Creating the Evidence: Charge Nurse Education Improves Frontline Leadership
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Problem: Nurses are working at staccato pace with increasing demands for effective and efficient use of resources (Wiggins, 2006). These pressures are compounded when staff nurses are asked to assume the charge nurse role, supervising peers and making decisions often viewed as management responsibilities. With increasing pressures for patient flow and decreasing lengths of stay, the charge nurse functions as the ‘air traffic controller’, with little formal education to support these important organizational imperatives. The study will inform a gap in the existing knowledge related to the effectiveness and efficiency of charge nurse education in building confident and competent front line leaders.

The purpose of this study was to create a meaningful charge nurse educational series based on results from a staff satisfaction survey. Staff were dissatisfied with the charge nurse role expectations finding them vague, inconsistent, and poorly communicated. Nurse Managers believed that staff had varying comfort levels in assuming charge nurse responsibilities based on past experiences, knowledge or comfort in managing group dynamics.

Brainstorming with the unit managers identified 6 content areas as a focus for the charge nurse educational series. They include:
1. Daily charge nurse role expectations
2. Conflict resolution and negotiation
3. Team building and communication
4. Delegation and Scope of Practice
5. Critical thinking and Problem Solving
6. Legal implications of professional practice

The goals of the charge nurse educational program were to clarify operational role expectations while offering foundational knowledge in leadership and management principles to increase the charge nurses confidence in guiding staff through an assigned shift.

Evidence:
Sixty five staff nurses with varied tenure, educational levels, and charge nurse experience were selected by their nurse managers to participate in 3 four hour charge nurse educational series. No previous programs for charge nurse development had been conducted in the organization and more than 50% of the attendees identified that they had not had charge nurse role functions as part of their formal educational programs.

Strategy/Practice Change: Prior to this formal educational process, nurses learned the charge nurse role through observation of peers or their Nurse Manager. Most nurses identified that they had not had any formal training or education related to the expectations of charge nurses and believed that the responsibilities of the charge nurse were ambiguous and poorly defined.
The educational series consisted of 3 interactive sessions that were 4 hours in length. Didactic materials were developed using adult learning principles that focused on experiential learning and application after completion of self assessment and evaluations. Each session had between 5 and 15 participants to allow for discussion and interaction between the participants. While the first 2 sessions focused on lecture and discussion, the third session focused solely on Nurse Manager led role playing, case scenarios, and application exercises. The nurse managers focused each session on experiences commonly seen across clinical specialties to highlight principles discussed in the didactic portions of the workshop.

**Evaluation/Results:** As part of the educational process, participants were asked to complete leadership self assessments, pre-test/post test exercises, and to evaluate the educational sessions. The self assessments were compared to evaluations completed by the Nurse Manager.

Aggregate data from each of the charge nurse educational series was examined. Comparing the pre-test and post-test results, attendees demonstrated improvement in knowledge after attending the workshop; however, confusion regarding delegation and legal implications of the charge nurse showed the lowest levels of improvement.

During each section of the charge nurse workshop, an overall program evaluation to establish whether the program objectives were met was completed by the attendees. Ninety percent of the attendees rated the program delivery and content as being excellent. Staff comments included an appreciation for “real life” examples provided throughout the session and a new appreciation for skills they had that they weren’t able to recognize prior to the sessions.

A ‘one minute paper’ was completed at the end of each 4 hour session to gather qualitative data on the nurses perceptions of what information was most and least valuable, what had been learned, and what information they would like to see in the future. Themes identified about the most valuable information included the explanation of the charge nurse competency checklist and finding the courage to delegate. Most commented that they learned words to describe things they were already doing and wanted additional information to develop themselves professionally. Nurse Managers and staff recognized increased confidence and skills in executing charge nurse responsibly (validated through self and manager assessments).

**Recommendations/Results:**
Staff identified that all RNs should be expected to complete the charge nurse educational series to more fully understand the role and why certain things were being asked of them. A recommendation was made to include the unit preceptors in didactic content related to communication, team building, decision making, and delegation. Nurses believed that this would establish consistency in the informal unit leaders to support professional practice and culture change.

Staff commented that consistency throughout the organization for how charge nurses are supported would be beneficial and recommended that role playing scenarios in unit meetings should continue.
Ninety two percent of the nurses recommended that the charge nurse series be continued and overwhelmingly recommended quarterly educational sessions to support their future development.

**Lessons Learned:** Providing formal and structured educational programs to develop leadership at the front line can bring confidence and enhanced leadership behaviors to staff nurses assuming charge nurse responsibilities. After examining the evaluation results and the themes from the ‘one minute papers’, greater emphasis on the mentoring support needs to be formalized throughout the organization. While the nurses had a mentor identified via an email from their managers, supporting the development of that relationship in a more visible and tangible way could benefit the staff and organization alike. While the nurse manager involvement in scenario development and application exercises was viewed positively by the staff, scheduling alternative members to complete the exercises would be beneficial since nurse managers had a difficult time predicting what would be occurring on their unit (making their attendance and timeliness difficult to manage).

**Bibliography**