## Improving the Charge Nurse's Leadership Role: A Collaborative Learning Forum

**Felicia K. Pryby, DNP**
*School of Nursing, St. Petersburg College, HEC campus, St. Petersburg, FL, USA*

Staff nurses are frequently placed in charge nurse positions without the necessary formal training (McCallin & Frankson, 2010; Schwarzkopf, Sherman, & Kiger, 2012; Wilmoth & Shapiro, 2014). An Institute of Medicine (IOM, 2010) report recommends that all nurses should become leaders in transforming health care: all should be trained in leadership skills, such as conflict management and delegation. To improve patient outcomes and staff satisfaction, health care organizations need to improve on how front-line leadership, charge nurses, and staff nurses are trained for leadership positions within the organization. The long-term goal of this project was to develop a curriculum for a formal institutional leadership workshop for the charge nurses at the practicum site. The Johns Hopkins Nursing Evidence-Based Practice model and Lewin's change theory were used to guide the development and implementation of the workshop. Data were collected using a focus group approach with 4 novice and 5 expert medical-surgical charge nurses. The short-term goal of the project was to understand the charge nurses' perceptions of leadership and the challenges as a front-line leader. Participating nurses were recruited from staff meetings and from a hospital flyer. Each participant answered the 3 leadership questions. The charge nurses' statements were categorized and color-coded to identify emerging themes from repetitions of words and patterns; themes were subsequently prioritized from the most to the least occurring. Member checking with participants as well as preceptor verification and validation of 10 themes that were utilized to develop the curriculum: communication, patient safety, roles, teamwork, conflict management, generational diversity, mentoring, cheerleader, prioritization, and delegation. Implementing the workshop 4 hours per month over a 3-month period and formal mentoring was recommended for optimal sustainability based on the proposed theoretical framework. Implications for positive social change include the potential for enhancing the quality of patient care delivered and improving patient safety as a result of charge nurse leadership being modeled.

---

**Title:**

Improving the Charge Nurse's Leadership Role: A Collaborative Learning Forum

**Keywords:**

Charge nurses, Interdisciplinary Curriculum development and Leadership

**References:**

American Organization of Nurse Executives (2015). Leadership tools. Retrieved from http://www.aone.org/resources/leadership%20tools/library.shtml

Assid, P. A. (2010). How to build an ED charge nurse training program. Nursing Management, 41(10), 49-51. doi:10.1097/01.NUMA.0000388300.62352.d5

Billings, D., & Halstead, J. (2011). Teaching in nursing: A guide for faculty (4th ed.). St. Louis, MO: Saunders Elsevier.

Flynn, J. P., Prufeta, P. A., & Minghillo-Lipari, L. (2010). Cultivating quality: An evidence-based approach to taking charge. American Journal of Nursing, 110(9), 58-63. doi:10.1097/01.NAJ.0000388268.65499.bc

Griffith, M. B. (2012). Effective succession planning in nursing: A review of the literature. Journal of Nursing Management, 20(7), 900-911. doi:10.1111/j.1365-2834.2012.01418.x

Hendricks, J. M., & Cope, V. C. (2013). Generational diversity: What nurse managers need to know. Journal of Advanced Nursing, 69(3), 717-725. doi:10.1111/j.1365–2648.2012.06079.x.

Homer, R., & Ryan, L. (2013). Making the grade: Charge nurse education improves job performance. Nursing Management, 44(3), 38-44. doi:10.1097/01.NUMA.0000427183.65177.76

Institute of Medicine. (2010). The future of nursing: Leading change, advancing health. Retrieved from http://www.iom.edu/reports/2010/the-future-of-nursing-leading-change-advancing-health.aspx

Kramer, L. W. (2010). Generational diversity. Dimensions of Critical Care Nursing, 29(3), 125-128. doi:10.1097/DCC.0b013e3181d24ba9

Lewin, K. (1939). Field theory and experiment in social psychology: Concepts and methods. American Journal of Sociology, 44(6), 868-896. doi:10.1086/218177

Lewin, K. (1947). Frontiers in-group dynamics: Concept, method and reality in social science; social quilibria and social change. Human Relations, 1(2), 5-41. doi:10.1177/001872674700100103

McCallin, A. M., & Frankson, C. (2010). The role of the charge nurse manager: A descriptive exploratory study. Journal of Nursing Management, 18(3), 319-325. doi:10.1111/j.1365-2834.2010.01067.x

Nelsey, L., & Brownie, S. (2012). Effective leadership, teamwork and mentoring: Essential elements in promoting generational cohesion in the nursing workforce and retaining nurses. Collegian, 19(4), 197-202. doi:10.1016/j.colegn.2012.03.002

Normand, L., Black, D., Baldwin, K. M., & Crenshaw, J. T. (2014). Redefining charge nurse within the front line. Nursing Management, 45(9), 48-53. doi:10.1097/01.NUMA.0000453274.96005.35

Patrician, P. A., Oliver, D., Miltner, R. S., Dawson, M., & Ladner, K. A. (2012). Nurturing charge nurses for future leadership roles. Journal of Nursing Administration, 42(19), 461-466. doi:10.1097/NNA.0b013e31826a1fdb

Prestia, A. S., Dyess, S. M., & Sherman, R. O. (2014). Planting seeds of succession. Nursing Management, 45(3), 1-10. doi:10.1097/01.NUMA.0000443941.68503.09

Raterink, G. (2016). Reflective journaling for critical thinking development in advanced practice registered nurse students. Journal of Nursing Education, 55(2), 101-104. doi:10.3928/0148434-20160114-08

Schwarzkopf, R., Sherman, R. O., & Kiger, A. J. (2012). Taking charge: Front-line nursing leadership development. The Journal of Continuing Education in Nursing, 43(4), 154-159. doi:10.3928/00220124-20111101-29

Scott, E., & Miles, J. (2013). Advancing leadership capacity in nursing. Nursing Administration Quarterly, 37(1), 77-82. doi:10.1097/NAQ.0b013e3182751998

Sherman, R. O., Schwarzkopf, R., & Kiger, A. J. (2013). What we learned from our charge nurses. Nurse Leader, 11(1), and 34-39. doi:10.1016/j.mnl.2012.11.006

Sherman, R., & Pross, E. (2010). Growing future nurse leaders to build and sustain healthy work environments at the unit level. The Online Journal of Issues in Nursing, 15(1), 1-11. doi:10.3912/OJIN.Vol15No01Man01

Swearingen, S. (2009). A journey to leadership: Developing a nursing leadership development program. The Journal of Continuing Education in Nursing, 40(3), 107-112. doi:10.3928/00220124-20090301-02

Trepanier, S., & Crenshaw, J. T. (2013). Succession planning: A call to action for nurse executives. Journal of Nursing Management, 21(7), 980-985. doi:10.1111/jonm.12177

Wilmoth, M. C., & Shapiro, S. E. (2014). The intentional development of nurses as leaders. Journal of Nursing Administration, 44(6), 333-338. doi:10.1097/NNA.0000000000000078

**Abstract Summary:**

Staff nurses are frequently placed in charge nurse positions without the necessary formal training. The long-term goal of this project was to develop a curriculum for a formal institutional leadership workshop for the charge nurses at the practicum site using Johns Hopkins Nursing Evidence-Based Practice model and Lewin's change theory.

**Content Outline:**

I. Introduction

A. It is common practice for nurses to be placed into a charge nurse position without any formal leadership training (McCallin & Frankson, 2010; Schwarzkopf, Sherman, & Kiger, 2012; Wilmoth & Shapiro, 2014).

B. An Institute of Medicine (IOM, 2010) report recommends that all nurses should become leaders in transforming health care: all should be trained in leadership skills, such as conflict management and delegation.

C. Research on leadership development programs for charge nurses is limited, but the existing research provides information on specific traits that need to be taught to a charge nurse to be successful in his or her leadership role (Homer & Ryan, 2013).

D. Many health care organizations do not provide the formal training a charge nurse needs to improve his or her leadership traits and skills (Normand, Black, Baldwin, & Crenshaw, 2014; Schwarzkopf, Sherman, & Kiger, 2012; Sherman, Schwarzkopf, & Kiger, 2013; Swearingen, 2009).

II. Body

A. Problems identified

1. Leadership training courses

a. Many health care systems do not have leadership training courses in place for current and future charge nurses or managers (Homer & Ryan, 2013; McCallin & Frankson, 2010; Schwarzkopf, Sherman, & Kiger, 2012; Sherman & Pross, 2010; Swearingen, 2009).

b. Learning how to be a leader for the front-line nursing staff should not occur by trial and error, rather by formal training that supports staff retention, patient outcomes, and fiscal responsibility (Swearingen, 2009).

c. Leadership development for the charge nurse is important for staff retention, safe patient outcomes, and decreasing costs all of which are associated with quality of care and a healthy work environment (Assid, 2010; Normand, Black, Baldwin, & Crenshaw, 2014; Swearingen, 2009).

2. Orientation

a. Orientation period for the charge nurse role, consisting of one to several days, depending upon the health care organization (Flynn, Prufeta, & Minghillo-Lipari, 2010; Homer & Ryan, 2013; Schwarzkopf, Sherman, & Kiger, 2012; Swearingen, 2009).

b. Swearingen (2009), Homer (2013) and Sherman, Schwarzkopf, and Kiger (2013) discuss how the nursing staff is advanced to the charge nurse role without the appropriate tools or time to develop their leadership skills.

3. Challenges

a. Charge nurses in today's nursing profession have been compared to air traffic controllers because of their increased responsibilities on the frontlines (Sherman, Schwarzkopf, & Kiger, 2013).

b. The charge nurse role encompasses management and leadership skills such as direct nursing staff supervision and interface with nursing unit budgetary process (McCallin & Frankson, 2010).

c. The challenges identified by the charge nurses: communication, conflict management, role clarity, unit finances, and managing staff performance (Flynn, Prufeta, & Minghillo-Lipari, 2010; Homer & Ryan, 2013; Patrician, Oliver, Miltner, Dawson, & Ladner, 2012; Schwarzkopf, Sherman, & Kiger, 2012; Sherman, Schwarzkopf, & Kiger, 2013; Swearingen, 2009).

B. Themes identified from Focus Groups

1. Effective communication and patient safety

a. Effective communication skills have improved patient safety by allowing the front-line staff to approach the charge nurses with questions and critical issues; therefore, decreasing the adverse events such as a patient fall (Sherman, Schwarzkopf, & Kiger, 2013; Swearingen, 2009).

b. Communication, teamwork, and conflict management were found to be challenging especially with the physicians, different personalities, and cultural diversities (Homer & Ryan, 2013; Sherman, Schwarzkopf, & Kiger, 2013; Swearingen, 2009).

c. Sherman, Schwarzkopf, and Kiger (2013) and Schwarzkopf, Sherman, and Kiger (2012) discovered that not having the skills to resolve conflict could be time-consuming and a challenge for the charge nurses; therefore, if the charge nurses do not have effective communication skills to resolve conflict, the charge nurses might avoid confrontation.

2. Role and mentoring

a. The charge nurses expressed there is "no standardization or written expectations" for their role as a front-line leader. b. Without a job description that permits the charge nurse to act as a leader and without standardized written expectations, the charge nurses have developed role conflict and overload (Patrician, Oliver, Miltner, Dawson, & Ladner, 2012).

c. The charge nurses expressed their wish to be a resource and a better mentor for the front-line staff.

d. Patrician, Oliver, Miltner, Dawson, & Ladner (2012) identified that charge nurses needed to know how to mentor the staff and assist those who desire to advance their leadership skills.

e. Sherman, Schwarzkopf, and Kiger (2013) identified being a role model as a professional skill among the charge nurses.

3. Generational diversity

a. A challenge that was expressed by the participants of the focus group was managing conflict among generations.

b. Generation diversity is defined as three generations of nursing working together at the practicum site that demonstrates a difference in work ethics, communication, and commitment to the organization (Hendricks & Cope, 2013; Nelsey & Brownie, 2012).

c. Hendricks and Cope (2013) and Kramer (2010) discussed the importance of communication between each generation and how effective communication can prevent negative patient outcomes and improve patient safety.

d. Each generation should be held accountable for the same organization's policies and procedures (Hendricks & Cope, 2013; Kramer, 2010).

e. The researchers also recommended the importance of understanding each generation's values, attitudes, behaviors, and work ethics (Hendricks & Cope, 2013; Kramer, 2010; Schwarzkopf, Sherman, & Kiger, 2012; Sherman, Schwarzkopf, & Kiger, 2013).

C. Lewin's Change Theory and Curriculum development

1. Unfreezing

a. Charge nurses were guided by Lewin's change theory to understand the barriers and opposing forces that prevent implementing leadership traits (Lewin, 1939).

b. Unfreezing is to inform the population and to decrease any negativism that would assist in bringing change to the role of the charge nurse (Lewin, 1947).

c. Curriculum: communication and explanation for a formal charge nurse leadership. Identifying the perceptions of nursing leadership and challenges as a charge nurse.

2. Moving

a. Moving consists of using new knowledge to bring on the needed change within the charge nurse role (Lewin, 1947).

b. Curriculum: communication and conflict management skills, patient safety, roles, teamwork, generational diversity, mentoring, cheerleader/motivating staff, prioritization, and delegation.

c. Curriculum: case scenario and role-playing

3. Refreezing

a. Refreezing is acceptance of change with an increase of confidence in performing the new responsibilities that should meet new expectations of the nursing division and the healthcare organization (Lewin, 1947).

b. According to Lewin (1939), behavioral change occurs over a period such as days, weeks, months, or years.

c. Reinforcement of the change objectives must be continuous with an evaluation feedback loop informing the degree of sustainability; otherwise, the unchanged behavior will continue (Lewin, 1947).

d. Curriculum: journaling and ongoing evaluation III.

Recommendations

A. The workshop would bridge the gap between staff nurses and executive leadership by empowering the charge nurse to become an influential leader with an opportunity to be considered in leadership succession planning.

B. Active Role

1. The literature recommends that nursing leadership take an active role in the development of the charge nurses' leadership skills (Homer & Ryan, 2013; Schwarzkopf, Sherman, & Kiger, 2012; Swearingen, 2009).

2. Teaching a topic in the workshop will allow the leaders to share their experiences and expertise as nursing leaders.

C. Mentoring

1. A crucial part of advancing nursing leadership among the charge nurses is to provide them with a mentor (AONE, 2015; Assid, 2010; IOM, 2010; Patrician, Oliver, Miltner, Dawson, & Ladner, 2012; Prestia, Dyess, & Sherman, 2014).

2. Mentoring should be part of the succession plan (Assid, 2010; Griffith, 2012; McCallin & Frankson, 2010; Patrician, Oliver, Miltner, Dawson, & Ladner, 2012; Prestia, Dyess, & Sherman, 2014; Scott & Miles, 2013; Trepanier & Crenshaw, 2013).

D. Journaling

1. Self-reflective journaling is an evaluation strategy to measure how the charge nurses have applied their new leadership skills and identify if they have or have not been successful (Billings & Halstead, 2011).

2. Critical reflection occurs when the charge nurse writes about an event or a situation then deconstructs the situation as the charge nurse evaluates what he or she could have done to improve the outcome (Raterink, 2016).

E. Nursing Retention and satisfaction rates

1. Assid (2010) concluded that an increase in nursing retention rates and higher satisfaction rates occurred after the charge nurses attended a leadership program.

2. Evaluating the nursing satisfaction and nursing retention rates as a long-term outcome evaluation strategy for the workshop (Assid, 2010; Sherman, Schwarzkopf, & Kiger, 2013; Swearingen, 2009).

First Primary Presenting Author

*Primary Presenting Author*

Felicia K. Pryby, DNP
St. Petersburg College, HEC campus
School of Nursing
Full-time faculty member
St. Petersburg FL
USA


**Professional Experience:** 2016-present Full-time faculty at Saint Petersburg College November 2012- May 2016 Scholarship Program Educator April 2011 - October 2012 Clinical Educator Coordinator Participated on an evidence-based committee to improve Sepsis outcomes, develop indwelling catheter discontinuation protocols, and develop PCA protocols with an improvement in policy, physician orders, assessment and documentation by registered nurses. Development of and implementation of Chlorhexidine in a rural ICU (2007- present).
**Author Summary:** Dr. Felicia Katherine Pryby has been practicing nursing for 24 years. Dr. Pryby received her Masters in Nursing Education in 2011 and her Doctor of Nursing Practice in 2016 from Walden University. She is a cardiovascular nurse who assisted opening up a post-cardiovascular nursing unit. Dr. Pryby has become a change agent who focuses on improving patient safety and nursing practice through evidence-based practice. She is currently on the nursing faculty at Saint Petersburg College.