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

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
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Abstract

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Project Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

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. 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.

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Dedication

I would like to dedicate this capstone project to future and current leaders within the nursing profession. "Before you are a leader, success is all about growing yourself. When you become a leader, success is all about growing others." – Jack Welch

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Section 1: Overview of the Evidence-Based Project

Introduction

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). 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. All of the following organizations have developed programs and/or certifications for leadership development: American Association of Colleges of Nursing (AACN, 2014), American Nurses Credentialing Center (ANCC, 2014), and nursing specialty organizations such as the Emergency Nurses Association (ENA, 2014) and the American Organization of Nurse Executives (AONE, 2014). 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.

Background

Transforming health care requires executive nursing leaders to operate their health care organizations more efficiently; thus, reducing costs as patient satisfaction and outcomes improve (Sherman, Schwarzkopf, & Kiger, 2013). Nursing directors and executive nurse leaders have come under increased pressure to assist the chief nursing officer in operating the organization efficiently. This pressure has contributed to the responsibilities of the charge nurse, such as budgeting and managing conflict among staff nurses (Sherman et al., 2013).

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). These leadership traits and skills include personal communication, emotional intelligence, conflict management, and budgeting (Homer & Ryan, 2013; McCallin & Frankson, 2010; Patrician, Oliver, Miltner, Dawson, & Ladner, 2012; Sherman & Pross, 2010). These leadership traits and skills can be learned through formal leadership training. 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).

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). The charge nurse who has undergone leadership training is able to guide, support, mentor, and empower staff nurses to advocate for their patients and their nursing unit. Without the appropriate guidance and support, staff nurses would leave the organization or negative patient outcomes would increase costs; therefore, it is cost-effective to develop a charge nurse leadership workshop (Swearingen, 2009).

Problem Statement

The practicum site is a 288-bed acute care hospital in the Southwest of the United States (U.S.). The problem at the practicum site is staff nurses who do not have previous

management experience are placed in a charge nurse position without any training, especially in leadership. 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. The current practice at the practicum site is to promote a staff nurse who demonstrates excellent clinical skills to a charge nurse role (T. Chika, personal communication, July 24, 2014).

The practicum site provides 1 day of orientation for a new charge nurse: observing one experienced charge nurse for a 12-hour shift (T. Chika, personal communication, July 24, 2015). The training encompasses discussing unit daily reports, acuity levels and patient assignments, staff reports, and patient injury reporting procedures. The novice charge nurse also learns during orientation how to debrief the staff when a patient injury, a fall for example, occurs.

No formal institutional training exists at the practicum site that addresses conflict resolution, staff supervision, time management, prioritization, and personal communication skills at the charge nurse level (B. Hann, personal communication, September 24, 2014). The practicum site does not have a specific competency or a formal job description for the charge nurse role. The annual evaluation for the charge nurse imitates the annual evaluation for the registered nurse, with both performing a nursing assessment and administering medications as described in the position summary.

Purpose Statement

The purpose of this evidence-based staff development project was to develop the curriculum for a successful leadership-training workshop for the charge nurse. It is

important for the charge nurse to lead the front-line staff to provide guidance and direction in caring for patients. 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). The AONE (2014) and the IOM (2010) have both recommended developing a charge nurse education program to enhance their professional development as a leader within the health care environment. An effective charge nurse should lead the front-line staff while managing day-to-day operations and processes to ensure positive patient outcomes, staff satisfaction, and team collaboration.

Goals and Objectives

The aim of the evidence-based staff development project was to develop a charge nurse leadership workshop for current and future charge nurses. A focus group was created to obtain information from novice and experienced charge nurses at the practicum site. The focus groups concentrated on what leadership traits, skills, and training the charge nurses believe to be important for their professional development as leaders. The workshop was designed by applying evidence from the peer-reviewed literature and analysis of the focus group.

One goal was to speak to selected nurse leaders at the practicum site to identify specific curriculum components for the workshop such as conflict management. Swearingen (2009) recommended building the curriculum for the workshop at the lowest level of front-line leadership. Developing the curriculum from the bottom up would help meet the needs of higher levels of leadership (Swearingen, 2009).

Every charge nurse at the practicum site would attend the one-day leadership workshop. The chief nursing officer and the nursing directors would need to commit to arranging staff to accommodate the absence of the charge nurse (Schwarzkopf, Sherman, & Kiger, 2012). Training all of the charge nurses would support the organization's succession and strategic plan (W. Lincoln, personal communication, July 1, 2014). Developing a list of the full-time, part-time, and per diem charge nurses would help identify who should attend the workshop.

The workshop could be cost effective and an important recruitment and retention nurse strategy (Assid, 2010; Sherman & Pross, 2010; Swearingen, 2009). Calculating the estimated costs of replacing a charge nurse and developing the leadership workshop with return on investment is essential in receiving support from executive leadership at the practicum site. Another consideration is the cost savings of sending a charge nurse to a leadership program outside the organization compared to an in-house leadership program (Swearingen, 2009).

Theoretical Framework

A model and theory provided leadership guidance for safe, quality, and patient care (Zaccagnini & White, 2011). Novice charge nurses require structure in their role of managing a nursing unit and staff. The Johns Hopkins Nursing Evidence-Based Practice model (JHNEBP) was used to provide a systematic approach to implementing evidence-based research and to develop the curriculum for the charge nurse workshop (Dearholt & Dang, 2012). Lewin's change theory was used to support the charge nurse role as a front-line leader at the practicum site (Suc, Prokosch, & Ganslandt, 2009). The model and the

theory support the charge nurse workshop by providing a foundation for design and content development, which includes essential front line nurse manager skills.

Nature of the Project

The content for the charge nurse workshop was developed from the evidence-based data of the literature review. A needs assessment of the charge nurse leadership workshop was conducted to identify what the charge nurse needs to learn such as traits, skills, and responsibilities (Swearingen, 2009). In addition, the chief nursing officer notified me about the leadership expectations for the charge nurses at the practicum site. The purpose of the focus group inquiry was to identify the perceptions, opinions, and beliefs of existing charge nurses on leadership and the role of the charge nurse as a leader (Grove, Burns, & Gray, 2013). The focus group was composed of charge nurses with less than 1 year of experience and experienced charge nurses with more than 1 year as a leader. The data from the focus group was analyzed for common themes, which were then used to design the curriculum for the workshop (McCallin & Frankson, 2010; Normand, Black, Baldwin, & Crenshaw, 2014; Schwarzkopf, Sherman, & Kiger, 2012; Swearingen, 2009).

Significance to Project

The changing role of the charge nurse is significant to nursing practice because front-line nurse leaders are needed to render high-quality and safe patient care. All nurses need to be prepared to be leaders to meet the vision of health care systems and to make positive changes in society and the world (IOM, 2010; Schwarzkopf, Sherman, & Kiger, 2012). The workshop would promote a healthy work environment by providing a

foundation for understanding patient and staff needs while improving staff nurse awareness, increasing job satisfaction and patient safety, (Agnew & Flin, 2014). The workshop would empower the new charge nurse to become a role model for nursing staff and a facilitator for improvements in nursing practice (Agnew & Flin, 2014).

Implications for Social Change in Practice

The IOM report (2010) discussed the importance of effective leadership on the front lines to improve patient safety and transform nursing practice. The standards of leadership by The Joint Commission (TJC) focused on working together as a system to improve patient safety and quality of care (Schyve, 2009). According to the ANA (2010), charge nurses need leadership education and training to improve patient safety; nursing practice includes teamwork, mentoring, and interdisciplinary team collaboration. The content of the leadership workshop should address the charge nurse as a nurse leader (ANA, 2010; TJC, 2010). 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.

Definitions of Terms

The following definitions was used to guide this project:

Charge Nurse: Leads, mentors, and empowers the staff and oversees patient care by advocating for patients, managing unit finances, staffing, acuity levels, and conflict (Salmela, Eriksson, & Fagerstrom, 2012; Sherman & Pross, 2010).

Novice charge nurse: A staff nurse who is promoted to a charge nurse with minimal leadership experience but has experience as a staff nurse (Benner, 2000).

Experienced charge nurse: A staff nurse who has two or more years as a charge nurse (Benner, 2000).

Leadership: A person who influences, motivates, guides, and directs individuals to perform a task or a mission (Burnes, 2009; Wilmoth & Shapiro, 2014).

Front-line Nurses: Registered nurses who care for patients in an acute care hospital setting (Swearingen, 2009).

Front-line leadership: The first level of leaders or charge nurses on a nursing unit who are involved in direct supervision of nursing staff (Wilmoth & Shapiro, 2014).

Leadership Development: Learning skills through education classes that incorporate new knowledge, bring positive change, and improve unit performance by the application of skills such as emotional intelligence, conflict management, communication, and delegation (Salmela, Eriksson, & Fagerstrom, 2012; Normand, Black, Baldwin, & Crenshaw, 2014).

Charge nurse workshop: A leadership development training class for nurses new to the charge nurse role (Sherman & Pross, 2010).

Nursing unit: A specific inpatient-nursing floor where nurses care for patients in an acute care hospital (Sherman & Pross, 2010).

Critical thinking: An intellectual discipline that problem solves, analyzes, synthesizes, and evaluates through observation, experience, and reflection (Chesterman, 2014).

Succession planning: The development, education, and successful transition of each nurse into a leadership role that spans over a period of three to five years (Trepanier & Crenshaw, 2013).

Assumptions and Limitations

Assumptions

Assumptions are statements that are accepted without scientific proof as true or certain to happen (Grove, Burns, & Gray, 2013). The evidence-based staff development project included the following assumptions:

1. Current charge nurses at the practicum site attended no formal managerial training prior to their promotion as a charge nurse with the exception of the current one-day of training at the practicum setting.

2. Experienced charge nurses may have received additional charge nurse training.

3. The nurses invited to participate in the focus group will be comprise of novice and experienced charge nurses who are employed at the practicum site.

4. Charge nurses participating in the focus groups will be volunteers and doing so during non-paid time.

5. Charge nurses who volunteer to participate in the focus group are willing to share the importance of a plan for success and career fulfillment.

Limitations

Limitations are weaknesses in the design, sampling, and data collection, and decrease the generalizability of a study (Grove, Burns & Gray, 2013). The evidence-based staff development project included these limitations:

1. The collection of data from a small number of participants in the focus group may not be generalizable to other nursing units.

2. Scheduling conflicts and acuity levels may affect the attendance of the focus group.

3. The novice charge nurse has decreased leadership knowledge.

4. The nursing directors, the chief nursing officer, and the charge nurses in the focus group may have differing notions about leadership.

5. The nurses may participate in the focus group because of knowing this DNP student and the student's role as an educator.

Summary

Section 1 was an overview of the problem in a practicum site where nurses without formal leadership training are placed in the charge nurse role. The foundation of the charge nurse leadership workshop consisted of evidence-based research; JHNEP, Lewin's change theory, and thematic results from the charge nurse focus groups. The development of the workshop was significant to nursing practice because the charge nurse has become a front-line leader who guides their nursing staff in practicing safe quality of care. Developing leadership skills such as conflict management and personal communication skills afford the charge nurse with an opportunity to enhance positive patient outcomes and staff satisfaction.

Section 2 consists of literature reviews of evidence-based research articles about the need for nurse training and synthesis of the workshop content. The role of the charge nurse and the atmosphere in which the charge nurse operates within the nursing unit are

identified followed by an explanation of leadership and charge nurse programs. Theoretical frameworks are discussed to understand how each framework would support the charge nurse leadership program.

Section 2: Review of Scholarly Product

Introduction

The purpose of the evidence-based staff project was to develop the curriculum for a charge nurse leadership workshop at the practicum site. Development of such a workshop was needed to provide the charge nurses with skills that would allow them to lead their nursing staff in providing safe, quality care, with positive patient outcomes. Section 2 appraised and synthesized evidence from the scholarly literature on leadership, charge nurse workshops, and the theoretical framework that guided the program development.

Literature Search Strategy

The purpose of the project was to develop an evidence-based workshop to help charge nurses develop leadership skills. An initial search, using tools from JHNEBP model, produced over 40 peer-reviewed journal articles published between the 2009 and 2014. The following search terms, in various combinations, were used in PubMed, CINAHL, and Medline to narrow the search from over 40 peer-reviewed articles: *charge nurse, leadership, leadership training, focus group, evidence-based practice,* and *succession planning*.

Ten articles were identified as applicable to the development of the leadership workshop for the charge nurses. I appraised the quality of the articles and then assessed each article for evidence levels. All 10 articles received a Level 3 (qualitative) ranging in quality from good to high. Key terms were used to narrow the search for leadership such

as *transformational, transactional, succession planning,* and *management.* Twenty peer-reviewed journal articles were selected from the original search.

Five consistent themes emerged from the quality leadership workshop for charge nurses' literature review and research. First, it is a common practice for staff nurses to be placed in a charge nurse role without any formal leadership training (Assid, 2010; Normand, Black, Baldwin, & Crenshaw, 2014; Patrician, Oliver, Miltner, Dawson, & Ladner, 2012; Schwarzkopf, Sherman, & Kiger, 2012; Swearingen, 2009). Second, 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 et al., 2012; Sherman & Pross, 2010; Swearingen, 2009). A third theme was that focus groups were used to perform a needs assessment and to identify issues, such as a charge nurse caring for patients while performing their charge nurse duties (Flynn, Prufeta, & Minghillo-Lipari, 2010; Homer & Ryan, 2013; Patrician et al., 2012; Normand et al., 2014; Swearingen, 2009). The fourth theme identified an orientation period for the charge nurse role, consisting of one to several days, depending upon the health care organization (Flynn et al., 2010; Homer & Ryan, 2013; Schwarzkopf et al., 2012; Swearingen, 2009). The fifth theme involved the challenges identified by the charge nurses: communication, conflict management, role clarity, unit finances, and managing staff performance (Flynn et al., 2010; Homer & Ryan, 2013; Patrician et al., 2012; Schwarzkopf et al., 2012; Sherman, Schwarzkopf, & Kiger, 2013; Swearingen, 2009).

Models and Theories

Johns Hopkins Nursing Evidence-Based Practice Model

The model that was used to support this proposed work is the JHNEBP (Dearholt & Dang, 2012). The model is a systematic problem-solving approach to clinical decision-making that integrates scientific evidence and provides guidance for translating evidence into practice (White & Dudley-Brown, 2012). The nursing process is similar to the JHNEBP model; therefore, bringing a simplistic aspect to evidence-based practice. The nursing process includes assessment, diagnosis, planning, intervention, and evaluation (American Nurses Association, 2010).

The JHNEBP model consist of a three-step process: practice question, evidence, and translation (PET) with three components: practice, education, and research (Dearholt & Dang, 2012). Research, non-research, and internal and external factors influence each element. JHNEBP model classifies evidence as scientific research, while personal, ethical, and esthetic evidence comprises non-research (Dearholt & Dang, 2012). Internal factors include the environment, culture, staffing, and standards, while external factors include policy, standards, quality management, accreditation, and legislation (Dearholt & Dang, 2012). Each step includes critical thinking, information seeking, synthesizing, and transforming knowledge (Dearholt & Dang, 2012). There are 18 sub-steps in the PET process: develop an interprofessional team (P), identify stakeholders (P), synthesize strength and quality of evidence (E), develop recommendations for change (E), develop an action plan (T), and disseminate findings (T) (Dearholt & Dang, 2012). Each of the sub-steps remains systematic in designing and developing an evidence-based program.

JHNEBP supports the project by providing a foundation to translate the evidence that is needed to develop the leadership workshop for the charge nurses.

Lewin's Change Theory

Charge nurses were guided by Lewin's change theory to understand the barriers and opposing forces that prevent implementing leadership traits (Lewin, 1939). Lewin developed three model steps: unfreezing, moving, and refreezing. 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). Unfreezing is the time when information should be provided to the charge nurse regarding new responsibilities, expectations, and the reason for a change within their role. This step is required to increase the amount of motivation among each charge nurse, while decreasing the restraining forces that would prevent the charge nurses from becoming a front-line leader. Driving forces would include support from the chief nursing officer and the nursing directors. The restraining forces may consist of the charge nurse not wanting to develop his or her leadership skills or become a leader. The second step is moving, which consists of using new knowledge to bring on the needed change within the charge nurse role (Lewin, 1947). 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). Charge nurses should attend follow-up meetings with their nursing director and mentors to receive any coaching, guidance, and positive feedback as each charge nurse grows into their leadership role (Lewin, 1945).

Leadership in Nursing

Leadership and Charge Nurse Role

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). Charge nurses negotiate staffing and patient assignments as they coordinate the care for the patients on admission and discharge while trying to decrease the length of stay for the patients (Sherman et al., 2013). A key to successful survival among the charge nurses is the ability to be flexible with therapeutic communication skills and the ability to negotiate and resolve disagreements. To become an effective leader in today's healthcare society and within the nursing profession, it is essential to advance current leadership skills that improve patient satisfaction and outcomes, while promoting a healthy work environment (Sherman et al., 2013).

Leadership within the nursing profession has become a key to transforming healthcare either through policy, politics, organizations or practice (Porter O'Grady, 2011). Effective leadership affects productivity, staff retention, positive patient outcomes, and work satisfaction (Assid, 2010; Duygulu & Kublay, 2011; Swearingen, 2009). There are two styles of leadership: transformational and transactional. Each style compliments each other; however, to bring change to the healthcare organizations, transformational leadership is needed to develop change agents in nurse leaders (Duygulu & Kublay, 2011).

Duygulu & Kublay (2011) describe transformational leadership as behaviors that inspire others to act with a vision. Charge nurses encourage staff nurses to work as a

team with a positive environment (Long, Yusof, Kowang, & Heng, 2014); therefore, instilling expected behavior among peers. Transformational behavior requires the leader to become innovative, while taking advantage of their own experiences to improve the environment of the nursing unit. The IOM (2010) encourages healthcare organizations to look at the front lines in developing effective leadership. Charge nurses need to develop leadership skills that reflect transformational behaviors to encourage staff to become part of the change process. The nurses under the supervision of a transformational charge nurse can improve the patient care experience and prevent adverse patient outcomes through trust, team collaboration, and mentoring (Duygulu & Kublay, 2011; Thomas, 2012).

Wilmoth & Shapiro (2014) recommends that front-line nursing leadership within healthcare organizations is to implement a military framework. A military framework includes core competencies and a continuous growth through training with self-reflection (Wilmoth & Shapiro, 2014). As the charge nurse begins to develop and advance their leadership skills, implementing recommendations from a military framework such as reflection may influence how they see themselves as a leader. The leadership workshop would include writing in a journal as part of a learning activity during the workshop and suggested as part of the annual evaluation. The journal enhances how each charge nurse self-reflects about challenges and opportunities that allow them to succeed as a nursing leader.

Front-Line Nursing Leadership

Front-line nursing leadership is the foundation for managing and leading each particular nursing unit on a daily basis (McCallin & Frankson, 2010; Wilmoth & Shapiro, 2014). Charge nurses are the first step in the nursing management chain of command in acute care hospitals (McCallin & Frankson, 2010; Wilmoth & Shapiro, 2014). 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). The charge nurse is the advocate and voice for the nursing staff to the nursing directors and the chief nursing officer. As a front-line nursing leader, the charge nurse also guides, coaches, and mentors their personnel in providing high-quality patient care and safety (McCallin & Frankson, 2010). Scott and Miles (2013) reinforced the importance of health care organizations embracing informal and formal leaders of nursing at all levels to promote safe quality care.

Emotional intelligence (EI) is a critical component in leading the front-line nursing staff in improving outcomes for the patients and their nursing unit (Adams & Iseler, 2014; Akerjordet & Severinsson, 2010). EI is the charge nurses' ability of managing his or her emotions while responding with reason when communicating to the nursing staff and senior leadership (Akerjordet & Severinsson, 2010). EI is a form of transformational leadership which promotes innovative ideas because the charge nurses' behavior is not aggressive but demonstrates respect to each staff nurse and patient (Akerjordet & Severinsson, 2010). If the charge nurses demonstrate a lack of concern or is not empathetic to conflict, the charge nurse may promote an unhealthy work

environment leading to a decrease in patient safety (Adams & Iseler, 2014; Akerjordet & Severinsson, 2010). Developing EI skills enhances how the charge nurse holistically resolves any conflict because the charge nurse would be able to demonstrate management of their negative and positive emotions through self-reflection (Akerjordet & Severinsson, 2010). Self-reflection assists nursing leadership in becoming aware of how they respond to questions, comments, and conflict; therefore, self-reflective exercises provide opportunities for each charge nurse to improve his or her EI during the leadership workshop (Adam & Iseler, 2014).

Succession Planning

Succession leadership planning provides opportunities for the staff nurse to be promoted to a managerial capacity in the practicum site (Griffith, 2012; Prestia, Dyess, & Sherman, 2014). Current nursing directors or unit managers have multiple opportunities to mentor the future of nursing leadership (Prestia et al., 2014). Mentoring the charge nurse is essential to grow their leadership abilities as they learn how to become a change agent and improve processes and patient outcomes (Trepanier & Crenshaw, 2013). The quality of patient safety, patient outcomes, and staff satisfaction decreases when charge nurses do not receive mentoring and coaching as they develop their leadership skills (Griffith, 2012; Trepanier & Crenshaw, 2013). Griffith recommends incorporating education that would assist each nurse to develop their managerial and leadership skills (Griffith, 2012).

Charge Nurse Programs

Assid (2010) conducted a charge nurse leadership program in the emergency department. The researcher measured the leadership program quantitatively to identify if there were improvement in the wait times, length of stay, patient satisfaction, and nursing turnover rate. Training began with the experienced charge nurses in the emergency department with a focus on the managerial and leadership needs besides patient care (Assid, 2010). The program's curriculum included patient flow, staffing, teamwork, quality management, leadership, and how each of these factors worked together to improve patient outcomes (Assid, 2010). Each charge nurse was paired with a nursing manager or nursing director to mentor and coach the charge nurse in making appropriate decisions that affected the staff and patient outcomes. The charge nurse program in the emergency department was found to be clinically significant (Assid, 2010). The wait times decreased from 7.1% to 1.8% in two months, length of stay decreased 13%, patient satisfaction increased from 32.7% to 49%, and the nursing turnover rates decreased from 48% to 3.5% (Assid). Assid's research identified that a mentorship program should be incorporated into the charge nurse program in order to have a positive change.

McCallin and Frankson (2010) conducted a descriptive exploratory study to understand the charge nurse experiences. Among twelve charge nurse interviews in an acute care hospital, themes were developed through coding and interpretation process of the data. McCallin and Frankson identified three themes of expectations: role clarification, role overload, and leadership skills. The position of the charge nurse was not clear contributing to role overload and difficulty in meeting the organization's

expectations (McCallin & Frankson, 2010). The researchers identified that each charge

nurse was placed into their position based upon clinical expertise and not managerial

experience. The researchers recommended is to develop educational programs that focus

on leadership skills to prevent the charge nurses from learning through trial and error

(McCallin & Frankson, 2010).

Patrician, Oliver, Miltner, Dawson, and Ladner (2012) conducted a qualitative

descriptive study to understand the requirements of the charge nurse role. The

researchers developed a focus group with thirty-six charge nurses from local hospitals in

the southern United States. Conventional content analysis was used to analyze the data

(Patrician et al., 2012). Four themes of charge nurse challenges emerged: managing staff

performance, role clarity, powerlessness, and lack of leadership support (Patrician et al.,

2012). The researchers were able to identify three themes that would assist the charge

nurses in performing their role more efficiently: establishing the environment, teamwork,

and mentoring (Patrician et al., 2012). The researchers recommended the development of

charge nurse leadership programs that support each theme including mentoring (Patrician

et al., 2012).

A mixed method investigation conducted by Agnew and Flin (2014) utilized the

managerial practices survey (MPS) framework to identify behaviors that prevent the

charge nurse from developing leadership skills such as discharging patients for the

primary nurse. Semi-structured interviews were conducted to understand the perceptions

of how the charge nurses view leadership behaviors. The interviews were transcribed

using a deductive approach. Eleven behaviors were identified and categorized such as

task, relationship and change behaviors (Agnew & Flin, 2014). The researchers were able to demonstrate quantitatively how the senior charge nurses provided clinical support ($N = 342$, 45%) and emotional support ($N = 370$, 49%) rather than change ($N = 25$, 3%) and lead by example behaviors ($N = 26$, 3%) during stressful situations (Agnew & Flin, 2014). The researchers identified charge nurses delegated as an authoritarian instead of using team collaboration. Agnew and Flin recommended identifying behaviors among the charge nurses when developing a leadership workshop.

Schwarzkopf, Sherman, and Kiger (2012) conducted a pilot charge nurse program among 10 South Florida hospitals based upon the chief nursing officer and nurse executive council requests. Schwarzkopf et al. identified through a needs assessment that many of the front-line leaders did not have the appropriate education, and their responsibilities have intensified because of the reimbursement to pay for performance model on specific indicators such as catheter associated urinary tract infection or fall with injury. The researchers identified two goals for their program based upon the needs assessment: develop and implement a leadership program that could be used throughout the hospital corporate system and to promote intraprofessional and interdisciplinary teamwork among the charge nurses (Schwarzkopf et al., 2012).

The content of the leadership development program, developed by Schwarzkopf, Sherman, and Kiger (2010) included a charge nurse survey, pretest, keynote on front-line leadership, regulatory environment, and delegation with case scenarios, teamwork, communication, conflict management, and a posttest. The program demonstrated demographic features of the front-line charge nurses, but there were no metrics measured.

After the education program was completed, each director met with his or her charge

nurses for debriefing. Positive feedback was received about the program with individual

reflection and application of the new information (Schwarzkopf et al., 2010). These

researchers acknowledged the importance of developing metrics to measure the success

of any future leadership development programs.

Leadership Programs from Significant Official Nursing Organizations

An exhaustive search of the major nursing organizations websites, such as the

AONE, the AACN, and the ANA were surveyed for charge nurse leadership workshops

(AACN, 2014; ANA, 2013; AONE, 2014). Each professional organization has their own

leadership content; however, there was not a developed curriculum for acute care charge

nurses found. The AONE developed the Emerging Nurse Leader Institute for front-line

nursing staff, charge nurses, and nurse coordinators; however, attending the institute

carries a significant cost of $900 per nurse (AONE, 2014).

The AONE has developed nurse executive competencies such as communication,

relationship building, leadership, and professionalism that can be used to develop the

curriculum for the charge nurse workshop (AONE, 2015). The content of each subject is

outlined in detail. For example, the leadership content explicitly wants the charge nurses

to reflect on their individual values; decision-making processes and understands the art

and science of nursing leadership (AONE, 2015). Succession planning is also discussed

under leadership. According to the AONE (2015), succession planning includes

identifying and mentoring potential front-line nurses who choose to become a charge

nurse. Under the topic of professionalism, the AONE wants the charge nurse to create an

environment that enhances teamwork while advocating for patient safety and outcomes as each front-line nurse participates in the decision-making process (AONE, 2015).

The focus of the AACN is centered on educational leaders. The AACN provides competencies for the masters-prepared clinical nurse leader (CNL) and nursing executives. Nine masters-prepared and CNL competencies exist that can be used to develop the curriculum. Examples of these competencies for the charge nurse workshop are quality improvement, safety, and interdisciplinary teamwork (AACN, 2013). Quality improvement and safety essentials include the charge nurses participating in quality improvement committees to assist in implementing evidence-based practice that would improve patient outcomes. A primary example of such a committee is the catheter-associated urinary tract infection (CAUTI) committee (AACN, 2013).

The ANA has developed a leadership institute (ANA LI) using the *Nursing Scope and Standards of Practice, Code of Ethics for Nursing, and Nursing's Social Policy Statement*. The ANA LI focuses on effective communication, conflict resolution, building collaborative relationships, and delegation (ANA, 2013). Communicating clearly and concisely about decisions, plans, and activities assist the charge nurses to resolve conflict among the nursing staff and patients (ANA, 2013). Developing productive relationships with an interdisciplinary team allows the charge nurses to delegate appropriately, receive and provide constructive feedback, and resolve conflict (ANA, 2013).

At the request of the DNP committee chair, I interviewed Dr. Rose Sherman, a well-published nursing leadership scholar and faculty member at Florida Atlantic

University. Dr. Sherman advised me to locate information about formal charge nursing leadership on her website blog and through evidence-based literature review (Dr. R. Sherman, personal communication, June 6, 2015). Dr. Sherman recommended individualizing the workshop to the practicum site (Dr. R. Sherman, personal communication, June 6, 2015). She further advised to follow basic competencies from the literature review such as communication, teamwork, conflict management, delegation, patient safety, and quality of care (Dr. R. Sherman, personal communication, June 6, 2015).

Patient safety and quality of care competencies can be found under the AONE, the CNL, and the IOM report. The AONE (2015) discussed how the charge nurses should be able to understand the patient care standards described by TJC and Centers for Medicare and Medicaid Services (CMS). The AONE reinforced the charge nurses should be able to participate in developing and updating the organization's policies and procedures that correlate with evidence-based practice (AONE, 2015). Additionally, the IOM report (2010) discussed the importance of charge nurses developing interdisciplinary teamwork and leading committees to improve patient safety and quality of care.

Background of Nursing Leadership

The prediction is by 2020; approximately 50% of experienced nursing leaders should retire leaving potential nursing leaders without role models or mentors (Prestia, Dyess, & Sherman, 2014). Potential nursing leaders lack the experience, skills, coaching and mentoring to lead through the complexity of healthcare in the United States (Prestia et al., 2014). The IOM report (2010) discussed the importance of nurse leadership and

mentoring to commence in the early stages of a nurse's career. In addition, the IOM

identified that many of the new nurse graduates who hold a second degree such as

business administration are better prepared to become nurse leaders.

Institutional Context

The practicum site employs 50 charge nurses for 12 nursing units (W. Lincoln,

personal communication, September 30, 2014). The charge nurses' experience ranges

from 6 months to 10 years with 2 to 20 years of nursing practice. The highest level of

nursing education currently held by any charge nurse at the facility is either an associate

or bachelors nursing degree (D. Ristom, personal communication, October 1, 2014).

This evidence-based staff development project aligns with the practicum site's

mission, vision, and strategic planning. The healthcare facility mission is to provide

compassionate care through teamwork with a vision of committed care and improving

human life (W. Lincoln, personal communication, September 30, 2014). The strategic

plan for the practicum site discussed the leadership's role and responsibility to improve

patient outcomes through data (W. Lincoln, personal communication, September 30,

2014). TJC (2010) reinforced how nurse leaders should actively participate in the

decision-making process of each nursing unit to create a safe environment for the patients

and the front-line nurses.

My role in the project is to develop a charge nurse leadership workshop based on

the data and themes that emerge from the assessment, focus group, and literature reviews

that are gathered from facility nurse leaders and the chief nursing officer with

recommendations for evaluation. The acute care facility is my practicum site and

employer where I serve as a nursing educator. I work in an advisory capacity to the charge nurses but I do not supervise any charge nurses. The practicum site where serves as a nursing training site for the local nursing college and provides the organization with recruitment opportunities for new nurses. I have a secondary employment as an academic instructor for the local nursing college.

My previous nursing experience as a front-line nurse, charge nurse, and a manager influenced the decision to develop a leadership workshop for the charge nurses. I did not receive any formal nursing leadership training when I was promoted from staff nurse to a charge nurse to a unit manager. My leadership training consisted of on the job training and trial and error experiences that sometimes caused a lack of confidence in this student's skills.

Summary

The literature search and review focused on the development of a charge nurse leadership workshop. The JHNEBP model and Lewin's change theory were discussed to provide an understanding of the development of the leadership workshop and how the charge nurses should accept and adopt their new leadership skills. Research and the IOM support the development of charge nurse leadership workshops in acute care facilities. There is a gap in the literature identified throughout the review for evidence-based charge nurse leadership programs.

A discussion identifies the following topics throughout the literature review: the leadership workshop curriculum and the development of a charge nurse leadership program. Transformational leadership, front-line leadership, mentoring, and succession

planning were identified to support the development of the workshop at the practicum site. The literature also discussed how the leadership programs could improve nursing retention and patient satisfaction rates. The development of the workshop aligned with the health care organization's strategic plan, mission, and vision.

Section 3 described the approach to the charge nurse leadership workshop. The method, sampling, data collection, and analysis were discussed in detail throughout Section 3. Procedures to protect each participant in the focus group were identified and described. The development of the curriculum, implementation, and evaluation plan was discussed.

Section 3: Approach

Introduction

The purpose of the evidence-based, staff development project was to develop a charge nurse leadership workshop in the practicum site. The third step of the JHNEBP model, translation, has helped this DNP student in the planning and implementation stages of the workshop (Dearholt & Dang, 2012). Developing the focus group and receiving valuable input from the executive nursing leadership team has demonstrated Lewin's change theory throughout the translation stages.

Section 3 outlines the approach to developing the charge nurse leadership workshop. The approach included method, participants, ethical considerations, data collection, and analysis. This section includes an outline of the curriculum development, implementation plan, and recommendations on how to evaluate the workshop. An action plan helped me to implement change among the charge nurses role as a leadership role (see the Gantt timetable just below in Figure 1):

1. Assembled executive nursing leadership team and institutional stakeholders.

2. Disseminated evidence-based literature to nursing leadership and stakeholders.

3. Received Institutional Review Board approval from Walden University and the practicum site.

4. Obtained the appropriate consents for the focus group.

5. Obtained support and secure resources to implement the focus group.

6. Performed data collection and analysis.

7. Reported the thematic analysis to the leadership team and the stakeholders.

8. Developed the curriculum for the workshop.

9. Disseminated the curriculum with suggestions about how to implement and

evaluate the charge nurse workshop.

Task Name	Start Date	End Date	2015	2016
1 Assemble Senior Nursing Leadership Team and Institutional Stakeholders	02/02/15	02/16/15	Assemble Senior Nursing Leadership Team and Institutional Stakeholders	
2 Disseminate Evidence-based Literature	03/02/15	05/15/15	Disseminate Evidence-based Literature	
3 To nursing Leadership	03/02/15	05/15/15	To nursing Leadership	
4 To Institutional Stakeholders	03/02/15	05/15/15	To Institutional Stakeholders	
5 Receive University Research Review Approval	06/03/15	06/15/15	Receive University Research Review Approval	
6 Receive Institutional Review Board Approval	07/15/15	08/06/15	Receive Institutional Review Board Approval	
7 Implement the Focus Group	08/17/15	08/17/15	Implement the Focus Group	
8 Perform Thematic Analysis	08/18/15	08/20/15	Perform Thematic Analysis	
9 Report Findings from Thematic Analysis	09/04/15	09/04/15	Report Findings from Thematic Analysis	
10 To Nurse Leadership Team	09/04/15	09/04/15	To Nurse Leadership Team	
11 To Stakeholders	09/04/15	09/04/15	To Stakeholders	
12 Develop the Curriculum for Workshop	10/19/15	10/30/15	Develop the Curriculum for Workshop	
13 Disseminate the Curriculum with Suggestions	11/02/15	11/13/15	Disseminate the Curriculum with Suggestions	
14 To Implement Workshop	11/02/15	11/13/15	To Implement Workshop	
15 To evaluate Workshop	11/02/15	11/13/15	To evaluate Workshop	

Figure 1. Gantt chart with project time line.

Interdisciplinary Project Team

The interdisciplinary team consisted of seven people to make scheduling meetings

easier and more conducive to their personal and professional lives. The team was

comprised of front-line and executive nursing leadership, such as the nursing managers

and directors, and the chief nursing officer. An educator from the education department

was invited to participate in the curriculum development and evaluation process. Each

team member was able to express their expectations of the leadership workshop and what

they needed to learn to fulfill the needs of the front-line staff in the practicum site

(Dearholt & Dang, 2012; Swearingen, 2009). A physician was invited to participate on

the team to provide guidance from the physician's perception in developing the

leadership workshop. The team identified the stakeholders and kept them informed during the practicum project (Dearholt & Dang, 2012). The team members for the evidence-based staff development project included the following:

1. As the team leader and writer for the project, I was the facilitator and interviewer for the focus group.

2. Chief nursing officer of the practicum site did work with the facilitator to promote and implement the charge nurse leadership workshop.

3. Chief nursing officer had provided expectations in the development of the curriculum.

4. Nursing directors and managers has provided expectations in the development of the curriculum.

5. Medical-surgical charge nurses provided information of their actual role and responsibilities.

6. Administrative assistant assisted in reserving a room for the focus group at the facility.

7. Chief nursing officer (DNP student preceptor) assisted with the data analysis.

8. Director of nursing education validated the curriculum content of the workshop.

Review of Evidence

Introducing the interdisciplinary team to the literature review has occurred at the first meeting. I led the literature review with emphasis on synthesizing the latest literature on formal charge nurse development programs. I consolidated and summarized

the evidence in a Power Point format. The Power Point was presented during the first meeting. Each team member received a copy of the Power Point for his or her review as they contribute any further evidence-based research to the project. The JHNEBP model and Lewin's change theory was also discussed with the interdisciplinary team. Providing information about the Model assisted in guiding the team in implementing the action plan and disseminating the evidence to the stakeholders.

Lewin's change theory assisted me in identifying the stakeholders and the team members who were the driving and restraining forces as the workshop progresses in the unfreezing stage. Understanding the perception of each team member and stakeholder's view on the responsibilities and the role of the charge nurse is important for the workshop to be successful (Lewin, 1947). The perception of each team member provided insight into driving and restraining forces; therefore, if each of their opinions is not considered then the restraining forces may override the driving forces leading to an unsuccessful workshop. Informing the stakeholders and the interdisciplinary team on a continuum basis of the development of the workshop would assist in receiving support from the stakeholders during the moving stage of Lewin's change theory (Dearholt & Dang, 2012; Lewin, 1947). The active support from the stakeholders and the team led the workshop to be successful and to freeze the change within the practicum site.

Method

The evidence-based staff development project was a focus group approach that includes evidence-based methods from the literature, suggestions and recommendations from the chief nursing officer, nursing directors and managers. Charge nurses

participated in a focus group to identify his or her perception of leadership and challenges they may encounter as a front-line leader. The charge nurses were divided into two focus groups: novice and expert. The focus groups comprised of nine charge nurses. The themes that emerge from the focus groups were compiled to develop the curriculum for the charge nurse leadership workshop.

Population and Sampling Plan

Population

The context of the evidence-based staff development project was to provide an opportunity for the charge nurses to develop their leadership skills within the practicum site. The population included novice and expert charge nurses throughout the medical-surgical nursing units. The novice charge nurses had less than one year of experience as a front-line leader, and the expert charge nurses had more than one year of experience as a front-line leader including experience from previous organizations. The population represented night and day shift charge nurses from the medical-surgical nursing unit services.

Sampling and Recruitment

The focus groups were made up of four novice and five expert medical-surgical charge nurses that represented day and night shift at the practicum site. The size of each focus group was small enough to facilitate open discussion and interaction and large enough to reveal variables to improve leadership skills among the charge nurses (Grove, Burns, & Gray, 2013). Recruitment for the focus groups consisted of attending staff meetings to invite charge nurses to participate in the focus groups.

I distributed a flyer (see Appendix A) to each charge nurse on the medical-surgical nursing units during staff meetings. Posting the flyer in the break room on each medical-surgical nursing unit allowed the effect to take place without any persuasion from the administrators or me. Snowball sampling uses social networks that have common characteristics to identify participants that can provide insight and information into the leadership workshop (Grove, Burns, & Gray, 2013; Krueger & Casey, 2014). Snowball sampling allowed each charge nurse to use their network to discuss and recruit for the focus groups.

Ethical Considerations

The appropriate paperwork was submitted to Walden University's Institutional Review Board (IRB) to receive approval prior to recruiting the charge nurses for the focus groups (IRB 08-06-15-0129629). The practicum site accepted Walden's IRB approval (W. Lincoln, personal communication, March 23, 2015). Participation in the focus groups was voluntary. Each charge nurse volunteered in a nonpaid status from the practicum site. The consent process included enough time for the charge nurses to read the consent, ask questions, and sign the consent form. The informed consent included the purpose of the evidence-based project, audiotaping each participant, confidentiality and an option to withdraw from the focus groups without any penalties. Each charge nurse received a copy of the signed consent form. The charge nurses that participated in the focus groups were assigned an identification number when they completed the consent form. The signed consent forms and the master list of are kept in a secured locked safe.

The transcription process included storing all electronic data with a confidential and secure password. Names were not stated or used during each focus group or the transcription process. All collected data from the focus groups was de-identified, and the thematic analysis reported in aggregate.

Data Collection, Analysis, and Verification

The evidence-based staff development project used the guidelines that are provided by Grove, Burns, and Gray (2013) and Polit and Beck (2006) in how to perform a focus group. Each focus group was audiotaped to collect the charge nurse's verbal responses to the questions (see Appendix B). The informed consents, master list, and the audiotapes of the recorded focus group sessions are kept locked up.

Krueger and Casey's content analysis strategy was used to transcribe and analyze the data from the focus groups. I began the transcription process by transcribing the audiotapes, verbatim, on my laptop and saving the transcriptions to one secured file. The transcription process was completed on my password-protected computer. Each transcription was checked and rechecked against the audiotapes for verification (Krueger & Casey, 2014). The recordings were analyzed for themes that emerge from repetitions of words or patterns of the charge nurse's verbal responses (Polite & Beck, 2006). The themes that emerged were used to develop a curriculum for the leadership workshop that aligns with the organization's mission and strategic plan. My preceptor verified the typed transcriptions against the audiotapes for accuracy. My committee chair was available to verify the transcriptions and the thematic analysis if there is any uncertainty.

Charge Nurse Leadership Workshop

Curriculum Development

The purpose of the evidence-based staff development project was to develop the curriculum for the charge nurse leadership workshop. The thematic analysis was used to create the curriculum. Recommendations from the literature review, the director of nursing education, and interdisciplinary team were utilized to create the workshop content. The curriculum was reviewed and validated by my preceptor before the curriculum was presented to nursing administration. The curriculum was presented to the chief nursing officer, the director of nursing education, and the nursing unit leadership for review and validation**.** Approval from the chief nursing officer was the final phase before the practicum site implements the curriculum.

Educational Delivery Modalities

Leadership requires strategies such as education, mentoring, evaluation, and positive feedback. The leadership workshop was designed to educate the charge nurses in the skills and techniques necessary to successfully accomplish their duties as an effective leader. Recommendations from the literature review suggested offering the charge nurse workshop once every quarter for two days to promote continued learning in leadership (Patrician, Oliver, Miltner, Dawson, & Ladner, 2012; Sherman, Schwarzkopf, & Kiger, 2013; Swearingen, 2009). The workshop included discussion, case scenarios, and role-playing. The education department provided continued education units (CEU) for attending the leadership workshop as professional development (Billings & Halstead, 2011).

Develop Implementation Plan

The interdisciplinary team assisted in developing the implementation plan

(Dearholt & Dang, 2012). The initial implementation plan focused on how to implement

the charge nurse workshop:

1. Determine if the practicum site's budget allowed the workshop once or twice

   a quarter.

2. Determine if the fiscal budget needed to include the charge nurse workshop

   for the following year.

3. Determine the dates and times for the leadership workshop.

4. Adjusted the curriculum to meet the allocated time frame.

5. Administration assistant reserved the auditorium.

6. Nursing directors and managers to inform the charge nurses of the workshop

   dates, and times.

7. The practicum site implements the charge nurse leadership workshop.

<div align="center">

Evaluation Plan

</div>

Billings and Halstead (2011) stated an evaluation is to appraise if the charge

nurses have learned leadership skills and knowledge during the workshop. The

recommended evaluation for the workshop would be a pretest and posttest (see Appendix

E). Administration of the pretest and posttest would occur at the beginning and the end

of the workshop. Each test should be the same to determine if the workshop was

successful. The pretest allowed the educator to understand the charge nurse's baseline of

leadership skills (Billings & Halstead, 2011; Kettner, Moroney, & Martin, 2013). The

posttest should determine if the charge nurse's participation in the workshop improved

their leadership skills. Comparing the results from the pretest and the posttest should

determine if the charge nurse's leadership knowledge and skills were developed (Kettner

et al., 2013). Long-term, evidence-based recommendations provided to the chief nursing

officer to measure the success of the workshop such as nurse retention and nurse

satisfaction rates (Assid, 2010).

<div align="center">**Summary**</div>

Section 3 was an overview in how the curriculum was developed for the charge

nurse leadership workshop. The curriculum was developed using evidence-based

literature, recommendations from nursing leadership, and from two focus groups. The

data collected from the focus groups were analyzed for themes. Each theme that was

identified became the content for the leadership workshop. A pretest and a posttest are

recommended to evaluate the desired outcomes of the workshop. The practicum site

would implement the curriculum and the evaluation plan.

Section 4: Findings

Introduction

The practicum site facility does not have a formal leadership-training program for its charge nurses. The IOM report (2010) reinforced the importance of developing leaders on the front lines in order to improve nursing practice, patient safety, and patient outcomes. The purpose of this evidence-based, staff development project was to develop a curriculum for a formal leadership workshop for charge nurses at the practicum site. The peer-reviewed literature that was reviewed included charge nurse, leadership, leadership training, focus group, evidence-based practice, succession planning, Lewin's change theory, generational culture, and evidence-based charge nurse and executive leadership programs. The literature review and the focus groups were used to understand the perception of the charge nurses as a front-line leader.

The participants in the two focus groups were four medical-surgical charge nurses who had less than 1 year of experience and five medical-surgical charge nurses who had more than 1 year of experience. Topics for the charge nurse leadership workshop were gathered from the two focus groups and the peer-reviewed literature. Each focus group identified the need for conflict management, role clarification, leadership expectations, communication skills, and teamwork.

Findings and Discussion

Focus Groups

The purpose of the focus groups was to understand from the charge nurses' perspective what leadership skills are perceived to be most important as a front-line

leader and the challenges that might be encountered. Grove, Burns, and Gray (2013) and

Polit and Beck (2006) provided guidelines on how to perform a focus group. They were

reviewed before the focus groups were carried out. First, I attended the medical-surgical

staff meetings and invited the charge nurses to participate. Each charge nurse in the

meeting received a flyer and the flyer was posted in each of the break rooms; therefore,

beginning the effects of snowball sampling (see Appendix A). The flyer was more

successful than attending the staff meetings because the flyer allowed each charge nurse

to discuss and disseminate the information to other charge nurses about the focus groups

(Grove, Burns, & Gray, 2013; Krueger & Casey, 2014).

Walden University's Institutional Review Board approved the study and the

consent forms before I held the focus groups (approval number 08-06-15-0129629). The

focus groups were held in a private conference room at the practicum site. The consent

forms were reviewed with each participant, including the risks and benefits of

participation. The charge nurses were allowed an opportunity to read the consent form

and ask questions; they were told they could withdraw from the focus groups without

penalty (Grove, Burns, & Gray, 2013; Krueger & Casey, 2014; Polit & Beck, 2006). All

candidates signed the consent form and all received a signed copy. Each participant then

received an identification number.

The focus group participants sat in a circle and answered each of the three

leadership questions (see Appendix B). Names were not stated or used during each focus

group. The charge nurses who participated in the focus groups identified leadership skills

that are most important, such as effective communication, managing conflict, teamwork,

patient safety, and mentoring. The charge nurses also identified several challenges

during the focus groups as a front-line leader such as prioritizing, delegating, and

resolving conflict between the generations.

Transcription Analysis Process

Each focus group was audiotaped to collect the charge nurse's verbal responses to

the questions (see Appendix B). After each focus group, I began the transcription process

by downloading the audiotapes to my password protected personal computer, transcribing

the audiotapes verbatim, and validated the charge nurses' verbal responses against the

typed log. My preceptor verified and validated the typed transcriptions against the

audiotapes for accuracy.

Kruger and Casey's (2014) content analysis strategy was used to identify themes

among all focus group participants. The transcripts were printed and cut into the charge

nurses' statements. The statements were placed under the appropriate focus group

questions on a board and categorized. Each category was color-coded to identify the

emerging themes (Kruger & Casey, 2014). Each transcript was re-read to identify

information that may be missing or in an abundance (Kruger & Casey, 2014). The

themes that emerged were identified by repetitions of words or patterns of the charge

nurses' verbal responses (Kruger & Casey, 2014; Polite & Beck, 2006). The themes

were prioritized from the most occurring to least occurring (see Table 1).

A descriptive summary was written for each focus group question. The

transcripts and the identified themes were shared with my preceptor who validated the

findings. My committee chair was available to verify the transcriptions and the thematic

analysis for any uncertainty. There were no uncertainties identified during the

transcription process and the thematic analysis.

Table 1

Prioritized Themes

Themes
Communication
Patient safety
Roles
Teamwork
Conflict Management
Generational Diversity
Mentoring
Cheerleader/Motivating the staff
Prioritization
Delegation

Note. Themes are prioritized from highest to lowest

Thematic Analysis

Themes in Evidence-Based Literature

The findings from the thematic analysis concur with the peer-reviewed literature.

Effective communication was the most important leadership skill from the thematic

analysis. Patient safety was identified as the next most important followed by their role

as a leader, teamwork, conflict management, being a cheerleader for the staff, mentoring

the front-line staff, and learning how to prioritize and delegate as a front-line leader (see

Tables 1 & 2). The literature review identified improved communication skills promotes

teamwork, positive work environments, and positive relationships amongst their

colleagues (Homer & Ryan, 2013). 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). However,

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). Several of the

charge nurses expressed concerns not being able to communicate effectively with certain

physicians or their patients; therefore, they would try to "avoid" having to speak to the

physicians or their patients. 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.

Table 2

Themes in the Evidence-based Literature with Statements from the Focus Group
Participants

Themes	Statements
Communication	"A leadership skill is talking to people and as a charge nurse you need to have that skill."
	"Communication and rounding effects the growth of the unit and what we need to improve on to move forward."
	"Another skill that is lacking is giving and receiving feedback. Giving feedback unfortunately is perceived has always negative."
	"I think the most important leadership skills are communication because without communication the whole ship sinks."
	"Culturally and generational diversity is a hindrance of communication; therefore, it is difficult to manage upset patients. It is time consuming. Trying to tactfully working with the nurses on how to handle the situation."

Patient Safety	"We have to understand how to do service recovery to provide safe care. Bed flow is an important topic. It is an important topic for the charge nurse because to understand why we are moving patients in and out so quickly."
	"We need to understand the bed flow process we are under certain benchmarks."
	"I think it is important to know when to escalate the issue. It all comes down to patient safety and care."
Roles	"What I would find helpful is outline what we need to do and what the nurse needs to do."
	"Being a model, supermodel, being a support person, does not create a barrier to come to you. Being trusting."
	"The leader of the team and the member of the team, it is not the charge nurse should take patients but stepping in helping each other to make the patient experience better."
	"When we come into this position there is no written rules expectations. There is no real process."
	"I do not know what administration expects from me. I really do not know. That would be nice to learn. We kind of know because of the grapevine and how we need to treat patients. There are no concrete expectations."
Teamwork	"You can not have a charge nurse who is sitting down but a charge nurse that is out there helping, teamwork."
	"I think compassion and empathy is important to build teamwork because of understanding what they are experiencing."
	"How to work with everyone individually and meet everyone's needs."
Conflict Management	"One of the skills is learning how to navigate the different staff's temperaments and how to manage them to work cohesively together."
	"Holding people accountable and getting people listen to me."
	"Learning how to control my emotions, so I can resolve a situation appropriately either with the staff or the patients and their families. Sometimes it is very hard to manage the conflict especially when the staff becomes confrontational."

Mentoring	"The most important time is for the nurse leader to mentor the new nurse to guide them and assist them in developing their skills."
	"Mentoring and continuing to educate our new nurses is one of the nurse leadership skills that the charge nurses perceive to be the most important."
Cheerleader	"Being the team leader bringing everyone together and creating an positive atmosphere."
	"It is up to us to set the tone and hold the nurses accountable. Every night is stressful and it can spread like a cancer. The charge nurses need to real them in and get them to refocus and be the cheerleader. We have to be positive."
	"Challenging, keeping the staff motivated when the census is high and ratio is off the chain. When the nurses begin with six patients, how do we maintain the morale of the staff and keep patient satisfaction up."
Prioritization	"Wearing so many hats for one person is difficult."
	"Multi-tasking is very important because you always have at least five to ten things coming to you at one time and people asking questions that you need to resolve."
	"Prioritization is important." "Multi-tasking like nobody's business."
Delegation	"Delegation is a big one because it feels that everyone comes to you for everything; therefore, to minimize the task list we have to be able delegate."

The charge nurses expressed not understanding their role as a nurse leader and taking patients as a charge nurse (see Table 2). The charge nurses expressed there is "no standardization or written expectations" for their role as a front-line leader. 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). Normand, Black, Baldwin, and Crenshaw (2014) identified, through their focus groups, the charge nurse orientation and job description was redesigned to expand on the charge nurse role as a frontline leader.

The novice and expert charge nurses identified prioritizing and delegating multiple duties as a challenge including providing direct patient care (see Table 2). Sherman, Schwarzkopf, and Kiger (2013) discussed the importance for the charge nurses to have effective organizational skills to perform the daily activities as a front-leader and to manage their time appropriately. McCallin and Frankson (2010) discussed how time management issues are common among the charge nurses, especially among the novice charge nurses.

The charge nurses expressed their wish to be a resource and a better mentor for the front-line staff (see Table 2). 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. Sherman, Schwarzkopf, and Kiger (2013) identified being a role model as a professional skill among the charge nurses. In the focus groups, the charge nurses were interested in understanding the different scopes of practices among the staff to improve teamwork and patient safety.

Theme of Generational Diversity from Focus Groups Not Clearly Supported by the Evidenced-Based Literature

A challenge that was expressed by the participants of the focus group was managing conflict among generations (see Table 3). In addition, the finding of generational diversity was not well supported or discussed thoroughly by evidence-based literature. 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). Baby Boomers (1946-1964), Generation X (1965-1980), and

Generation Y (1980-2000) are the three generations at the practicum site (Hendricks &

Cope, 2013; Nelsey & Brownie, 2012). Generational diversity has been individualized

for the practicum site.

Table 3

*Theme of Generational Diversity from Focus Groups not Supported by Evidence-based
Charge Nurse Leadership Programs*

Theme	Statement
Generational Diversity	"Culturally and generational diversity is a hindrance of communication; therefore, it is difficult manage upset patients. Trying to tactfully working with the nurses on how to handle the situation."
	"I had a co-worker, who is young, get onto me about something."
	"I think what tends to be the most challenging is dealing with the different generations and behaviors of the nurses."

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. For example, Baby Boomers

prefer informal discussions, while Generation X would rather work alone, and Generation

Y likes to works as a team (Hendricks & Cope, 2013). However, each generation should

be held accountable for the same organization's policies and procedures (Hendricks &

Cope, 2013; Kramer, 2010). If the charge nurses communicate or resolve the conflict the

same way for every situation, the front-line staff nurses may not understand the

expectations of the charge nurse because each generation receives the information

differently. 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). For example, the Baby Boomers view nursing as a profession with a career path,

Generation X tries to market themselves for better opportunities, and Generation Y

consider nursing as a job instead of a profession (Hendricks & Cope, 2013).

Curriculum Development

The topics for the curriculum were developed from the themes of the thematic

analysis; peer-reviewed literature; and nursing leadership executive organizations (see

Table 1). Each topic addresses leadership skills that were considered to be important by

the charge nurses and addresses the gaps in leadership development between the front-

line leadership and executive leadership (see Table 5). JHNEBP model and Lewin's

change theory were used as the frameworks to develop the content and the activities

within the curriculum such as the stages of conflict with role-playing (see Section 5).

The curriculum was discussed with the director of nursing education, the chief nursing

officer, and the interdisciplinary team with no further recommendations. The chief

nursing officer gave final approval for the practicum site to implement the curriculum.

Johns Hopkins Nursing Evidence-Based Practice Model

The (JHNEBP) model provided me with a systematic approach to developing the

topics for the curriculum. The last stage of the model is translation of the thematic

analysis and evidence-based literature (Dearholt & Dang, 2012). The themes that were

identified from the analysis were prioritized from the highest to the lowest need for

developing leadership skills with validation from my preceptor. Each theme became a

topic in the curriculum (see Table 1). The translation stage of the JHNEBP model also

includes dissemination (Dearholt & Dang, 2012). A Power Point presentation was used

to discuss the topics of the curriculum with the nursing leadership and the

interdisciplinary team without any further recommendations (see Appendix F). In

addition, Dearholt and Dang (2012) discussed the importance of evaluation of the

curriculum during the translation stage. The contents, implementation, and evaluation of

the curriculum are discussed in Section 5.

Lewin's Change Theory

Lewin's change theory has been used as the framework that may bring change to

the charge nurse role at the practicum site. The practicum site does not have any formal

leadership program for the charge nurses, but the charge nurses are considered to be

front-line leaders (W. Lincoln, personal communication, July 1, 2014). Motivation is a

critical driving force that would be key to potential changes to the charge nurse role

(Lewin & Grabbe, 1945). During the unfreezing stage of Lewin's change theory, I was

able to assess a need and motivation to develop a formal charge nurse leadership

workshop at the practicum site by validation with nursing leadership and the charge

nurses. After speaking with nursing leadership and institutional stakeholders about a

formal charge nurse leadership workshop, I confirmed that these stakeholders were

highly motivated as well to advance the leadership skills of the charge nurses. In

addition, identifying the challenges that would prevent the charge nurses from developing leadership skills during the unfreezing stage was important for the development of the charge nurse leadership workshop. Two focus groups were implemented to understand the charge nurses' perceptions and challenges of a front-line leader.

The second stage of the change theory, moving, allowed the stakeholders and the interdisciplinary team to learn more about front-line leadership and how the charge nurses can improve patient safety and outcomes based on current literature. Also, when the themes emerged from the thematic analysis, each of the themes became a topic in the curriculum of the charge nurse leadership workshop (see Tables 1 & 5). The content of the curriculum was identified from evidence-based literature such as a case scenario (see Appendix D) and role-playing, which allows the charge nurses to practice their new skills (see Table 5; Billings & Halstead, 2011).

The final stage, freezing, is the evaluation phase of the charge nurse leadership workshop. According to Lewin (1939), behavioral change occurs over a period such as days, weeks, months, or years. Therefore, 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). An example of the evaluation phase is journaling (see Table 4). Section 5 will contain a discussion of the evaluation phase of this evidence-based staff development project.

Table 4

Curriculum as it Relates to Lewin's Change Theory

Stage of Lewin's Theory	Curriculum

Unfreezing	Communication and explanation for a formal charge nurse leadership. Identifying the perceptions of nursing leadership and challenges as a charge nurse.
Moving	Communication and conflict management skills, patient safety, roles, teamwork, generational diversity, mentoring, cheerleader/motivating staff, prioritization, and delegation.
	Case scenario and role-playing
Refreezing	Journaling and ongoing evaluation

Succession Planning

By 2020, there will be a shortage of nursing leaders within the nursing profession and healthcare organizations (Prestia, Dyess, & Sherman, 2014). Therefore, the practicum site needs to develop a succession plan to prevent a shortage of nursing leaders at the organization. The succession plan should begin on the front lines and begin training the nurses who are considering leadership to be their career path within the nursing profession (IOM, 2010; Prestia, Dyess, & Sherman, 2014). A recommendation was provided to the nursing directors and the chief nursing officer to participate in the charge nurses' leadership development by providing support, guidance, and feedback through mentorship as part of the succession plan (Patrician, Oliver, Miltner, Dawson, & Ladner, 2012; Sherman & Pross, 2010).

Challenges

There were two challenges in the completion of this evidence-based staff development project: choosing the appropriate time and date to implement the focus groups and the number of topics in the curriculum. The representation of the focus groups included medical-surgical day and night shift charge nurses. Therefore, the

challenge was synchronizing the date and times of the focus groups with the fluctuating

schedules of the charge nurses. I overcame this challenge by speaking with several

charge nurses, nursing directors, and my preceptor to identify available dates and times.

The second challenge consisted of ten topics in the curriculum to be discussed

over eight hours in a one-day workshop. The amount of topics and the time allotted for

each topic to be taught would prevent the charge nurses from sharing their experiences;

therefore, reducing learning opportunities (see Table 5). Adults learn when the learning

goals are relevant to their job, and their learning behaviors are formed through reflection

and experiences (Billings & Halstead, 2011). Therefore, the success of the charge nurse

leadership workshop is dependent on the availability of instruction time and performing

case scenarios and role-playing for critical reflection.

Billings and Halstead (2011) discussed how the amount of information presented

at one time should allow the charge nurses time, without becoming overwhelmed, to

reflect and apply their new knowledge. Consultation was done with the director of

nursing education and preceptor and I recommended that the charge nurse leadership

workshop be implemented for four hours per month over a three month period beginning

with highest to lowest priority of topics (see Table 1). McKinney (2008) and Assid

(2010) both implemented their charge nurse leadership programs on a monthly basis with

assignments to reinforce the new skills and knowledge gained from the charge nurse

workshops.

Recommendations for Policy and Practice

Leadership development for the charge nurses and the front-line nursing staff is best practice. The evidence from the literature supports an improvement in patient safety and outcomes through effective communication and conflict management leadership skills (Assid, 2010; Flynn, Prufeta, & Minghillo-Lipari, 2010; Schwarzkopf, Sherman, & Kiger, 2012; Swearingen, 2009). As the charge nurses develop effective communication skills, positive relationships occur with the physicians and interdisciplinary teams (IOM, 2010; McCallin & Frankson, 2010; Swearingen, 2009). However, if the charge nurses do not understand his or her role as a leader, role conflict may develop leading to a decrease in patient safety and outcomes.

A recommendation for a change at the practicum site includes developing a charge nurse policy. An exhaustive search for a charge nurse policy was performed at the practicum site. The practicum site does not have an explicit charge nurse policy that describes responsibilities and expectations of the charge nurse as a front-line leader (W. Lincoln, personal communication, October 27, 2014).

Two nursing policies that describe the charge nurse's responsibilities in the staffing and bed management policies were located on the practicum site's intranet. For example, in the staffing policy, the charge nurse's responsibility is to be a resource for any nurse that floats from one nursing unit to another. There was no written staffing policy exempting the charge nurses from taking patients (W. Lincoln, personal communication, October 27, 2014). The bed management policy requires the charge nurse to make patient room assignments, report the nursing unit's census, assist the

primary nurse with discharging patients, and attend the bed management meetings twice a day (W. Lincoln, personal communication, October 27, 2014).

The development of a charge nurse policy would bring change to leadership and nursing practice. The charge nurse policy would describe the expectations and responsibilities as a front-line leader. The plan would limit the charge nurse's responsibilities and duties as a front-line staff nurse. The course of action provides an opportunity for each charge nurse to advance into a management role as they learn how to lead the front-line nursing staff (Swearingen, 2009).

Education on the proposed charge nurse policy is recommended for the charge nurses and nursing leadership. The charge nurses would receive their education through the charge nurse leadership workshop. The discussion of policy and practice change becomes part of the content under the topic the charge nurse role.

Implications

The IOM (2010) reinforced the importance of producing leaders from the front lines to executive nursing leadership such as a chief nursing officer. Developing leaders at the practicum site requires the executive nursing leadership team to develop a succession plan for the charge nurses and the front-line nursing staff. The succession plans that currently exist at the practicum site are for the nursing directors, the assistant chief nursing officer, and the chief nursing officer.

The succession plan for the front-line nursing staff would bring social change to the practicum site by changing the culture of recruitment and training of nursing leaders. Recruiting from within the practicum site promotes a culture of respect, trust,

appreciation, and acknowledgement of the nurse's accomplishments. In addition, recruiting from within the practicum site would decrease the costs of hiring outside personnel and training them to the organization's policies and procedures. Therefore, a recommendation for the practicum site is to allocate funds to support a front-line succession plan.

The findings from the evidence-based staff development project indicate a need to advance educational opportunities for leadership development at the practicum site. The education needs to include continuous leadership development programs for the front-line nursing staff, charge nurses, and nursing managers (IOM, 2010; Patrician, Oliver, Miltner, Dawson, & Ladner, 2012). The goal of the project was to develop the curriculum for the charge nurse leadership workshop. The workshop would provide opportunities for the front-line nursing staff and the charge nurses to develop his or her leadership skills.

Finally, an implication for the succession plan is providing the charge nurses and nursing managers with a mentor. The practicum site does not provide any mentors to new charge nurses or nursing managers. A mentor would provide support, guidance, and positive reinforcement as the front-line leaders enter into their new leadership roles (Patrician, Oliver, Miltner, Dawson, & Ladner, 2012; Sherman & Pross, 2010). In addition, the mentors can assist with the charge nurses in developing relationships throughout the practicum site (Patrician et al., 2012; Trepanier & Crenshaw, 2013). The charge nurses would be invited to executive leadership meetings with their mentors to

understand how each role intertwines in improving nursing practice, patient safety and outcomes.

Strengths, Limitations, and Recommendations

Several strengths of the evidence-based staff development project were identified. First, support was received from the stakeholders and the interdisciplinary team. Second, all interested medical-surgical charge nurses that wanted to participate in the focus groups were able to participate. Third, the majority of the selected leadership topics from the thematic analysis were supported in the literature review (see Tables 1 & 2). Fourth, the focus groups had representation from the day and night shifts that allowed a broader perspective. Fifth, the experienced charge nurses were able to identify gaps in how the charge nurses are trained at the practicum site. Sixth, the project findings indicated a need to advance educational opportunities for leadership development at the practicum site. Finally, the practicum site is willing to consider creating and implementing a mentorship program for the charge nurses and front-line nursing staff based on the data collected, the thematic analysis, and my recommendations.

Several limitations were identified during the evidence-based staff development project. First, the participants of the focus groups volunteered only from the medical-surgical nursing units; therefore, decreasing the generalizability to other nursing units at this site. Second, the charge nurses may have participated in the focus groups because of knowing me as an educator at the practicum site. Third, the focus group consisted of medical-surgical nurses only; therefore, the findings may not be generalizable to other nursing units. Fourth, scheduling conflicts did affect the attendance of the focus groups.

Finally, the charge nurses provided personal insights on the challenges as a front-line leader, which caused some concern for the validity of the findings.

I recommend exhausting all sources, evidence-based research, and interviews of experts in the field of leadership before designing the program (Grove, Burns, & Gray, 2013). A second recommendation is conducting the focus groups over several days to increase the participation rate. A third recommendation is to expand the number of charge nurses to include other nursing units besides the medical-surgical nursing unit to increase the generalizability of the project. Finally, I recommend the practicum site needs to measure the outcomes of the nursing satisfaction and retention rates before and after the implementation of the charge nurse leadership workshop.

Analysis of Self

I have grown as a practitioner, scholar, and a project manager throughout this capstone project. As a practitioner and scholar, I have learned how to apply and implement evidence-based research to improve nursing practice, quality of care, and patient safety. Performing this evidence-based staff development project allowed me to learn how to use and implement frameworks that can be applied to bring change to the practicum setting, community, and health policy. For example, I used JHNEBP model and Lewin's change theory for guidance in applying evidence-based research and understanding how change occurs throughout the practicum site. In addition, to further demonstrate scholarship, I developed the confidence to disseminate evidence-based research throughout the project to the nursing directors, the chief nursing officer, the vice president of quality management, and the chief executive officer.

Being a project manager has assisted me in improving my leadership skills by applying my new knowledge from the literature reviews, communicating, delegating, and resolving conflict effectively with the interdisciplinary team. A challenge being a project manager was the development of the Gantt chart and timelines. The timeframes for completion were difficult at first due to issues dealing with my preceptor's work schedule, this student's additional duties as a nursing instructor at the local college, capstone project creation and development, and this student's academic time constraints. I had to be flexible and adjust the Gantt chart several times in order to be more realistic and to complete all phases of the capstone project.

A long-term goal for me is to continue to grow as a scholar and practitioner by bringing positive changes to nursing practice and patient safety. I would be able to achieve this goal by participating on interdisciplinary teams and disseminating evidence-based research to support change and improve the quality of care. A second goal is to implement this evidence-based staff development project at the practicum site with continued assistance and support from the interdisciplinary team and executive leadership. A third goal is to publish the findings from the project and the implementation of the charge nurse leadership workshop with metrics.

The project has contributed my professional development by learning how to become an effective change agent in the health care setting. An effective change agent needs to understand the process of change and identify the contributing stakeholders (Lewin, 1947). Learning how change occurs at the practicum site has allowed me to develop her leadership skills, participate on executive committees, develop

interdisciplinary relationships, and learn how to effectively resolve conflict. I have also learned the different roles that each leader contributes to improving nursing practice, patient safety, and quality of care. One example of a role would be the chief financial officer approving or not approving a distribution of funds for certain projects such as the charge nurse leadership workshop. If the chief financial officer does not give approval for the funds, then the interdisciplinary team would need to develop a new plan of action that is more cost effective. Finally, the project has allowed become more holistic in her care as she improves nursing practice, patient safety, and quality of care on the front lines at the practicum site.

Summary

The practicum site does not offer a formal leadership education program for the charge nurses. The literature identified patient safety and outcomes improve when the charge nurses have developed leadership skills. Two focus groups were implemented to understand the charge nurse's perception of being a leader on the front lines. The findings from the thematic analysis concurred with the peer-reviewed literature such as effective communication, teamwork, conflict management, and role clarification. A theme that was not supported in the evidence-based literature on charge nurse leadership programs is generational culture. The themes were used to develop the curriculum for the charge nurse leadership workshop and to individualize the workshop to the practicum site.

A charge nurse policy is needed to clarify the role of the charge nurse as a leader on the front lines. The policy would include expectations and responsibilities as a front

line leader. A succession plan is needed to promote front-line nursing staff and charge

nurses into executive leadership positions. The succession plan includes recruitment,

training, and mentoring.

Section 5 presents the charge nurse leadership workshop as a scholarly product.

A plan is presented to the director of nursing education, the interdisciplinary team, and

the chief nursing officer on how to implement and evaluate the leadership workshop at

the practicum site. Publication plans to advance nursing practice and nursing leadership

on this topic is shared in this section.

Section 5: Charge Nurse Leadership Workshop

Introduction

The problem at the practicum site is that front-line staff nurses were placed into charge nurse leadership positions without any formal leadership training. Therefore, I have created a curriculum for a formal Charge Nurse Leadership Workshop at the practicum site (see Table 5). The goals and objectives for the Charge Nurse Leadership Workshop were met and included: (a) the implementation of two focus groups, (b) the identification of training topics (see Tables 1 & 3), (c) the creation of the curriculum, (d) the recommendations given to nursing leadership, and (e) the dissemination of the findings to nursing leadership. The Charge Nurse Leadership Workshop was disseminated to the interdisciplinary team, the nursing leadership team, the director of nursing education, and the chief nursing officer. Finally, I have identified future plans for disseminating the curriculum for publication to advance nursing practice and leadership was identified.

Charge Nurse Leadership Workshop Content

Curriculum

The curriculum of the Charge Nurse Leadership Workshop consists of ten topics developed from the focus group findings (see Table 1); peer-reviewed literature; recommendations from my preceptor; and charge nurses. The themes concur with the evidence-based literature including generational diversity (see Table 3; Hendricks & Cope, 2013; Sherman, Schwarzkopf, & Kiger, 2013). The director of nursing education, the chief nursing officer, and the nursing directors reviewed the curriculum and offered

no further recommendations. The chief nursing officer gave final approval to implement

the workshop at the practicum site. The director of nursing education will determine how

many continuing education units (CEU) should be awarded to each charge nurse and any

front-line nursing staff that attend the workshop.

Content of the Curriculum

The content of the curriculum was developed to support each topic identified by

the charge nurses' reflection on their experiences as a front-line leader (Billings &

Halstead, 2011). The content for the Charge Nurse Leadership Workshop was

synthesized from evidence-based literature; Dr. Rose Sherman's evidence-based

leadership blogs; professional executive nursing leadership programs; leadership

expectations from the practicum site; and key words from the charge nurses' statements

(see Table 5). The content of the literature review contained subjects such as emotional

intelligence, leadership styles, and chain of command. Dr. Sherman's leadership blogs

included teaching charge nurses how to delegate, prioritize, and manage conflict

(Sherman, 2011). The AONE (2015) presented content that needs to be taught to the

charge nurses such as interdisciplinary teamwork, patient standards by TJC and CMS,

and understanding and updating the organization's policies. The ANA (2013) focused on

the Code of Ethics, professionalism, and accountability as leadership skills. In addition,

the Florida Board of Nursing (2016) Nurse Practice Act was used to discuss delegation of

duties for professional and non-professional staff. Expectations from the practicum site

included performing daily huddles, hourly rounding, and clarifying the charge nurse role

as a front-line leader. The charge nurses also voiced that it is important to learn more

about resolving conflict between the generations, mentoring, motivating the staff,

delegating, and prioritizing to improve patient safety and nursing practice.

Table 5

Curriculum for the Charge Nurse Leadership Workshop

Theme	Content	Time
Communication	Define communication Respect SBAR (situation, background, action, and recommendation) Active listening Non-verbal communication Emotional intelligence Decoding the message	2 hours
Patient safety	Chain of command Hourly rounding Daily huddles Quality management Infection control prevention Patient standards Policy	2 hours
Roles	Expectations Responsibilities Code of Ethics Accountability Professionalism	2 hours
Teamwork	Define interdisciplinary collaboration Relationship building Leadership styles	1 hour
Conflict Management	Stages of conflict Signs of escalation Recovery *Role-playing*	2 hour
Generational Culture	Baby Boomers Generation X Generation Y	1 hour

Mentoring	Define mentor and coaching	1 hour
	Novice and experienced nurses	
	New charge nurses	
Cheerleader/	Define motivation	1 hour
Motivating the staff	Motivational reassuring	
	Motivational challenging	
	Motivational empathy	
	Motivational style	
	Positive reinforcement	
	Respect	
Prioritization	Define prioritization	1 hour
	Prioritization in leadership	
	Prioritization tools	
	Managing priorities	
	Staffing	
	Case scenario	
Delegation	Florida Nurse Practice Act	1 hour
	American Nurses Association Principles of Delegation	
	Five rights of delegation	

Note. Recommend 4 hours per month over a 3-month period beginning with the highest priority.

Teaching Strategies

Teaching strategy information appropriate for the implementation of the Charge Nurse Leadership Workshop was synthesized from the peer-reviewed literature such as open discussion, case scenarios, and role-playing (Billings & Halstead, 2011; Sherman & Pross, 2010; Swearingen, 2009). Each teaching strategy provides opportunities for each charge nurse to share their experiences and become involved in their learning (Billings and & Halstead, 2011). In addition, teaching strategies were developed to enhance the charge nurses' leadership skills and the techniques that are necessary for them to

accomplish their duties as front-line leaders (Billings & Halstead, 2011; Homer & Ryan, 2013; Normand, Black, Baldwin, & Crenshaw, 2014).

As a teaching strategy, open discussion encourages each charge nurse to engage in the conversation and to ask questions. Open discussion also provides an opportunity for sharing leadership experiences (Billings & Halstead, 2011). For example, a topic for the workshop is how the charge nurses manage conflict and effectively communicate with Baby Boomers, Generation X, and Generation Y. Another topic for open discussion is the charge nurse's role. The content of the charge nurse's role includes expectations, responsibilities, accountability, professionalism, and nursing Code of Ethics (see Table 5).

A case scenario allows charge nurses to reflect on and discuss their experiences in relation to the scenario (Billings & Halstead, 2011; Flynn, Prufeta, & Minghillo-Lipari, 2010). I recommend implementing a case scenario after discussing the topic of staffing to allow each charge nurse the opportunity to reflect on the content that was taught (see Table 5). An example of a case scenario is when the charge nurses assign eight patients to three nurses who have varied years of experience as a registered nurse (see Appendix D).

Role-playing allows the charge nurses to improve their decision-making and communication skills in a safe environment (Billings & Halstead, 2011). The role-playing scenario requires the charge nurses to communicate effectively and resolve a conflict between a nurse and a patient's daughter (see Appendix C). The scenario needs to occur after discussing communication and conflict management, so that the charge

nurses can reflect on their new knowledge before using the new skills in the scenario (see Table 5).

Implementation

The practicum site will be responsible for implementing the Charge Nurse Leadership Workshop. The nursing directors, director of nursing education, and the chief nursing officer strongly support the implementation plan. The Charge Nurse Leadership Workshop will be two 8-hour days and will cover ten topics, with each topic allotted one or two hours (see Table 5). The practicum site chose to implement the Charge Nurse Leadership Workshop in two 8-hour days because of "a sense of urgency" and corporate is requiring the practicum site to educate the charge nurses as a front-line leader to assist with nursing retention rates, patient safety, and improvements in patient satisfaction scores (W. Lincoln, personal communication, June 11, 2014). The chief nursing officer is collaborating with her executive team to develop a fiscal budget for the charge nurse leadership workshop (W. Lincoln, personal communication, June 24, 2015).

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). Teaching a topic in the workshop will allow the leaders to share their experiences and expertise as nursing leaders. The nursing directors, the director of nursing education, and the chief nursing officer have agreed to each teach a topic at the workshop. In addition, I recommended the inclusion of mentoring as part of the succession plan to my preceptor and nursing leadership (Assid, 2010; Griffith, 2012; McCallin & Frankson, 2010; Patrician, Oliver, Miltner, Dawson, &

Ladner, 2012; Prestia, Dyess, & Sherman, 2014; Scott & Miles, 2013; Trepanier & Crenshaw, 2013).

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). Leadership development training should be shared not only with medical-surgical nursing units but also throughout the other nursing and specialty units and ancillary departments at the practicum site (Patrician, Oliver, Miltner, Dawson, & Ladner, 2012). Assid (2010) and Patrician, Oliver, Miltner, Dawson, and Ladner (2012) discussed how assists each staff nurse to transition into their new role as a charge nurse and as a front-line leader. Mentoring allows each of the nursing directors, assistant chief nursing officer, and the chief nursing officer an opportunity to coach and guide the charge nurses in becoming leaders at the practicum site and in healthcare. The chief nursing officer and the nursing directors have agreed to provide the charge nurses with a mentor.

The director of nursing education and the interdisciplinary team will determine the specific details and scheduling of the Charge Nurse Leadership Workshop. Each nursing unit director will approve the attendance of any current practicing front-line nursing staff and relief charge nurse who are interested in attending the leadership workshop (W. Lincoln, personal communication, June 24, 2015). The nursing directors and managers are responsible for informing the charge nurses of the workshop dates and times and the administrative assistant will be responsible for scheduling the auditorium for the workshop.

Evaluation

Recommendations were provided for the interdisciplinary team, the nursing

directors, the director of nursing education, and the chief nursing officer about how to

assess the short and long-term outcomes of the Charge Nurse Leadership Workshop

(Sherman, Schwarzkopf, & Kiger, 2013; Wilmoth & Shapiro, 2014). Journaling is

recommended to evaluate the charge nurses accomplishments and challenges through

critical reflection (Wilmoth & Shapiro, 2014). A pretest and posttest with answers were

developed to assess the immediate success of the workshop (see Appendix E). The

practicum site's long-term outcomes can also be evaluated by using nursing retention and

satisfactions rates (Assid, 2010). The long-term outcomes can be clinically significant if

patient satisfaction rates increase and the nursing turnover rates decrease (Assid, 2010).

Journaling

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 (see Table 4). Journaling can enhance or enrich a nurse's professional practice

and assist in improving nursing practice, patient safety, and outcomes through critical

reflection. 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). Therefore, I have

recommended journaling to be used as an evaluation tool when the charge nurse meets

with his or her mentor. Finally, Wilmoth and Shapiro (2014) recommended self-

reflective journaling as an annual evaluation tool.

Pretest and Posttest

A pretest and posttest was developed to evaluate the charge nurses' knowledge of leadership skills before and after the workshop (see Appendix E; Billings & Halstead, 2011; Kettner, Moroney, & Martin, 2013). The questions on the pretest and posttest are aligned with the content of the workshop (see Table 5). The director of nursing education will evaluate the results of the pretest and posttest to determine if the charge nurses' knowledge of leadership skills has improved by attending the Charge Nurse Leadership Workshop.

Nursing Retention and Satisfaction Rates

Assid (2010) concluded that an increase in nursing retention rates and higher satisfaction rates occurred after the charge nurses attended a leadership program. The assistant chief nursing officer advised me that the nursing retention rate at the practicum site was 21.1% for July 2015 because of recent turnover among the staff nurses (W. Lincoln, personal communication, July 1, 2015). The charge nurse turnover rate is 37% because of job dissatisfaction and lack of formal training as a front-line leader (W. Lincoln, July 1, 2015). Furthermore, the practicum site does not evaluate nursing satisfaction rates (W. Lincoln, personal communication, April 8, 2015). The practicum site should consider 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).

Dissemination

I presented the Charge Nurse Leadership Workshop curriculum to the nursing leadership during their weekly meeting, using a Power Point presentation with tables (see Appendix F). Recommendations about the development of a succession plan for front-line nursing leadership, updating the charge nurse job description and development of a charge nurse policy were presented to the nursing leadership (Griffith, 2012; Prestia, Dyess, & Sherman, 2014; Swearingen, 2009; Trepanier & Crenshaw, 2013). I also discussed recommendations on how to evaluate and implement the workshop at the practicum site with the nursing leadership. The assistant chief nursing officer and the chief nursing officer asked me to continue working with the practicum site in order to improve the charge nurse role. As a future DNP graduate, I will be assisting human resources to update the charge nurse job description. In addition, this future DNP graduate will be assisting the director of nursing education to update the orientation with inclusion of the Charge Nurse Leadership Workshop nurses.

I plan to develop a manuscript based on this DNP capstone project for publication submission to *Nurse Leader*. The journal is the official peer-reviewed publication of the AONE. I plan to submit an abstract for podium presentation to the 2017 AONE nursing leadership conference.

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Appendix A: Focus Group Flyer

Charge Nurses Leadership Workshop

Who: Seeking charge nurse volunteers.

Why: Participate in 1-hour evidence-based focus group to create a charge nurse leadership workshop curriculum.

   Focus Group 1: Charge nurses with **less** than one year of experience.

   Focus Group 2: Charge nurses with **more** than 1 year of experience.

Purpose: To develop a formal charge nurse leadership program.

Location: Conference Room B

  POC: Felicia Pryby at **Felicia.pryby@hcahealthcare.com** **or (559) 759-0645.**

Date: 17 August 2015

Focus Group 1: Medical Office Building at 0800-0900
Focus Group 2: Medical Office Building at 1600-1700

Appendix B: Focus Group Questions

1.   What leadership skills do the charge nurses perceive to be most important?

2.   What do you find challenging of the charge nurse role?

3.   What topics would you find the most important in your role as a charge nurse?

Appendix C: Role Playing - Conflict Management

You are the charge nurse on the day shift. One of your staff nurses is caring for a patient who had surgery 24 hours ago. The daughter is upset at the bedside because her mother is drowsy and not doing anything. "She is just lying there." The daughter has become upset because anytime a physician or nurse comes in; they ask her if she is in pain. The patient says she is and the nurse gives her more pain medication.

Scenario:

Role 1: The daughter: be aggressive, angry, and stressed.
Role 2: The charge nurse: effectively communicate to gather more information for the nurse's emotions and be able to resolve the situation.

Debrief Questions for the Charge Nurse

1. How did the charge nurse demonstrate he or she was listening?

2. How did the charge nurse demonstrate direct and respectful feedback?

3. What were some barriers that were identified at the beginning of the conversation with the daughter?

4. What is the underlying problem?

5. What's the outcome the charge nurse wants to achieve in this situation?

6. Were there any ineffective communication styles?

Appendix D: Case Scenario - Patient Assignments

You are the charge nurse on a medical-surgical nursing unit. You have eight patients and three registered nurses. Nurse B has a history of arguing over the patient assignments. There are no beds available on PCU, NSU, or ICCU. You have no CNAs. Please make your staffing assignments and document the acuity levels of each patient.

Patient 1: 90 years old from a long term acute facility that has end stage Alzheimer's and stage II pressure ulcer.

Patient 2: 25 years old who has kidney stones and ambulates in hallway.

Patient 3: 60 years old male who has a fractured leg and is experiencing chest pain.

Patient 4: 75 years old woman who complains of leg pain with an ultrasound ordered and possible surgery.

Patient 5: 55 years old male who has Benign Prostatic Hypertrophy (BPH) with a TURP 8 hours post-surgery.

Patient 6: 70 years old male with end stage heart failure that is receiving diuretics and antibiotics for a UTI. Patient does not have an indwelling catheter.

Patient 7: 35 years old female who has MRSA and VRE of her right arm.

Patient 8: First admission comes from ER with an MI.

Nurse A: has ten years of experience.
Nurse B: has two years of experience.
Nurse C: has five months of experience and struggling with organization and time management skills.

M/S Nursing Unit

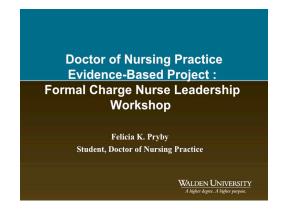| PT. 5	Admit		PT. 1	PT. 6
PT. 3		NS		PT. 2
PT. 4				PT. 7

Nurse A: Nurse B: Nurse C:

Appendix E: Charge Nurse Leadership Workshop Pretest and Posttest with Answers

1. Which generation likes working as a team and views nursing profession as an occupation?

    A. Veterans
    B. Baby Boomers
    C. Generation X
    D. Generation Y

2. As the patient safety continues to evolve, preventable errors with the most reported fatalities should be the basis to prioritize patient safety initiatives.

    A. True
    B. False

3. Explain: what is emotional intelligence

    _____.

4. Identify four ways to resolve conflict.

    A. _____ B. _____ C. _____ D. _____ E. _____

5. What are three crucial elements of nursing leadership accountability? that

    A. Clarity, Delegation, Commitment
    B. Responsibility, Clarity, Consequences
    C. Clarity, Commitment, Consequences
    D. None of the above

6. The charge nurse is making assignments for the next shift. Which patient should be assigned to the novice nurse that has been floated from the orthopedic nursing unit to the medical-surgical nursing unit? is

    A. A fifty-eight year old on airborne precautions with tuberculosis.
    B. A sixty-eight year old that has returned from a colonoscopy.
    C. A seventy-two year old who needs teaching on a medication.
    D. A sixty-nine year old who has pneumonia and is on a ventilator.

7. What is one motivational skill that you can use as a charge nurse to motivate an individual of your staff?

    _____

8. If you are promoting teamwork, which leadership style is preferred?

    A. Transactional
    B. Participative
    C. Transformational
    D. Autocratic

9. Explain the difference between coaching and mentoring.

    _____

10. What are the five rights of delegation?

    A. _____ B. _____ C. _____ D. _____ E. _____

Answer Sheet for the Charge Nurse Leadership Workshop Pretest and Posttest

1. Generation Y

2. True

3. Ability to understand and manage our individual emotions and those people around us.

4. Identify and discuss the problem, reinforce ground rules, allows each person to express his or her perception of the problem, and develop solutions with open communication.

5. C - Clarity, Commitment, Consequences

6. C – a seventy-two year old who needs teaching on a medication.

7. Making an effort to understand an individual, using transformational leadership, removing dissatisfaction, and creating satisfaction.

8. C – transformational

9. A coach is someone who assists someone in developing a skill or knowledge, but cannot mentor. A mentor is someone who develops a relationship and can coach.

10. Right task, right circumstance, right person, right communication, and right supervision.

Appendix F: Power Point Presentation of the Charge Nurse Leadership Workshop

**Doctor of Nursing Practice
Evidence-Based Project :
Formal Charge Nurse Leadership
Workshop**

Felicia K. Pryby
Student, Doctor of Nursing Practice

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Thank You!

- Chief Nursing Officer
- Executive Leadership
- Nursing Directors and Managers
- Nursing Staff and Charge Nurses

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Objectives

- Discuss the charge nurse role in acute care facilities.
- Discuss the importance of leadership development for the charge nurses.
- Discuss evidence-based charge nurse leadership programs.
- Discuss the data collection method for curriculum development.

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Charge Nurse Role

- Advocate
- Negotiator
- Care Coordinator
- Communicator
- Guide, Coach, and Mentor
- Change Agent

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Background

- Nursing directors and management have developed an increased amount of pressure to assist executive nursing leaders in operating the organization efficiently.

- Charge nurses responsibilities have increased to assist the nursing managers and directors.

(Sherman, Schwarzkopf, & Kiger, 2013)

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Leadership Support

- Institute of Medicine (2010) recommends educating all nurses in leadership skills.
- The Joint Commission standards of leadership focus on working together as a system to improve patient outcomes and quality of care (Schyve, 2009).
- Nursing professional organizations support leadership development: programs and/or certifications.

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Nursing Leadership Issues

- Prediction: by 2020 50% of experienced nursing leaders will retire leaving potential nursing leaders without role models or mentors (Prestia, Dyess, & Sherman, 2014).
- Staff nurses are being placed in a charge nurse role based on clinical skills (Homer, 2013; Schwarzkopf, Sherman, & Kiger, 2012; Swearingen, 2009).
- Staff nurses are being promoted to charge nurses without any formal leadership training (McCallin & Frankson, 2010; Schwarzkopf, Sherman, & Kiger, 2012).

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Why Leadership Development?

- Improved staff retention
- Improved patient safety and outcomes
- A healthy work environment
- Charge nurse is able to guide, support, mentor, and empower staff

(Assid, 2010; Normand, Black, Baldwin, & Crenshaw, 2014; Swearingen, 2009).

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Charge Nurse Leadership Programs

- Evidence-based
- Themes identified from focus groups:
    - Communication
    - Conflict Management
    - Role Clarity
    - Unit Finances
    - Managing Staff Performance

(Assid, 2010; Homer, R., & Ryan;2013; Normand, L., Black, D., Baldwin, K. M., & Crenshaw, J. T,2014; Schwarzkopf, R., Sherman, R. O., & Kiger, A. J., 2012; Swearingen, 2009)

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Long-term Measurement Outcomes

- Staff retention

- Staff satisfaction

(Assid, 2010; Swearingen, 2009; Schwarzkopf, Sherman, & Kiger, 2012)

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Purpose of DNP Project

Purpose:
Develop the curriculum for an evidence-based formal charge nurse leadership workshop.

Impact on Acute Care Facility:
- Improved retention rates
- Improved staff and patient satisfaction
- Interdisciplinary team collaboration

Social impact:
- Improved patient safety and outcomes

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Goals

- Bridge the gap between front-line nurses and senior nursing leadership.
- Obtain information from novice and experienced charge nurses to assist in the development of the curriculum of the workshop.
- Develop a formal charge nurse leadership program for current and future charge nurses.
- Succession planning

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Charge Nurse Leadership Alignment

- Hospital's
  - Mission Statement
  - Values
  - Strategic Plan
- The Joint Commission

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Curriculum Development

- Evidence-based literature
- Nursing leadership
- Focus groups

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Focus Groups

- Identify charge nurse's perception of leadership.
- Two focus groups:
  – Novice: less than 1 year
  – Expert: greater than 1 year
- Nine charge nurse participated:
  – Four novice charge nurses
  – Five expert charge nurses
- Themes identified from each focus group

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Thematic Analysis Findings

Themes	Key Terms	Frequency
Mentoring	Teaching, good resource, new nurses	12
Communication	Patients, physicians, feedback, generational diversity, interdepartmental	43
Teamwork	Trust, meeting everyone's needs	15
Conflict Management	Staff behaviors, personalities, staff accountability, listening	15
Prioritization	Multi-tasking, resolving issues	10
Delegation	Minimizing task-list	2
Roles	Multi-tasking, "switching roles", "no concrete expectations"	17
Cheerleader	Keeping staff motivated, being positive	12
Patient Safety	Service Recovery, Bed flow	18

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Curriculum Development

- Each theme that was identified from the thematic analysis became a topic or part of the content.
- Recommendations from evidence-based literature
- Recommendations from the interdisciplinary team, preceptor, and director of nursing education.

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Charge Nurse Leadership Seminar

- 10 topics that were identified from the thematic analysis, literature review, and recommendations.
- Seminar will be two days, eight hours each day.
- All charge nurses to attend including front-line staff that wished to advance themselves as a leader
- CEUs to be provided

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Day One: Charge Nurse Leadership Seminar

Topic	Time	Content	Teaching Strategy
Charge Nurse Role	2 hours	Expectations, Responsibilities, professionalism, skill, Lewin's Change Theory	Discussion
Ethics, Policy, and Regulations	2 hours	ANA Code of Ethics and Professionalism, Scope of Practices, Organization policy, and regulations	Discussion
Leadership Styles	1 hour	Transactional and transformational	Discussion
Generational Diversity	1 hour	Characteristics (communication and conflict management) of Baby Boomer, Generation X, and Generation Y	Discussion
Relationship Building	1 hour	Trust among colleagues, developing relationships with physicians and different generations.	Discussion

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Day Two: Charge Nurse Leadership Seminar

Topic	Time	Content	Teaching Strategy
Communication	2 hours	SBAR, facts, active listening, non-verbal, approachable, respect	Discussion
Conflict Management	2 hours	Stages of conflict, signs of escalation, recovery	Discussion and Role-Play
Teamwork	1 hour	Promoting teamwork, mentoring, motivating	Discussion
Staffing	1.5 hours	Learning and understanding how to manage the flow of the unit	Discussion and Case Scenario
Patient Safety	1 hour	Quality metrics, hourly rounding, daily huddles, chain of command, resources	Discussion

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Evaluation

- Recommendations for the Charge Nurse Leadership Seminar
  - Short-term
    - Pretest and posttest
  - Long-term
    - Staff retention rates (21.1%, September 2015).
    - Nursing satisfaction rates

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Recommendations for Change

- Develop Charge Nurse Leadership Policy
- Update charge nurse job description as a leader
- Develop and implement a succession plan for the front-line staff in leadership

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Summary

- Charge nurses are being promoted into a leadership position without formal training.
- Two focus groups assisted in the development of the curriculum for the workshop.
- The curriculum was developed from the themes identified in the focus groups.
- Recommendations for evaluation provided to nursing administration.

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Thank You and Questions

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