oncology community may benefit from the generalist approach to quality care in enhancing outcomes related to infection, falls, and patient satisfaction for individuals with cancer.

KEYWORDS
clinical nurse leaders; clinical nurse leader role; oncology care; patient outcomes

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Clinical Nurse Leader

Evolution of the role in oncology care

Joylyn Mae Estrella, MSN, RN, OCN®, CNL, Hilary Sullivan, MSN, RN, CNL, OCN®, Imelda Febryani, MS, RN, CNL, OCN®, Jessica Vaughn, MSN, RN, CNL, OCN®, Colleen Villamin, MSN, RN, OCN®, CNL, and Ginny Bowman, MSN, RN, CNL

A clinical nurse leader (CNL) is a master's-prepared advanced generalist who is responsible for coordinating care and improving patient outcomes at the microsystem level (American Association of Colleges of Nursing [AACN], 2007). Since its inception in 2006, more than 6,000 nurses have successfully earned CNL certification (Commission on Nurse Certification [CNC], 2017). The majority of certified CNLs work in acute care inpatient settings (n = 2,708); they also are employed in ambulatory care (n = 322), home health (n = 52), and hospice (n = 36) settings (CNC, 2017), each of which is a context in which patients with cancer may be treated.

CNLs are change agents and innovators who must be able to function in multiple roles: clinician (at the point of care); outcomes manager; client advocate; educator; information manager; systems analyst or risk anticipator; team manager; lifelong learner; and member of a profession (AACN, 2007). CNLs collaborate with interprofessional colleagues to promote evidence-based, quality-improvement initiatives, with an emphasis on healthcare financing, quality, safety, and measurable outcomes (Baernholdt & Cottingham, 2010). CNL practice may increase patient and nurse satisfaction and improve quality outcomes, including reducing falls, pressure injuries, and nosocomial infections, while also improving interprofessional communication and collaboration (Baernholdt & Cottingham, 2010). Identifying approaches to thoughtfully integrate the CNL role in a diversity of practice settings can support the successful implementation of this role into practice (Kaack et al., 2018).

Although CNLs are described as nurse generalists who are broadly responsible for quality-driven care coordination, several aspects of this focus may be particularly beneficial in the oncology care setting. Reviews of the CNL role have highlighted potential improvements in patient quality and safety outcomes, which include patient satisfaction, infection rates, and falls (Bender, 2014). Patients with cancer, who become immune-compromised during treatment, are at increased risk for potentially life-threatening outcomes, including infection (Strojnik, Mahkovic-Hergouth, Novakovic, & Seruga, 2016) and bleeding (Russell, Holst, Kjeldsen, Stensballe, & Perner, 2017) secondary to disease or treatment-related cytopenias. Because of this increased risk, the CNL emphasis on quality outcomes is particularly imperative. In addition to attention to quality, the complexities of care coordination for individuals with cancer as they transition within and between healthcare systems may benefit from the implementation of the CNL role. Previous publications have highlighted the potential role of CNLs in integrating quality and breast cancer care (Coleman, 2013). Rigorous studies of the relationship between role implementation