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Development of a Transformational, Relationship-Based Charge Nurse Program

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This is to certify that the doctoral study by

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MS, University of Oklahoma, 2004

BS, Southwestern Oklahoma State University, 1996

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

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Abstract

Leaders of a rural Southwest Oklahoma hospital requested the development of an evidence-based program that could transform unit charge nurses into effective leaders in order to improve the leadership of direct care nurses. Nursing executive leadership discovered staff members were demonstrating high levels of stress, dissatisfaction, and burnout. Press-Ganey survey results revealed that staff felt they were not supported and did not believe nurses cared for patients' or other co-workers' well-being or safety. The Hospital Consumer Assessment of Healthcare Providers and Systems outcome scores which were below hospital and national desired benchmarks revealed that patients were not satisfied with the care they received. Thus, the goal of this project was to use evidence to craft a program and evaluation plan that could be used by the hospital to develop stronger charge nurse leaders. A detailed examination of evidence supported the development of a program based on the relationship-based care (RBC) model. The RBC model is a transformational leadership development program that increases leadership skills and positive interaction between people. A full program was adapted from the RBC model and designed for the rural hospital. An evaluation plan to measure the short-and long-term objectives was developed. Implementation is expected to create social change by imparting charge nurses with leadership and relationship skills, thus empowering them with greater abilities to provide care. Benner's novice to expert and Watson's theory of caring models served as the foundation of the RBC model. The goal is to present the results at the hospital level and to disseminate the findings locally at professional nursing leadership conferences.

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Dedication

This project is dedicated to charge nurses employed in healthcare hospitals who feel they were selected as the next one up for the charge nurse position but were not granted the benefit of attending a formal leadership program. This project is also in dedication to those up-and-coming charge nurses who will be granted the privilege of attending a relationship based care program. The relationship-based care charge nurse program was developed to bring about a sense of leadership, competency and self-empowerment in performing the charge nurse role.

Acknowledgments

The project completion was with the support and encouragement of my family and friends. First, I would like to send a huge thank you to my precious and beloved mother who was my best friend and greatest life supporter. Thank you for always encouraging me to do more, to reach higher and to lend a hand-up to bring others along the way. Next, to my husband, who believed in me, constantly prayed for me and who funded my educational endeavors as a life-long learner. To my children, grandchildren and sister who supported me and told me I could do it when I felt overwhelmed and ready to throw in the towel. I thank everyone who contributed in any form, great or small, and believed I could obtain a doctoral of nursing practice degree.

I would like to thank all my Walden professors and especially my project committee chair, committee member and URR for their support and encouragement during my development as a doctor of nursing practice. This project would have been difficult beyond measure without the support and guidance of my preceptor. I would like to thank you for supporting the advancement of the nursing profession by being an exceptional preceptor and mentor. Lastly, but above all, I thank God and Jesus Christ, my father, in whom I can do all things.

Table of Content

List of Tables

Section 1: Nature of the Charge Nurse Project

Introduction

There is an urgent need and demand for professional development programs for unit-based leaders or charge nurses (Duygula & Kublay, 2011; Fairbairn-Platt & Foster, 2008; Sherman, 2005; Swearingen, 2009). However, very little effort has gone into identifying effective programs (Thomas, 2012). Ongoing reports of unprepared charge nurses taking on the dynamic role may be related to hospitals' delay in providing formal training programs (Duygula & Kublay, 2011; Sherman, 2005; Swearingen, 2009). In the hierarchy of nursing leadership, the role of the charge nurse is to direct acute patient care services to a team of nurses. The charge nurse is responsible for safe and effective care provided on the nursing unit. As the lead, the charge nurse sets the expectations and goals for the nursing staff to improve patient outcomes. The current system of transforming charge nurses into effective leaders is not meeting the needs of nurses or patients; therefore, the recommendation of Duygula & Kublay (2011) is for the implementation of nursing leadership programs. Often times, when effective charge nurse-leadership is lacking: job satisfaction, nurse retention, and patient care outcomes suffer (Duygula & Kublay, 2011). But in healthy environments, strong charge-nurse leaders increase staff productivity and morale, improve turnover rates, decrease morbidity and mortality rates and improve patient outcomes (Duygula & Kublay, 2011).

The role of the charge nurse is recognized as a leadership position that improves patient care outcomes on nursing units. Krugman and Smith (2003) reported that "the

charge nurse role has been a part of the nursing management structure for over 20 years…proving its durability over time…although not without identified issues related to how this role is structured and implemented" (p. 285). Therefore, to overcome the issue of leadership development, it is essential that hospitals implement theory-based nursing practice models into the charge nurse system. A theory-based driven program transforms charge nurses into effective leaders who can meet the needs of other staff nurses and patients (Duygula & Kublay, 2011). According to Schwarzkopf, Sherman, and Kiger (2012), nurses who do not go through formal educational programs to develop into effective charge nurses are not prepared to take on the challenges of the leadership role.

Therefore, active participation in a leadership development program may advance clinical practice by producing charge nurses who are able to meet the demands of the current healthcare system (Duygula & Kublay, 2011; Swearingen, 2009). The charge nurses who participate in such programs learn leadership tools, develop new attitudes and skill sets that lead team members into achieving quality healthcare outcomes (Swearingen, 2009). The charge nurse, when given the opportunity to develop leadership skills, can also play an important role in leading change on the hospital unit (Krugman & Smith, 2003; Krugman, Heggem, Kinney & Frueh, 2013).

The rural 200-bed southwestern Oklahoma acute care hospital, in which this DNP project was carried, out contracted with the consultation firm, Creative Health Care Management, Inc. (CHCM), in June, 2014. The firm's consultation services were needed because of high employee turnover rates and multiple reports of dissatisfaction from both

patients and staff members. The hospital also wanted help to identify what hospital changes were needed to recreate a healthy work environment. The CHCM consultants recommended completion of a hospital self-assessment in order to measure patient and family relationships, caring and healing behaviors, leadership, teamwork, professional practice, care delivery, and resource-driven outcome criteria. The score was based on a scale of 1-to-10 with 1 meaning the current state does not exist and 10 meaning the desired state strongly exists. If 10 is achieved within this organization, excellence was identified for this area. After the CHCM company completed the hospital's self-assessment, the hospital's nursing directors completed individual nursing unit level need-assessments. Lack of staff support, guidance, training, and supervision were issues identified as recurring themes by the hospital's nursing executive leadership team. This team identified that caring relationships between staff and patients, nurses and physicians, nurses-to-nurses and staff with nursing leadership were in dire need of improvement. The senior director of nursing and other leadership members identified a potential area of improvement was the ineffectiveness of nursing unit-level leadership. The executive leadership team agreed a starting point for reaching a potential solution to the issue of ineffective leadership at the unit level and to improve caring relationships between team members and patients was revising the current charge nurse program (K.H., personal communication, June 10, 2014).

To help fill this gap in practice, according to Koloroutis (2004), the transformational relationship-based care (RBC) program is a professional development

program that is geared toward charge nurses should be implemented. The transformational (RBC) program brings about unit-based changes in patient outcomes. In the transformational RBC care model, particular skills missing in the hospital's current charge nurse program are identified such as patient and staff caring relationships, conflict resolution, life and work balance, and shared governance (Koloroutis, 2004). The concepts of the RBC model are related to care delivery between the patient and family, other care providers, and the care provider and self. Therefore, the nursing leadership assumed that the following steps improve patient and staff relationships on the unit: (a) blending CHCM's RBC leadership styles, (b) incorporating team leading, team building and teamwork skills, (c) teaching conflict management resolutions strategies, (d) demonstrating effective communication and listening skills, and (e) introducing appreciative inquiries components into the hospital's current charge nurse program. The assumption was that including the RBC evidenced-based program creates caring relationships within the hospital and improve overall staff performance and patient outcomes (K.H. personal communication, June 10, 2014).

Problem Statement

The hospital currently provides charge nurses with a one-day workshop on how to perform general charge nurse duties such as staffing the nursing unit. But despite charge nurse program attendance, the hospital's quality improvement benchmarks continued to be below the desired levels (K.H., personal communication, June 10, 2014). The project hospital experienced a voluntary and involuntary turnover of employees in 2014. During

that time, the nursing executive leadership team discovered that staff members were demonstrating high levels of stress, dissatisfaction, and burnout in every nursing department. The results of the hospital's Press-Ganey survey indicated that staff members felt they were not supported and did not believe nurses cared for patient's or other co-worker's well-being or safety. The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) outcome scores were below the hospital's and desired national benchmarks. The scores indicated that patients were not satisfied with the care they received. According to the results of the National Data Nursing Quality Indicators (NDNQI), the hospital's metrics all scored unfavorably in staff hand washing, fall rates, length of stay, and patient-to-nurse ratios. After the reported concerns were assessed, executive leadership decided it was in the best interest of the hospital to make changes in many positions held by unit managers, directors, and staff (K.H., personal communication, June 10, 2014).

Significance and Relevance to Practice

The lack of leadership development for charge nurses working on medical-surgical units is a nursing and hospital issue. However, it can be overcome with leadership program attendance where effective leadership strategies are instilled in charge nurses (Koloroutis, 2004). The project hospital needed to implement the RBC charge nurse program for registered nurses in order to gain the self-confidence, skills, and abilities necessary to successfully lead the healthcare team. Nurse leaders believed implementing the RBC program may result in improvement in patient satisfaction and

outcome scores, decrease nurse turnover rates and increase job satisfaction. See Table 1 for the Hospital's 2014 Balanced Scorecard.

Table 1.
2014 Hospital's Balanced Scorecard.

Customers	Performance measures	Actual	Goal
HCAPHS: Recommend this hospital to family or friends?	Meet or exceed national standards	72%	77%
Discharge calls	80% response rate	48%	52%
Quality indicators			
Falls rates	Fall rates >3/1000 pt days	4.88/1000	3.67/1000
Hand washing	100% compliance rate	69%	80%
Nursing			
Turnover of medical/surgical RN	Voluntary RN turnover rates reduced by 10%	28.89%	14.69%
Job satisfaction Intent to stay	Retention rates increased by 75%	37%	75%
Finance			
Productivity RN contract labor	Agency/contract RNs reduced by 70%	$1,519,181.99	$546,000.00
Supplies medical/surgical	Annual budget sustained	$202,730.00	$193,797.95

The hospital's leadership acknowledged the importance of supporting the implementation of a formal charge nurse program because it would allow for transformational development and healthcare changes needed within the hospital. Leaders were confident the RBC principles and strategies may lead to transformational development of leaders in the form of improved communication skills and enhanced relationships between disciplines. The hospital leadership also were confident that charge

nurse program attendance would show a decrease in frustration with the job, increase nurses' intent to stay at the hospital and improve job satisfaction with the hospital in nurses, physicians, patients and family members.

Purpose Statement and Project Objectives

The purpose of this project was to develop a scholarly program plan, based on the best available evidence-based literature, for blending the hospital's current charge nurse program with the recommended RBC program. The hospital was interested in knowing if blending the two programs could help transform unit charge nurses into effective leaders who were prepared to take on the roles and responsibilities of the position. An additional purpose was to complete a search of the evidence-based literature for the optimal method to plan and implement the program in the future. The final purpose was to help the hospital identify program evaluation methods to apply to the future results of the blended charge nurse program.

This study had five objectives: (a) charge nurses would report that they can demonstrate effective leadership abilities and skills after completing a transformational RBC program. It was projected that charge nurses with effective leadership abilities would improve both staff and patient metrics, such as staff turnover, patient fall rates, medication errors, infection rates, and a number of other staff and patient safety metrics. (b) following participation in the quality improvement program, charge nurses would report enhanced communication skills and decision-making abilities while helping other nurses to function within the context of a relationship-based model of care. (c) the charge

nurses would report having an increased sense of empowerment and autonomy. (d) charge nurses would report having the ability to show compassion and caring behaviors to patients, co-workers and self alike, as a result of learning principles and strategies in the RBC program. (e) the hospital would report improved nurse-driven outcome metrics after the implementation and evaluation of the RBC formal charge nurse program.

Project Question

- Will the development of a charge nurse RBC program that leads to achieving personal, professional, and hospital goals, be supported by scholarly literature?
- Will the implementation of a charge nurse program improve the quality of patient care outcomes, as supported by the scholarly evidence-based literature?

Reductions in Gaps

The effectiveness of the charge nurse leader is important to nursing practice. Nursing practice decisions made by charge nurses impact critical unit measurements, such as the safety and satisfaction of patients, physicians, and staff (Krugman, Heggem, Kinney & Frueh, 2013; Maryniak, 2013). These decision-making skills are required to assist charge nurses in improving their nursing knowledge and learn their role expectations, such as improving other staff members' performance, satisfaction, and intent to stay (Maryniak, 2013). Effective charge nurse-leadership is also important to maintain the function and flow of the nursing unit. Staff turnover rates, unit morale,

patient and physician satisfaction, and patient care outcomes are areas of the hospital infrastructure that are identified indicators which reflect the actions of the charge nurse.

The charge nurse role and the development of registered nurses into strong effective leaders is imperative to close the gaps in practice (Duygulu & Kublay, 2011; Galuska, 2012; Krugman, Heggem, Kinney & Frueh, 2013; Krugman & Smith, 2003; Maryniak, 2013). According to Galuska (2012), leadership competencies are required to develop effective charge nurses, but this "development… has not been systematic, reliable, or lifelong" (p. xxx). Galuska continued: "As a result, not all nurses are prepared for the transformational leadership roles essential to fundamentally changing the health care system" (p. 333). Krugman, Heggem, Kinney and Frueh (2013) suggested that for decades' charge nurses have experienced problems taking on the charge nurse role and responsibilities whether due to "poor fit" or "lack of adequate preparation" (p. 438).

Although, genuine leadership in the nursing profession is an essential component of nursing practice, closing the gap is daunting. Finkelman and Kenner (2010) suggested that reviewing scholarly studies on transformational leadership could help reduce the gaps in practice. They concluded that an extensive review of the literature could help to identify, select, implement, and evaluate effective leadership strategies. However, information on transformational leadership and strategies are lacking in the nursing literature. Similarly, Thomas in 2012 reported that also lacking in the leadership literature, but desperately needed are studies on the development of front-line nurses.

Currently, in academia, transformational leadership-theory is widely used in nursing leadership courses to train future registered nurses on how to function as effective leaders (Garon, 2014). However, implementing the knowledge learned in nursing school does not always transfer to the clinical practice setting, therefore, early development programs should be readily available for new graduates. In addition, to reduce identified gap in practice is the support and valuable resources needed from hospital leaders to promote autonomous charge nurses' decision-making efforts.

Implications for Social Change in Practice

Charge nurses who participate in development programs are effective in their leadership role. They demonstrate increased satisfaction, exhibit attributes of autonomy, commitment, and passion for the profession. Empowered charge nurses are effective at applying learned leadership skills, knowledge, and strategies acquired during participation and implementation of the program (Koloroutis, 2004). The goal of this DNP developmental project was to reduce or eliminate poor leadership qualities in charge nurses in this rural hospital, and to encourage other hospitals to implement the program.

The implementation of a quality improvement program to develop charge nurses into leaders could create a social change at the hospital and within the local community (Koloroutis, 2004). A social change in the local community may include increased awareness of disease processes and safety measures. This program may result in an atmosphere of increased employee ownership, commitment, and professional loyalty. A social change in the development of charge nurse leadership may lead to new program

initiatives for patients and other employees within the hospital setting. Other social changes are reductions in staff and physician's dissatisfaction, decreased lengths of stays, reduced patient falls, and pressure ulcers may also be realized due to charge nurse program participation. The impact from program participation may be a social change for improved relationships between the residents in this southwest Oklahoma community and the hospital because they may start to trust the hospital and nurses to deliver the good healthcare they promise.

The communities in southwest Oklahoma consist mainly of scattered rural populations. Based on the successful implementation of this RBC leadership program, a societal change in rural nursing practice and knowledge may foster new ways where other rural hospitals can provide similar charge nurse programs. In addition, the empowerment of leadership competencies realized from charge nurse development may create a snowball effect in the local community that impact healthcare delivery. Lastly, the implementation may shape healthcare policies that influence charge nurse's future development, knowledge, judgment, and satisfaction in the hospital thereby, elevating the profession of nursing as a whole.

Definition of Terms

The concept selected for this developmental project was leadership.

Leadership: the power to lead and guide followers into action (Covey, 2004).

Charge nurse: an assigned registered nurse unit leader with at least two years of clinical practice experience.

Relationship-based care: a care delivery model and philosophy that focus on patients, colleagues and self (Koloroutis, 2004).

Responsibility: the clear and specific allocation of duties visibly given and accepted in order to achieve desired results (Koloroutis, 2004).

Authority: the right to act and make decisions at the appropriate level (Koloroutis, 2004).

Accountability: taking responsibility and ownership for one's own actions and decisions (Koloroutis, 2004).

Transformational leader: "one who commits people to action, who converts followers into leaders, and who may convert leaders into agents of change" (Bennis & Nanus (1985, p.3)

Transformational: the capacity to impact change in a given situation.

Transformational relationship-based care: a concept to develop leaders at all levels into change agents who inspire caring behavior and create healing environments that impact a person's mind, body, and spirit (Koloroutis, 2004).

Scope of the Study

This project was created to increase leadership abilities and competency in this southwestern Oklahoma rural hospital's charge nurses. The charge nurses were registered nurses with at least two-years clinical practice experience. The hospital leaders believed that patient-care outcomes were connected to charge nurse leadership on the units. The program included 12 modules that were created in the development of this charge nurse

program using the RBC model principles. The modules were written to increase charge nurses' abilities in reaching their full potential as leaders. The RBC principles included in the modules are effective communication, conflict management, teamwork, building trusting relationship and responsibility, accountability and authority in the leadership role (Koloroutis, 2004). According to Koloroutis, this RBC program geared toward the development of leaders has been successfully implemented at other hospitals. The results of the program on charge nurse competency and leadership abilities lead to improved patient outcomes and increased charge nurses' satisfaction in the position.

Assumptions

The assumptions are not able to test or determine whether the project statements are true or false (Groves, Burns, & Gray, 2013). The hospital leadership team believed that charge nurses are able to learn new skills and apply those skills to nursing practice. They also thought charge nurse participation would increase self-empowerment. These were the assumptions of participation in a RBC leadership program:

1. The development of a charge nurses program increases learned leadership skills and knowledge that will be applied in clinical practice.
2. The charge nurse program modules are provided at a level where participants gain increased self-confidence, self-awareness, and competence through learning new leadership skills.

Limitations

The limitations are weaknesses that may alter the results of the project (Groves, Burns, & Gray, 2013). The limitations of the future RBC leadership program are as follows.

1. The program results are based on charge nurses' self-reported surveys.
2. The program will be conducted at one rural hospital therefore, may not be generalized to all charge nurses.
3. The implementation and evaluation processes for this project may not be generalized to other rural hospitals.

Delimitation

The purpose of this project was to develop a scholarly program plan for blending the hospital's current charge nurse program with the recommended RBC program. Other leadership programs were available and recommended in the nursing literature but it was determined that those programs were not feasible because the hospital desired to incorporate the RBC leadership program. An additional purpose was to complete a search of the evidence-based literature for the optimal method to plan and implement the program in the future. There were several choices identified in the literature as to how many days a charge nurse program should be provided. The most frequent recommendation was for a full one-day, eight-hour program. The RBC consultants also suggested a one-day program as being sufficient (Koloroutis, 2004).

Summary

There was an immediate need within this hospital for a developmental program and implementation plan for transforming charge nurse-leadership abilities in clinical practice. The negative results of patient outcome matrixes and the reported dissatisfaction among staff and patient supported the need for strategies to help reduce the gaps in practice. The literature supported that clinic nursing practice needed a transformation of the charge nurse role and that participation in a development program may help to reduce the gaps. Program participation was identified as a strategy available to help increase charge nurse's qualities of autonomy, confidence, and the empowerment to lead others to the next level. It was also suggested that a transformational development program such as RBC could solidify the leadership attributes of accountability, authority and responsibility in charge nurses. Although some charge nurses may not actively practice at the bedside, their leadership abilities and decisions-making skills impact the hospital's nursing staff and patient care outcomes in a positive manner. The evidence-based literature search supported the idea that effective leadership abilities may improve patient care outcomes. Therefore, it is important for hospitals to provide programs that build upon and strengthen existing charge nurse leadership abilities, capacities, and care practices.

Therefore, the project's aim was to design, develop, and implement a transformational relationship-based care program and evaluate whether unit charge nurses' developed leadership skills and empowerment after participating in a one-day,

eight-hour program. Koloroutis (2004) reported that implementation of the RBC concepts may likely bring about positive changes in staff and patient outcomes.

To help hospital leaders decide whether the RBC model potentially transforms nursing care at the bedside, the project team conducted a literature review search on other hospitals that used the RBC model. To investigate the use of the RBC model, a specific and general review search of available evidence-based literature was conducted by the project team. The following section explored nursing concepts, models, and theoretical frameworks to select a program to blend into the project's existing charge nurse program.

Section 2: Review of the Literature

Introduction

The review of the literature consisted of a general literature search of leadership competency and the impact on charge nurse's abilities. An additional leadership review search was completed on the specific literature of transformational leadership programs. Benner's novice to expert model and Watson's human caring models were also reviewed for use in a transformational development program for charge nurses.

The main purpose of this project was to plan and then recommend an evidence-based program to develop charge nurse leaders. An additional purpose was to help project program leaders to develop a program based on the RBC principles of leadership that was ready for future implementation and evaluation. One of the determining factors for program implementation was effectual charge nurses are viewed as vital role models and mentors for inexperienced nurses aspiring to advance to the charge nurse position.

Unfortunately, when formal leadership education is denied, many charge nurses lack the essential qualities and are ill-prepared to foster another nurses' growth.

Consequently, a literature search for charge nurse programs in general and specifically for transformational relationship-based development programs was conducted. The Walden's University Library Thoreau portal databases in EBSCO, Cumulative Index of Nursing and Allied Health Literature (CINAHL), Medline, and Ovid full text were searched for the following keyword: *charge nurses, front-line leaders, leadership, transformational leaders, development programs,* and *RBC*. The literature search was limited to the years 2000 to 2016. Several articles were found on the discipline of leadership, but very few on nursing leadership and RBC.

Specific Literature of a RBC Charge Nurse Program

The literature searches revealed that the development of leaders continues to be an issue. According to Koloroutis (2004), new charge nurses who have not participated in professional development programs experience role confusion related to responsibility, accountability, and authority because they have not traditionally been the final decision makers. Koloroutis suggested that leadership development may create positive characteristics consistent with RBC qualities. Relationship-based characteristics consist of the desire to make the business, others, and oneself function at optimal capacity. The RBC nurse is concerned about what matters to the patient, co-workers, and others. According to Koloroutis, charge nurses can be transformed into professional leaders who

provide relationship-based, patient-centered care once provided the opportunity to develop by way of a tailored program.

In the evidence-based nursing literature on charge nurses and managers, it was reported that nurses were denied the benefit of attending leadership developmental programs (McCallin & Frankson, 2010; Thomas, 2012). Several of the medical-surgical charge nurse participants in these qualitative descriptive studies reported they mostly learned management skills by trial-and-error and the occasional attendance at management workshops (McCallin & Frankson, 2010; Thomas, 2012). Galuska (2012) added that most nursing leaders have not had the privilege of participating in transformational leadership development programs, but if they had, "the training has been fragmented and unable to make a meaningful impact on charge nurses' leadership skills" (p. 333). Such fragmentation will need to change if healthcare is to reap the benefits of training on staff and on patient care outcome.

Duygula and Kublay (2010) and Krugman et al. (2013) conducted studies to investigate whether charge nurse' leadership abilities would increase after attending a charge nurse leadership-training program. Both studies findings suggested participation in a leadership development program may advance clinical practice by developing skill sets on ways to effectively lead team members in hospitals. Krugman and Smith (2003) also acknowledged charge nurse participation in professional development programs play an important role in creating change in leadership behaviors.

The opportunity for charge nurses to participate in professional development programs was recommended for every healthcare hospital. Because healthcare is evolving at such a fast pace, hospitals should provide programs to instill leadership characteristics that empower charge nurses to meet the challenging demands of being a leader (Duygulu &Kublay, 2011). To help nurses meet the challenge, Koloroutis (2004) recommended utilization of the theory-based driven RBC leadership development program. However, Galuska (2012) reported, regardless of the position held or program attended, nursing leadership must provide strategies to help mentally prepare the charge nurse to take on the demanding role.

After program participation, Duygulu and Kublay (2011) projected transformation of charge nurses into RBC leaders may be recognized by the positive impact made on outcomes in metrics such as patient satisfaction, staff turnover, length of stay, and quality nursing sensitive indicators. The RBC model could be useful in formulating a transformational education program that could help bring about positive changes in staff and patient outcomes (Koloroutis, 2004). Identified in the RBC model are particular leadership skills missing in the hospital's current charge nurse program such as staff and patient working relationships, conflict resolution, life and work balance, and shared governance. The program's goal was to investigate if participation in a RBC transformational leadership development program leads to charge nurses obtaining personal, professional and hospital goals, that in the end, support quality patient care and outcomes (Koloroutis, 2004).

One study that successfully implemented RBC was a rural hospital that conducted a study from the third quarter of 2010 to the second quarter of 2013. The hospital integrated the RBC principles of Felgen's inspiration, infrastructure, education and evidence model (I2E2). Inspiration included conducting nursing theory searches that agreed with the hospital's mission and vision statement of promoting caring behaviors. Infrastructure was approached by formalizing work specific strategies such as workshop attendance for improving patient, family, and team communication. The project leaders strengthened the education process by incorporating preceptor programs, transformational leadership workshops and unit based council training. The evidence of the RBC impact showed the Hospital Consumers Assessment of Healthcare Providers and Systems (HCAPHS) Top Box Score for 2010-2013 in patient satisfaction for the "rate hospital" improved from 67.4 to 70.2 and improved at the "recommend hospital" from 69.9 to 71.5. The "communication with nurses" on the Top Box scores for this hospital improved from 78.4 in 2010 to 83.2 in 2013. In addition, the "RN engagement" score was 28 for other similar-sized hospitals and 38 for the study hospital; a 10% increase above the benchmark over other hospitals. These scores, although small, showed important improvements in caring behaviors (Transforming Practice, n.d.)

A second study conducted by Sharpnack and Koppelman (n.d.) used the RBC model of the I2E2 to connect theory with practice. The concepts of moral courage and skill development were RBC principles used to emphasize professional practice and competencies in achieving nursing leadership while in nursing school. Sharpnack and

Koppelman reported the evidence for incorporating the caring behaviors lead to improved skills following leadership development and an increase in self-care awareness in clinical practice. The study participants utilized learned leadership skills as evidenced by the demonstration of caring behaviors at the bedside.

A third study in a rural Kentucky hospital piloted the RBC model to evaluate if implementation of caring behaviors and attitudes strategies taught to medical, surgical and telemetry unit nurses would increase outcome metrics such as HCAHPS scores. To accomplish the goal, the program leaders taught staff simple steps to communicate caring behaviors that included the use of active listening skills**.** Some of the barriers to program implementation included small sample size (*n*=20), lack of incentives, consequences and buy-in. The results of the study showed no statistically significance differences in caring behaviors and attitudes but did show increases in four out of the five perimeters of caring such as using touch and listening (Roberts, n.d.)

General Literature of Charge Nurse Leadership

The nursing literature review of five articles reported a positive correlation when charge nurses participated in a leadership development program on the concepts of job satisfaction, staff and patient outcomes, and leadership abilities. Casey, McNamara, Fealy and Geraghty (2011) used a mixed method descriptive study to describe the developmental needs of nurses and midwives. The authors concluded self-awareness and clinical leadership must be part of leadership development. MacPhee, Skelton-Green, Bouthillette and Suryaprakash (2011) also used a descriptive study to report the outcomes

of a nursing leadership development program on empowerment. The study findings suggested empowerment and charge nurse development led to empowerment of others. McCallin and Frankson (2010) used a descriptive exploratory study to investigate the experiences of charge nurse managers and found taking on the role required formal training and supervision to improve role development. Galuska (2012) conducted a metasynthesis of qualitative studies on leadership development and found program participation could either support or hinder a nurse's development as leader. Krugman, Heggem, Kinney and Frueh (2013) reported participation in a leadership development program prepared charge nurses in the role of "supervising, evaluating, and disciplining staff" and also "how to lead day-to-day patient care unit issues" (p. 443). The five studies authors supported the necessity for participation in a leadership development program to transform nurses into effective leaders. The support of a formal educational program is one strategy that nursing leadership can easily incorporate into practice to help develop charge nurses whom effectively influence patient outcomes.

A transformation leader is one who formulates goals, seeks, and welcomes input from followers before making decisions (Convey, 2004). Convey described the transformational leadership style as collaborative and consensus seeking to enhance professional skills. It was further implied that a goal of the transformation leader is to affect the heart and mind of the people and to provide a singular vision and understanding of the hospital's values. This congruence of vision and values creates lasting change within the agency when all workers agree.

According to Chen, Bian and Hou (2015), followers who supervisors demonstrated transformational leadership traits positively affected their job performance. Followers of transformational leaders also reported they felt inspired to create a positive workplace for themselves and others. Chen, Bian and Hou further reported that often in a workplace where supervisors are encouraged to develop into transformational leaders, employees experienced high levels of satisfaction. The resulting impact of transformational leaders on assisting followers in making hospital decisions to influence workplace outcomes is usually positive.

Duygula and Kublay (2010) conducted a study using The Leadership Practices Inventory of Self and Observer instrument to examine behaviors and to evaluate the changes made after participation in a charge nurse leadership program. The study results supported that attendance in a charge nurse program may assist charge nurses develop a new way of thinking about their accountability and responsibility as leaders. Duygula and Kublay reported they selected to use an evaluation design to provide evidence regarding benefits and limitations of actual research experiments, methods and outcomes.

Krugman et al. (2013) defined the development of the charge nurse leadership role as critical to the hospital's survival. The effective leader facilitates mediation of patient problems, appropriate designation of nursing assignments based on staff competence, and provides correct care coordination across departments and disciplines. Thomas (2012) also identified transformative characteristics learned in a charge nurse

development program leads to an increase in confidence, decision-making and assertive communication techniques.

Krugman et al. (2013) evaluated the longitudinal outcomes of a leadership program for permanent and relief charge nurse from 1996–2012. The authors used action research and Kouzes and Posner's The Leadership Challenge conceptual frameworks to identify the effectiveness of charge nurse program participation. The results supported charge nurse leadership development improved regardless of how the program and interventions were provided. Therefore, it is suggested participation in a formal development program may enhance a charge nurse's ability to lead teams effectively.

Manion (2005) reported healthcare workers may experience overwhelming feelings of desperation when asked to assume greater responsibilities involving decision making and leadership issues previously undertaken by managers. Covey (1989) reported when nurses are promoted to positions of leadership without proper management training, guilt and effects of decreased self-esteem can be experienced. Convey also reported that some leaders believe that nursing management and nursing leadership are the same; where in actuality they are two different concepts. Management is related to the nursing unit operation and expense, whereas leadership is related to the people and patients on the unit. The concept of possessing both leadership and management skills rolled into one person defies possibilities in the current charge nurse system (Convey, 1989).

Conceptual Models and Theoretical Framework

The study is based on the RBC model. The model is not a new concept in nursing but it was new to the participating project hospital. Koloroutis et al. (2004) reported the RBC model is an adaptation of primary nursing. According to Koloroutis, hospitals that implemented this model reported an increase in patient satisfaction and loyalty, an increase in staff and physician satisfaction and a more resource-conscious and efficient environment. The CHCM company reported the model was created to help transform hospitals into an environments that brings about a culture of caring that focuses on consistent care of patients, others and self (Koloroutis, 2004). The RBC model is comprised of three crucial relationships: "care provider's relationships with patients and families, care provider's relationships with colleagues, and care provider's relationship with self" (Koloroutis, 2004, p. 4). These RBC principles help empower leaders to make important decisions and bring out leadership creativity, vision, and build on the present strengths and capacities of the leader. The RBC leader is also a role model who displays caring behavior and demonstrates self-empowerment attributes to patients, staff and self (Koloroutis, 2004).

A nursing theory found appropriate to guide this program was Benner's novice to expert theory. The theory is composed of five important levels of experience identified in the development of clinical knowledge and expertise (Benner, 2001). The five levels of experience are (a) novice is the new nurse who comes to the healthcare setting with little to no clinical experience other than textbook knowledge; (b) advanced beginners start to

apply textbook knowledge and learned clinical knowledge to patient care decisions; (c) competent nurses critically think of the patient's needs by reflecting on pass learned experiences and apply them with little assistance; (d) proficient nurse are those who anticipate patient's needs in advance and act on established beliefs; and (e) expert nurses demonstrate clinical judgment and require minimal guidance when making healthcare decisions affecting patient care outcomes (Benner, 2001). Groves, Burns and Gray (2013) reported nurses who felt they were competent attributed their clinical practice development to remaining in the same position for two or more years. The charge nurse entry level is competent with at least two years' clinical experience in this hospital. The charges nurses, after time, exposure and experience, are expected to advance forward to proficient and finally develop into clinical experts. Finally, expert level charge nurses are usually promoted to management positions with more hospital responsibilities.

Cooper (2009) suggested promotion of professional development in the work place may reduce the nursing shortage and bring about job satisfaction in nursing leaders. Cooper used Benner's novice to expert theory to identify levels of competence as a theoretical framework to help develop charge nurses. The author also stated, "reducing nurses' frustration while attending development programs can occur when Benner's five levels of practice are used to match nursing education with experience" (Cooper, 2009, p. 504). The study results supported attendance in a formal training program enables charge nurses to perform at their fullest leadership potential. Benner's theoretical framework

when applied appropriately in charge nurse development programs can possibly lead to job satisfaction and increased nurse retention in the hospital (Cooper, 2009).

Swearingen (2009) also used Benner's novice to expert framework to determine levels of education needed for leaders. Swearingen recommended when curriculum is started from the novice level or from the ground up, front-line leadership is enhanced during training. Swearingen also reported when a curriculum is built from the novice to expert level of leadership, nurses' knowledge advances from the fundamental role to learning the meaning of taking on the full responsibility of the leadership position.

Swearingen implied that the application of Benner's novice to expert theory in a leadership development program identifies strategies needed to cause changes in self-confidence, autonomy, and job satisfaction in charge nurse participants. Benner's theory is considered an essential component to improve nursing practice and increase nursing knowledge about leadership concepts. The use of Benner's theory in the leadership development program will also help leaders to focus on and identify individual charge nurse's strengths and weaknesses. The theory's contribution to nursing provides information on how leadership development programs are conducive to increasing charge nurse's knowledge of leadership thereby leading to positive behavior changes. However, Swearingen also implied further nursing research is needed to examine in what ways Benner's theory improves leadership development in the charge nurse. Therefore, the application of the novice-to-expert theory in the program will add knowledge to what is already known about the professional development of charge nurses.

Summary

As revealed from the evidence based literature search and review of leadership development, the need for a reduction in practice gaps in charge nurse development is a national and international healthcare concern (Cooper, 2009; Maryniak, 2013; Swearingen, 2009). Effective implementation of charge nurse programs is one way suggested that can make a huge societal impact on how healthcare education is delivered now and in the future. Future evaluation of the impact of charge nurses' leadership abilities on hospital metrics after participation in a RBC leadership program may be the answer. In other words, professional development must be promoted if nursing practice is to be seen as a discipline of excellence. With the increasing role demands of supervising staff and delegating care of the critically ill, every charge nurse must be equipped emotionally to be a leader. It is the responsibility of the educational system and the hospital to equip nurses to meet the demands of the role by making available developmental programs that transform charge nurses into effective and empowered hospital leaders. The use of the RBC concept model and Benner's novice to expert nursing theory are supported in the literature for providing transformational programs to help develop charge nurses who are competent leaders.

The project team used the findings of the RBC literature to develop, design, plan, implement, and evaluate a transformational program that fosters charge nurse development. The project team also made recommendation on data collection and analysis of the programs results for the hospital after completion of the program. In the

methodology section, the study population and sample, the program modules and the study survey tools are discussed.

Section 3: Methodology

The purpose of this quality improvement project was to provide evidence-based literature on the best way for the hospital to implement a RBC leadership program for charge nurses. The RBC program focused on strategies to develop leadership competencies, leadership confidence, and leadership abilities in medical-surgical charge nurses. In the future, the hospital will measure the impact of program participation as determined by self-reported increases in charge nurse leadership skills and abilities. In addition, positive outcome changes on post-implementation core measure scores and other unit metrics will determine whether the charge nurse program was effective.

Approval was obtained from Walden University IRB to implement the project: IRB Materials Approved. This Confirmation of Ethical Standards (CES) has an IRB record number of 07-11-16-0462742

Approach

The approach for this quality improvement project was for the development, implementation, and evaluation for blending the CHCM RBC principles into the hospital's current charge nurse program. The inclusion of the RBC principles was supported by the evidence-based findings that combining the two programs may cause an increase in medical-surgical nurse's leadership abilities (Koloroutis, 2004). As the DNP project leader, I made program recommendations for participants to be selected from

those nurses working on the medical-surgical unit and employed at this acute care hospital in the southwestern portion of rural Oklahoma, I made future recommendations for the project team to obtain approval from the hospital's quality improvement committee to implement the program. The recommendation was for the protection of human subjects to consist of implied consent in the form of voluntary program attendance and completion of the (LPA) presurvey and planned post survey instruments. I recommended that the hospital's assigned project committee team members provide sufficient explanation of the project's instruments and completion requirements to participants before taking part in the program. My recommendation was for the charge nurse project participants to attend a structured one-day, eight-hour program in a classroom setting that covered relationship-based care topics for volunteers but who are then selected by the unit managers. The selection of participants would continue until all medical-surgical RNs or potential charge nurses had attended the program. I recommended that the program be offered outside the hospital setting to help reduce role distractions and other pressing charge nurse responsibilities. I also recommended combining the hospital's current charge nurse program with the evidence-based RBC leadership program. I recommended the following charge nurse program modules be implemented in the future, at a time and location agreed upon by the hospital.

Course Objectives

- Examine the charge nurse' job description with role expectations, behaviors and responsibilities.

- Articulate the concepts of the RBC model.
- Identify principles of RBC leadership styles and empowerment.
- Reflect on the responsibility, accountability and authority of the charge nurse.
- Apply techniques used in team building and trusting relationships activities.
- Discuss strategies that increase effective communication and listening skills.
- Explore conflict management strategies
- Define the positive feedback of using appreciative inquiry

Course Modules

Module 1: Charge Nurse's Role and Job Description

The chief nursing officer (CNO) opens the session to clarify the job description, role and responsibilities of the charge nurse as defined by the hospital. The CNO explains the inclusion of the RBC principles of leadership added to the current program. Nurses in leadership positions must understand and demonstrate caring behaviors toward others and self to be effective in the role (Koloroutis, 2004). This session should take approximately 20 minutes to complete.

Explain the Job Description of the Charge Nurse:

- Provide a definition of a RBC charge nurse.
- Define the role of the charge nurse
- List the responsibilities of a charge nurse
- Elicit participant's verbalized expectations from program attendance

Module 2: Leadership Styles and Completion of the Self-Assessment Pretest

The project leader will define leadership styles of effective leaders. Watson's theory of human caring as selected to explain different leadership styles and behaviors inherent in successful leaders such as teacher, support person and guide (Koloroutis, 2004). The Creative Healthcare Management LPA survey tool will be explained by program leaders. Following the introduction of the LPA, participants will voluntarily complete the self-assessment preintervention survey tool. This session should take participants approximately 25 minutes to complete.

Leadership Styles and Program Pretest

- Participants will brainstorm and list on a flip chart favorite leadership characteristic identified by participants in an effective charge nurse.
- Participants will role model positive attributes and traits of the charge nurse.
- Program leader will provide an explanation of the pretest instructions for completing the Leadership Personal Assessment (LPA) tool.
- The designated program leaders to collect and store completed surveys

Module 3: Foundations of Empowerment

This module includes a videotaped program on empowerment. The charge nurse must recognize the quality needed to empower self and others under their care and authority. This includes evaluation of performance, correct use of available resources and direct management of the unit staff (Schwarzkopf, Sherman, & Kiger, 2012). Completion of this module should take approximately 30 minutes.

- Share RBC strategies in commitment to self, others and the hospital.

- Identify behaviors expected in a safe practice environment.
- Assist participants to create a shared leadership vision.
- Lead participants in interactive empowerment role play techniques

Module 4: Responsibility, Authority, and Accountability (R+A+A)

The R+A+A strategies of leadership such as delegation, prioritization, role expectation and scope of practice guides this session. R+A+A provides a clear process for leaders to reach optimal results when duties are recognized and accepted (Koloroutis, 2004). The RBC concepts of responsibility, accountability and authority expected in the leadership role are identified (Koloroutis, 2004). This session takes approximately 45 minutes to complete.

- Define responsibility as the ability to function within the scope of practice and duties. Discuss how to get through a day with all the responsibilities.
- Define authority as the responsibility to act appropriately in delegation of assignments, of being a resource to subordinates, and communication with leaders. Discuss being emotionally available as the leader in charge.
- Define accountability as taking ownership of decision making in areas of prioritization and role expectation. Discuss how the charge nurse is accountable for being accessible and clinically competent.

Module 5: Disciplines of Execution using principles of I2E2

Felgen's 2007 I2E2: inspiration, infrastructure, education, and evidence model will be used to teach charge nurse leaders how to use the mission and vision of the

hospital to bring about lasting relationship-based care changes in the hospital (Koloroutis, 2004). I2E2 help leaders identify care delivery strategies that cause thorough patient care, create happy families, support satisfied staff who feel they give good care and encourage interdepartmental harmony. This module should take approximately 15 minutes to complete.

- Complete the positive shift outcomes exercise.
- Identify measures to ensure shift coverage.
- Identify strategies that help to maintain timely patient flow**.**
- Identify measures to ensure shift coverage. Identify strategies that help to maintain timely patient flow**.**

Module 6: Building Trusting Relationships

Hospitals desiring to successfully teach leaders to build trusting relationships must provide support to team members in the effective development of mutual respect and trust between self and others. Teaching strategies geared at developing positive communication skills, delegation and prioritization must also be advocated for new leaders (Koloroutis, 2004). This module's interactive games and role-playing scenarios should take approximately 45 minutes to complete.

- Share the RBC Commitment to Co-workers card
- Identify the role of teamwork in build trusting relationships
- Elicit ways to provide reminders to people who fail to build trusting relationships.

Module 7: Crucial Confrontations

Charge nurses must learn how to recognize and manage crucial confrontation with difficult personalities. Nurses who are ill-prepared to directly confront team members who disrupt the flow of the unit and the hospital face losing trust and respect from patients and staff. Therefore, teaching strategies to increase leaders on how to recognize and handle confrontation is essential. This session should take approximately 30 minutes to complete.

- Share the crucial confrontation PowerPoint presentation.
- Complete the crucial confrontation exercise.
- Interact within small group discussion and provide a role play activity of the scenarios.
- Participate in interactive conflict case scenarios and resolutions between nurse-doctor, nurse-nurse and nurse-patient

Module 8: Effective and Ineffective Communication

This module will expound on communication styles through interactive group activities and role playing. Interactive or hands-on activities creates an awareness where leadership behaviors change from being problem focused to solution focused (Fairbairn-Platt & Foster, 2008). The completion of this should take approximately one-hour.

- Teach participants the GRIEVE Model to solving shift problems.

  G-gather the information. R-review or restate the problem. I-identify potential solutions. E-evaluate alternate solutions. V-verify and implement the decision.

E-evaluate the results. Performing the GRIEVE model is a version of the Plan, Do, Check, Act (PDCA) process.

- Identify barriers that hinder good communication.

Module 9: Appreciative Methods

The RBC principles of appreciating others and self helps leaders recognize what works within the hospital. The use of appreciative methods leads to positive patient and staff outcomes (Koloroutis, 2004). Completion of this module should take approximately 45 minutes.

- Complete the personality test.
- Practice writing appreciative comments.
- Discuss punitive discipline versus positive discipline.
- Discuss the importance of bedside report, hand-off and hourly rounding.
- Promote importance of ongoing staff education and training.

Module 10: Lean Methodology

The Lean methodology places emphasis on hospital resource utilization. Lean improvement steps assist charge nurses in identifying strategies on the elimination of waste of time, effort and valuable resources. Lean strategies also help leaders identify ways to increase unit productivity. Completion of this module should take 45 minutes.

- Share the LEAN Methodology Microsoft PowerPoint presentation.
- Create effective time management strategies on what is important to complete now and what can wait to later. Discuss time saving tips.

- Identify strategies to increase efficient care such as reduction in overtime, increase in staff retention, and increase in patient satisfaction.
- Discuss the utilization of the capital budget such as ordering equipment, unit remodel and hospital remodeling.
- Discuss staffing metrics, core measures and customer service.
- Educate on how to maintain and sustain unit changes

Module 11: Hospital Nuts and Bolts

The charge nurse's role in maintaining the hospital's infrastructure is important for new leaders to understand human resources policies and procedures issues. The completion of this module should take approximately 30 minutes.

- Discuss how to read financial reports.
- Educate participants on the nursing recruitment, interviewing and hiring processes.
- Discuss how to read staffing grids.
- Completion of disciplinary reports, occurrence and employee injury reports.
- Identify issues requiring assistance from the manager or house supervisor.

Module 12: Summary, Self-Assessment Posttest and Program Evaluation

Preintervention and postintervention survey differences assist project evaluators to measure expected leadership behavioral changes achieved following program completion. The survey findings can also help leaders identify charge nurses who need

additional development and those who are ready to take on the role and responsibilities. The completion of this module should take 30 minutes.

- Open session for participant's program questions and answers.
- Repeat the LPA as a post intervention tool.
- Complete the program evaluation tool.

Population and Sample

The recommendation for this future developmental project implementation was for the program leaders to seek project approval from the hospital's quality improvement council for charge nurse participation. The recommendation was for the future target population consist of registered nurses with at least two years of clinical practice experience. The future recruitment of participants should occur from a convenience sample of medical-surgical registered nurses employed at the hospital and who will voluntarily commit to and participate in a one-day, eight-hour charge nurse program. The project participants should consist of full-time registered nurses, with-or-without prior formal training, who have worked for the hospital as a charge nurse or who are potential charge nurses in the future. It was recommended that the unit nurse manager or unit director identify, approve and select from nurses who volunteer and who meet criteria for project participation. The demographics of age, race, nursing education level or gender will not be considerations for project inclusion (see Appendix D). The criteria for project exclusion are registered nurses with less than two years of clinical practice, charge nurses

from non-medical-surgical units, nurses from critical care, licensed practical nurses, part-time employment status and travel or agency registered nurses.

Program Design

The DNP project leader and project committee members recommended the quality improvement charge nurse program utilize already established concepts found in the CHCM RBC leadership program. The recommendations included that the program be held in a conference style room selected by the education department at a convenient location. I recommended the program be conducted over one eight-hour class period as suggested by the CHCM team. The recommendation was for registered nurse participants to complete the Leadership Personal Assessment Survey preprogram and post-program intervention and repeated at the assigned time intervals. The future participants will be allowed random opportunities to contact the assigned program leaders for clarification to any unanswered program questions.

Data Collection

The data collection process will be performed at this rural hospital by the hospital's project committee at the selected hospital located in rural southwestern Oklahoma at pre-determined times. I recommended the committee first gain permission to conduct the quality improvement project at the hospital prior to program implementation. Next, the hospital's quality improvement council will seek written permission for registered nurse participants to volunteer from within the hospital. Finally, the senior director of operations and unit directors will be asked to provide a list to the

committee members of current unit charge nurses who meet the criteria and who agree to voluntarily participate in the future quality improvement project. The participants will be notified by committee members that anonymous completion of preintervention and post-intervention survey tools will be part of the program's future evaluation process. The project's data collection committee will inform the participants that survey submission results will be kept confidential by decoding any identifiable information. The data collection committee members will inform participants that they may withdraw from the project at any time without fear of punishment or retribution. The participants will also be notified because of project confidentiality, no forms of reward or payment for participation will be received.

The CHCM company granted permission to include the copyrighted LPA tool in the charge nurse project. The LPA instrument measures self-reported leadership indicators on a five-point Likert scale. The Likert scales was used, with scores range from 1 (*rarely*) to *5* (*nearly always*)." The five instrument categories include: articulated expectations; responsibility, authority and accountability; building relationships; developing capacity; and leading change. In addition, the tool includes a section to write insights related to self-assessment and reflection. I recommended when the program is implemented in the future, that at the beginning of the workshop, the LPA instrument be administered by the project committee as a preintervention assessment tool to identify individual gaps in practice (Koloroutis, 2004). The following recommendations were made for completion of the LPA instrument. The LPA survey should be repeated at the

conclusion of the workshop as a post-intervention assessment. The survey should take 15 minutes to complete at the beginning of the program and another 15 minutes at the end of the eight-hour program. The LPA should also be completed at designated intervals as agreed upon by the project leaders and participants.

I recommended that in the future evaluation of the program effectiveness for program data to be collected and evaluated by the hospital's designated project committee members. The expectation is the presurvey and post-survey data collection results will be able to identify practice changes needed as a result of self-reported data acquired during applied program interventions. The postsurvey results obtained in the future may assist program leaders to help participants develop a leadership action plan to achieve individual and hospital goals.

It was recommended that the hospital's unit manager provide immediate guidance and support to each charge nurse participant following program completion. I made an additional recommendation was for the project participants to be allowed to develop and adhere to an agreed upon action plan between the unit manager and charge nurse. It was also recommended that random two-week interval meetings occur between the manager and participant for two consecutive months to offer suggestions on the identified areas of the charge nurse's strengths and weaknesses. In addition, it was recommended for future quality improvement program charge nurse participants to complete and submit additional LPA tools at the two-month, six-month and one-year postprogram dates. The hospital's unit managers were encouraged to evaluate the presurvey and post-survey LPA

tool results in the future for self-reported changes in leadership abilities. In addition, the unit manager's observation notes should be collected and analyzed for recognized improvements in charge nurse leadership abilities following program participation. It was recommended that the preintervention and post-intervention surveys' distribution and collection are conducted in the future by a designated project assistant from within the hospital but who will not be associated with the designated unit's operation. The recommendation for the security of the instruments was for the survey's data results to be contained in a locked file cabinet located behind locked doors in the project evaluator's office.

Data Analysis

The following items are the recommendations for data analysis. It is recommended that data analyses are conducted by the hospital at the project's completion. An additional recommendation was for evaluation to include the preintervention LPA and the postintervention LPA instruments be measured for differences between the survey scores. The statistical software by IBM SPSS version 12 Chicago, Illinois was recommended to analyze the data to quantify the relationship between preprogram scores and postprogram scores. In addition to the collection of participant's self-reported data in leadership abilities, a recommendation was made for committee members to track and trend important unit outcome metrics. These outcome metrics included unit staff turnover rates, patient, doctor and staff satisfaction scores and other metrics such as patient falls and pressure ulcer development. It was also

recommended the hospital's HCAPHS scores and NDNQI reports six-months before and six-months after program implementation be compared to national benchmarks, then repeated annually to evaluate the program's effectiveness in noted outcomes.

Project Evaluation Plan

The project's goal was to determine, in the future, if there is a positive correlation in charge nurses' leadership skills and abilities after participation in a RBC program. Based on the project findings, it is anticipated that charge nurses enrolled in the RBC charge nurse program will influence staff and patient outcomes. The quality improvement project outcomes will be considered positive as indicated by increases in the RBC's LPA tool postintervention scores in comparison to the LPA preintervention scores (see Appendix B). The recommendation to evaluate the program's effectiveness was if at least 50% of the charge nurses self-report an increase in leadership abilities and personal empowerment, as determined on the LPA score results, the program would be considered a success.

In addition, it was recommended to the hospital's stakeholders to evaluate program success that a reduction of at least 25% achieved in unit staff turnover or a 25% increase in nurse's retention rates be considered as a positive return of investment. It was recommended and stakeholders agreed, if at least 50% of the nurses report that they gained valuable leadership skills that they can apply to their practice from program participation (See Appendix E), the RBC LPA survey results will be used as a guide to fully implement the charge nurse program at this hospital. It was recommended the

program's success be evaluated quarterly for one year for long term effects on patient and staff matrixes.

Summary

The charge nurse project was in support of combining an evidence-based RBC program with the current charge nurse program. I assisted the hospital in determining if combining the programs in the future would help improve the leadership abilities of charge nurses working on medical-surgical units. The hospital's future implementation and evaluation of the LPA tool findings would help determine if program participation leads to satisfaction and empowerment in the charge nurse role. If positive correlations exist, future requirements will be for registered nurses to complete the program before receiving the charge nurse title and position at this hospital. It was recommended that the hospital grant participants of the RBC charge nurse program with nursing education contact hours for successful completion. It was also recommended that career-ladder advancement points be awarded for program completion. In addition, it was recommended that depending on the program findings, the charge nurse title have a supplementary payment for working in the charge position. The program will be provided to a group of charge nurses selected by the manager to participate in this project. The program consists of several relationship-based presentations, videos, group activities and self-evaluations strategies. Presurvey and post-survey program findings will be used to determine if the intervention was successful in increasing charge nurse abilities.

Section 4: Findings and Recommendations

Introduction

The purpose of this project was for the DNP student to develop a scholarly program plan based on the available evidenced-based literature for blending the hospital's current charge nurse program with the recommended RBC program. The objective was to design a program that help transform unit charge nurses into effective leaders. Another purpose of the project was for the me to recommend the optimal way to implement and evaluate the blended charge nurse program. The project posed two questions: Will the development of a charge nurse RBC program that leads to nurses obtaining personal, professional and hospital goals be supported by scholarly evidence-based literature? Will implementation of a charge nurse program plan that improves the quality of patient care and improves staff outcomes be supported by the scholarly evidence-based literature?

The program's aim was directed at future implementation of a transformational program for nurses who had not received formal charge nurse development while employed at the local hospital. The recommended charge nurse program served as a clinical springboard for program leaders to close the existing leadership gaps-in-practice. The project helped to identify if the gaps-in-practice related to the lack of leadership preparation of new and aspiring charge nurses. Hospital stakeholders and project leaders desired to find out if participation in an RBC leadership program workshop would help nurses to positively influence other nurses, patients, family members and physicians'

outcome metrics. The stakeholders acknowledged an investment in leadership development should elevate hospital standards of care.

An extensive review of the literature conducted by the interdisciplinary team identified hospitals that incorporated the CHCM RBC leadership program. In these hospitals, positive outcomes were evident by the increases seen in nurse retention, nurse's decision-making ability and caring behaviors learned during the implementation of the RBC programs (Winsett & Hauck, 2011). Findings in the RBC evidence-based literature indicated when charge nurses are provided a program geared at increasing autonomy in practice, substantial improvements in patient, coworkers and nurse relationships were generated. Therefore, to determine if a leadership program for charge nurses can be substantiated, there should be more critical discussion and extensive literature review searches done to capture the overall benefits of the program's implementation efforts.

Findings and Implications

Charge nurses are the lifeline to the function and survival of a unit. A charge nurse must be able to guide, support, and manage the day-to-day activities on the unit. The charge nurses are the leaders who physicians, patients, families, and co-workers expect to keep the unit running smoothly (Winsett & Hauck, 2011). Charge nurses are also the eyes and ears that the hospital's leadership rely on to manage the overall operation of the unit efficiently. Therefore, it was imperative to design a program that empowered charge nurses with effective leadership strategies and skills so that they could have an influence on hospital, and patient outcomes.

This hospital's leadership acknowledged the role of the charge nurse as a vital necessity of unit function. However, the hospital recognized that designing the right developmental program for this vital but complex role was problematic. Therefore, to reduce the problem, the project team and I recommended that medical-surgical charge nurses be provided and formally educated in an evidence-based practice program such as the RBC leadership program to learn how to successfully function within the role.

As a current house supervisor at a local hospital, former charge nurse and nurse educator, I witnessed charge nurses struggle to meet the pressing demands of the role because they were not formally trained as leaders. The nurses without formal training become mentally and physically exhausted, disillusioned with nursing and leave the hospital and more often than not, the healthcare system all together. Or worse yet, the hospital's leaders question the nurse's qualifications on whether or not the nurse was a good fit for the position or for the hospital. The RBC model of care empowers nurses to feel confident and functional in the role while demonstrating effective leadership skills directed toward both patients and staff. The implementation of a RBC program could lead to transformational leadership development in charges nurses making them fit for the role (Koloroutis, 2004).

The implications for practice in providing a formal charge nurse program is hospitals that spend time, revenue and resources in training charge nurses reap rewards of patient and staff satisfaction, retention of valuable staff, increases in physician/nurse trust and increases in unit productivity. The cost-effectiveness of investing in future

implementation of the charge nurse program may also lead to reductions in patient's length of stay, reductions in re-admission rates, increases in patient safety and increases in safe nursing practices in the hospital. The CHCM firm reported outcomes following RBC implementation at one hospital created a reduction in nurse turnover rates of 7.5% to 15%. A saving for the hospital in turnover cost of $42, 000-$60,000 per nurse was achieved (n.d.).

The project hospital desired that all participants complete the program with feelings of acquired empowerment and strengthened leadership abilities. The hospital's stakeholders acknowledged charge nurses can acquire these feelings when the correct evidence-based strategies and tools are used to establish the leadership role. The future implementation of the RBC model will help charge nurses embrace the leadership role and also identify strategies that help patients, families and co-workers to thrive within the hospital environment.

Discussion

The development of formal charge nurse programs in the clinical setting is pivotal to a hospital's success but its' meaningfulness is often overlooked and under-used. Open discussions on transformational needs of current charge nurse programs and how they can be effectively delivered is paramount amongst nurse executives, managers and directors. The nursing community is persuaded that evidenced-based practice findings and in-depth discussions are needed to assess whether charge nurse programs are beneficial in increasing nursing autonomy, responsibility, accountability and authority in the hospital

(Jasper, Grundy & Curry, 2010). Koloroutis (2004) reported implementing RBC principles into a program brings about a culture of success to all involved in the developmental and evaluative processes.

One of the project leadership team's goals was to assist the hospital in achieving the values and outcomes promised to patients, family members and co-workers in delivering quality patient care at all times. To achieve this goal, evidenced-based recommendations were made to the hospital's stakeholders on the application of RBC principles to the blended charge nurses program. The future implementation of RBC principles will help charge nurses meet the demands and responsibilities of being a resource and support for other nurses and for self. The DNP recommendation to develop a formal charge nurse workshop, such as the RBC model of care, lead the leadership team to focus on the successful development, and on the future implementation and evaluation of the program.

Positive Social Change

The medical-surgical nurses employed in this hospital and other hospitals continue to have issues in the areas of effective communication, critical thinking and decision-making, prioritization, delegation, and ineffective leadership in the areas of responsibility, accountability and authority (Koloroutis, 2004). Inclusion of the RBC principles into the charge nurse program enhances leadership and critical thinking skills, strengthens prioritization and delegation abilities, increases responsibility and accountability and emphasizes authority in practice through effective communication.

Implementation of the program will create social change through empowerment of charge nurses by imparting leadership and relationship skills which will support and nurture the direct care nurse.

During the RBC program interactive training and group activities, nurses gain effective strategies and interventions to draw from and implement when faced with real life situations (Koloroutis, 2004). Each project module brings about positive social change within the charge nurse' roles and responsibilities thereby, narrowing the leadership knowledge gap. As project participants implement the interventions, they become confident and effective leaders of change.

RBC training prepares charge nurses to meet the demands of carrying the leadership title. The leadership title also causes personal social change to occur as charge nurses are allowed to develop and function within their full scope of practice. The practice changes recognized from participation in a RBC program can lead the hospital to achieve national benchmark status in quality patient care outcomes. In addition, social change will be apparent when renewed trust is gained within the community because nurse leaders promote safe and effective healthcare environments.

The potential for global social change is also a possibility when healthcare disparities are reduced and care in vulnerable populations are improved as a direct result of effective charge nurse leadership (Walden University, 2014). Social change for charge nurses is really a nursing culture change because it increases self-confidence in competencies, skills and leadership abilities. A positive social change then occurs

because nurses are better equipped to apply acquired skills in the community setting that increases communication and interactions between nurses, patients and physicians. In the past, nurses have not been viewed as leaders (Scott & Miles, 2013). Therefore, implementing leadership programs that empower charge nurses will create a positive social change in the general public and nursing community so nurses can be viewed as formal leaders.

Recommendations

The recommendations for this hospital is for a one-day program to be implemented as written in the charge nurse development program modules (see Appendix D). A charge nurse program orientation manual was developed for the education department and for future leadership committee members to have as a written guideline and procedure manual for future program implementation and evaluation. The RBC model created by the Creative Health Care Management Company was the theoretical framework used to create the charge nurse manual following the concepts developed by Jean Watson in her theory of human caring model (Koloroutis, 2004). The RBC modules are copyrighted and are available to the project hospital for successful implementation into the combined program.

The program's classroom setting will initially be located on-site within the hospital. However, to reduce program interruptions, the CHCM team advocates for future program to be offered at off-site venues. The recommendation was for the hospital to continue with the current group size of 8-to-12 medical-surgical registered

nurses. The registered nurses should have at least two-years clinical nursing experience. The recommendation was for the unit's nurse manager to select the participants who volunteer for the program from the existing and potential unit charge nurse group. The project leader's recommendation was registered nurses' attendance at the charge nurse program will consist of a one-day uninterrupted eight-hour program.

The completion of the LPA tool was recommended as the primary preprogram survey self-evaluation instrument (Koloroutis, 2004). The recommendation was for the completion of the LPA tools at the two-month mark, six-month mark and one-year postprogram completion. The evaluation process will be conducted using an electronic survey where anonymity and confidentiality will be preserved with use of unidentifiable coding of participant's responses on the submitted LPAs. The recommendation was for the project leaders to compare self-reported scores between the changes found on the presurvey and postsurvey at the end of one year. The presurvey and post-survey data collection method was selected for this program because the survey captures self-reported data in the effectiveness of applied interventions. The presurvey and postsurvey used for this intervention may not be able to identify whether the program intervention is solely the reason for improvement or if the program interventions and the assigned unit manager interventions caused the change in practice. The results of the LPA tool findings and the self-reflections reports of the charge nurse will be evaluated to determine if there are reoccurring themes happening in the charge nurse role.

In support of early development, one recommendation was made to investigate

the option of offering a designated preceptor or coaching assistant for charge nurse participants or for nurses aspiring to be charge nurses. The assignment of unit-based charge nurse mentors was recommended to follow the progression of the program charge nurses. The mentors would counsel program participants at two-week intervals to offer encouragement and strategies on recognized strengths and weaknesses. An additional recommendation was for medical-surgical unit nursing staff, other registered nurses, nursing assistants and unit secretaries, to complete anonymous surveys documenting noted changes in charge nurse leadership abilities following program participation. A final recommendation was for the hospital to broadcast RBC television commercials to bring about program awareness and its' impact on affecting quality patient and nursing indicators within the local community.

Moving forward this program once implemented and continuously evaluated by the project hospital, can lead to professional practice changes where all charge nurses will attend a formal leadership development program prior to the charge nurse assignment. The recommendation for the hospital is if the desired results reveal an increase in HCAHPS scores, increase in staff retention rates, staff satisfaction scores and a decrease in staff turnover rates; the program become an established part of the education for current and future charge nurses. And finally, the creation of a rewards and recognition program for charge nurses who excel in the position be implemented.

After the successful charge nurse program implementation and evaluation, the recommendation will be for other healthcare hospitals to adopt the evidence-based

program. It is anticipated that adoption of the RBC program may help to bring about positive social change in the education and development of local, regional, national and international charge nurse leaders. It is also projected program participation may bring about increased job commitment, satisfaction and improved nursing care outcomes. There are an innumerous number of charge nurses or front-line unit leaders across the country, in both rural and urban facilities, who can benefit from participation in a RBC leadership program.

Contribution of the Doctoral Project Team

The project team was created to successfully design, implement and evaluate the charge nurse development program for this rural southwestern Oklahoma hospital. Members of the were current employees who volunteered, were appointed or were selected to participate in the creation of this program.

The contribution from the project developmental team members included:

1. The chief nursing officer (CNO) approved and participated in the project development. The CNO provided project staff members paid time off and support to attend project meetings. The CNO will continue as an active program implementation and evaluation partner. The CNO will attend future charge nurse workshops as a keynote speaker in the effort of supporting the continuous RBC process.
2. The quality improvement officer (QIO) distributed confidential hospital data on issues such as turnover and retention rates. The hospital scorecards and

hospital outcome goals were also provided to the team by the QIO. The QIO will continue to track and trend agreed upon metrics believed to be impacted by the implementation of the charge nurse and RBC program.

3. The department of education team scheduled meeting rooms and provided the current charge nurse program information. The team provided project materials and resources to conduct the meetings. The education team will continue in the support of scheduling meeting and securing workshop ventures. The materials needed during the workshop will be provided by the education team. The education department registered nurses will also present and lead charge nurse program modules.
4. The information technology (IT) department provided computer access for literature searches and training on the hospital electronic equipment and database. The IT department will set up and maintain the electronic database for program participant's survey submissions. They will also continue to have an active role in being available for workshops electronic issues.
5. The marketing department provided strategies for reaching the general public. The marketing department developed written and electronic materials to bring about program awareness and possible implementation. The marketing department will continue in the dissemination of program findings to the hospital's team members and the community.

6. The unit managers and directors identified nurses who met the inclusion criteria for nurses to participate in the project. Unit managers and directors will continue to identify and recruit nurses for ongoing training and participation in future programs.
7. The medical-surgical unit registered nurses assisted in planning and designing the project according to the evidence based literature. The nurse will continue as program promoters and potential program participants.

There were positive comments and recommendations gained from hospital stakeholders for the future implementation of this project's ability to change how charge nurses are assigned the leadership role. The hospital's administrative team was encouraged that potential improvements obtained in patient outcomes could prepare the hospital to strive once again for Magnet status. The stakeholders believed increases in HCAPHS and NDNQI scores could also improve community trust.

My continued contribution to the team will be as a facilitator to sustain the success of the charge nurse program. Since I am not employed at this hospital, I am motivated to assist the hospital remove inherent barriers known to exist during the program's implementation and evaluation phases. I will be involved in assisting the hospital identify resources needed to maintain and sustain the change. I will be available to assist the program leaders to develop and analyze hospital metrics and scorecards that are equitable to comparable-sized hospital's collection data.

Strength and Limitations of the Project

Program Strengths

The charge nurse role is a challenging yet rewarding position to hold when nurses are provided tools that help them grow and develop, both personally and professionally (Koloroutis, 2012). The hospitals stakeholders had complete buy-in for the development of the project program. Another strength of the program was the stakeholders had hired the consulting firm and trusted the final product, once investigated, would be a good one. This development project program's strength was charge nurses are groomed into professional leaders who display behaviors followers find effective. In the evidence-based literature however, it is apparent nurses who take on this dynamic role must be prepared mentally and academically to take on the demands of the role; otherwise, they become frustrated and disillusioned. Therefore, active participation in a transformational development leadership program such as a RBC program is essential to help nurses reduce frustration and increase caring relationships with patients, others and self.

According to MacPhee et al. (2012), providing a theory-based program develops leadership skills and outcomes viable to both the hospital and the nurse. In the charge nurse program, participation causes a transformation of knowledge when applied brings about patient outcomes that are relevant to the hospital's success. In addition, successful participation in the charge nurse program allows the hospital to recognize charge nurses who are prepared to move into more advanced levels of leadership and management.

Limitations of the project

After future implementation of the developmental project, a relevant question the project hospital may need to answer is whether a one-day workshop is adequate to fully impact rural charge nurses' leadership development and abilities. This evidence-based literature review identified that guidelines available on the education and development of rural charge nurses are limited. Therefore, the dissemination of future findings and results on the implementation and evaluation of this hospital's charge nurse program is needed to help other rural nursing communities to plan, design and develop effective projects. A limitation faced by the project team was current nursing leadership development using the RBC model was limited. Other hospitals who used the RBC model is limited in how much information they can disclose in articles. The limitation was also related to library or internet access to RBC implementation plans are not ready available because it is a copyrighted material and part of the consultation product for sale. The RBC consultants helped by providing the available information and materials needed to create the program through books, lectures and presentations.

Summary

The Charge Nurse Development Program has not been implemented at this time. Once implemented in the hospital, the key stakeholders are expected to see an increase in satisfaction scores across all metrics. The key stakeholders reported they are invested in what a RBC charge nurse program can also bring to the hospital in the area of improved patient care outcomes.

The project leaders recommended at the completion of the project, the hospital offer and provide the one-day charge nurse program to all medical-surgical nurses, who meet the criteria of one-to-two years clinical experience and who aspire to become a charge nurse in the future. A recommendation was also made for charge nurse program attendance as a requirement in the career ladder pathway policy for advancement to leadership positions. Another recommendation was to make the charge nurse program mandatory for all registered nurses on the medical-surgical units. Depending on the future self-reported evaluation of program charge nurses, it may be feasible to offer the program as a two-day workshop held in a setting outside of the hospital to keep nurses engaged in the workshop and without overwhelming them.

Section 5: Dissemination Plan of the Scholarly Product

Introduction

This section of the developmental project explains the future dissemination plan relating to the hospital's charge nurse program. Although there was a program in place, it failed to provide essential components needed to bring about leadership qualities desired in the local hospital's charge nurses. After an extensive literature review, blending the leadership principles of the RBC model with the hospital's current program was planned. The use of the RBC tools and empowerment strategies that facilitate role fulfillment and professional development of charge nurses were recommended to improve clinical outcomes, improve staff relationships and improve quality of patient care.

The project recommendations were to offer the newly developed RBC program during the regularly scheduled biannual charge nurse workshops. The RBC LPA tool was recommended to the program facilitators to help identify charge nurses reported key areas of leadership weaknesses and strengths. The plan was to provide leadership interventions to help charge nurses recognize and improve on weaknesses; while at the same time, build upon and enhance existing strengths (Scott & Miles, 2013).

The LPA reliability and validity was established in the review of evidence-based literature where other hospitals used similar instruments to successful identify leadership and charge nurse needs. The recommendation was once the results of the LPA are known, the facilitators measure pre-and postintervention scores against current outcome metrics. These outcome metrics include nurse retention, nurse turnover rates and patient, staff and physician satisfaction scores to help determine program effectiveness.

Dissemination

It is crucial that DNP project recommendations and program results are shared with this hospital, as well as other hospitals, to bring about social change on how to best implement and evaluate educational programs offered for the professional development of charge nurses. The first approach of dissemination included a podium presentation of the project to hospital stakeholders which included a PowerPoint presentation to nurse administrators and nurse executives. My plans are to assist the hospital's leadership team to disseminate the program's findings following future implementation and evaluation within the local healthcare community. Finally, as a DNP nursing faculty member, I plan

to introduce the role of charge nurses in the leadership curriculum in the form of interactive simulation exercises that are actual case studies and scenarios reported from within this hospital.

To reach a broader audience of healthcare professionals, it was recommended that the findings be disseminated in the form of an abstract submitted to evidenced-based journals. The *Journal of Nursing Administration* and *Journal for Nurses in Staff Development* are both evidenced-based and peer-reviewed journals that encourage young authors to submit abstracts for dissemination within the nursing community. My future plan is to submit the abstract, within one-year of the project's completion.

Other methods of project dissemination include podium presentations at nursing conferences and professional poster presentations. Next, the information should be disseminated throughout the healthcare community by local media advertisements, newspaper publications and poster presentations. And lastly, to increase program awareness to all newly hired registered nurses, the project hospital should inform nurses of the availability and the expectancy of participation in the charge nurse program during the orientation phase and repeated during the employee' annual performance evaluation periods.

Nurse's participation in effective charge nurse programs can make an enormous impact on how healthcare is delivered. Therefore, it is important to translate the findings at a capacity reaching venue. Shulman listed (as cited in Glassick, 2000) three criteria for work to be viewed as scholarship, "To be scholarship: the work must be made public, the

work must be available for peer review and critique according to accepted standards, the work must be able to be reproduced and built on by other scholars" (p. 879). Based on the Shulman's criteria, benefits of participation in a charge nurse transformational development program can be effectively disseminated by many methods. My plan is to disseminate the charge nurse program findings at state and national professional nursing associations' conferences to increase public awareness. The project results can then be published in peer reviewed nursing journals; reproduced by the poster presentation method and finally, replicated and piloted by other hospitals. Through the many available dissemination avenues, I can make registered nurses at all levels of care be aware of the significance of participation in a transformational charge nurse development program.

An additional dissemination method is the poster presentation. This is the method that I selected to disseminate the project finding to other nursing professionals. According to the Case Management Society of America (CMSA) (2009), poster presentations sessions can be both troublesome and helpful. The CMSA suggested, "Do get right to the heart of the matter, and remember…most people spend less than 5 minutes at individual posters" (p.2).

In a poster presentation, the poster must be visually appealing to capture the audience's attention. In a well-prepared poster, viewers can understand the layout and project results without much persuasion from the presenter. The program subjects can be divided into smaller portions while covering the most pertinent data findings. In the poster presentation, the poster viewers are allowed to select what results are of interest

and the presenter focuses in with the details. Professionally designed posters are relatively cost efficient, easy to prepare, transport and store. Posters are usually printed once and when stored properly, can last for several presentations. Another benefit of using the poster presentation method of dissemination is new network partnerships can be created. The new network partnerships can create additional opportunities to present project findings at other nursing conferences and hospitals. Following effective poster presentations, there is potential for presenters to be asked to participate on other evidence-based research studies and help disseminate similar project findings.

Another platform for project dissemination is a podium presentation within the nursing association where I am a member. Dissemination of program results at professional nursing associations can influence practice standards. The program committee of the Oklahoma Organization for Nurse Executives (OONE) solicits members to submit new and innovative ideas to increase nurse executives and educators' awareness of recent program development. The OONE encourages new graduates and project leaders to participate at local and statewide conferences to reach boarder healthcare communities.

Analysis of Self

It is pertinent for emerging DNPs to share their experience of becoming a practitioner, scholar and project manager. In the analysis of myself, this project allowed me the opportunity to evaluate the importance of developing charge nurses into leaders

who use evidence-based strategies to improve nursing care, increase patient care outcomes and restore positive relationships between staff, patients and physicians.

Scholar

The completion of the DNP program prepared me to take on the role of a scholar-practitioner. I can report I fulfilled the 2014 Walden University' DNP students' criteria for "becoming principled, knowledgeable, and ethical scholar-practitioner, who are and will become civic and professional role models by advancing the betterment of society" (p.19). As a DNP scholar, a social change was created within me to effectively plan, design, and recommend healthcare changes to a hospital that impact patients and nurses.

In this hospital, I am viewed as the subject expert in the areas of patients, nurses and hospital matters; therefore, when a problem arises, I am expected to have the solution or be able to recommend a solution. I accomplished my role as the DNP project leader. I recommended a program that could bring about changes in charge nurses' leadership abilities and skills that positively impact nursing practice standards and healthcare outcomes. As stated by Robert and Pope (2011), "Today, the focus on nursing practice facilitates unity for continued professional development, and is a road to promoting nursing as a recognized and well-respected profession" (p.41). As a scholar, it is my obligation to promote evidence-based programs that bring awareness of the potential for development and growth of nurses.

Practitioner

The DNP journey has caused exponential growth and development in both my professional and personal life. As a practitioner, I gained leadership and management confidence when providing explanations to stakeholders relating to the charge nurse program and what it entails to patients and staff members' success. My desire is to be recognized as an expert when recommending charge nurse programs to hospitals. As a DNP practitioner, I achieved The Institute of Medicine recommendation, "The doctoral of nursing practice (DNP) will be a full partner taking on responsibility for identifying problems and areas of system waste, devising and implementing improvement plans, tracking improvements over time and making necessary adjustments to realize established goals" (IOM, 2010, p.3). My long term professional goal is to assist nurses to achieve effective leadership abilities that improve how healthcare is delivered. I learned when nurses are encouraged to use evidence-based literature and apply it to practice they can successfully impact healthcare outcomes for patients. My overall project objective was to change how all charge nurses are developed and prepared for the leadership role.

Project Manager

My focus as a DNP project manager was to lead an interdisciplinary team to plan, design, and develop an evidence-based charge nurse program for this hospital that helped to groom charge nurses into effective leaders. The process can be quite challenging when working within an interdisciplinary team. When working with the team, every member came to the table with preconceived ideas of what a developmental leadership program should include. Therefore, adjustments in thinking had to be made at all levels. The

program's aim was to bring improvements to the working conditions and environment for medical-surgical nurses working at this hospital, as well as at other hospitals in the future. I was able to create an interdisciplinary team of leaders that included the chief nursing officer, nursing managers, directors, human resources, marketing and unit charge nurses. Together, the interdisciplinary team made program recommendations that could bring about positive social change in the way charge nurses are developed.

As the project manager, the area of most improvement in this evidence-based project was overcoming project barriers from potential stakeholder. As the project manager and facilitator, I had to master the power of persuasion. This lead to a feeling of empowerment for myself and the project team. The charge nurse program team realized early in the process that without the stakeholder's approval and buy-in, the program would not be viewed as valid and cost-effective. Persuading the stakeholders taught me the importance of effective communication and negotiation with hospital stakeholders to obtain development of this evidence-based charge nurse program. Stakeholders wanted to know that the bottom line on the return of investment for both nurses and patients would be positive. The return of investment was found to be priceless when happy nurses, patients and physicians are created from the end results.

Project Completion

The American Association of Colleges of Nursing's (AACN) 2006 Essentials incorporated into Walden's University's mission of equipping students with knowledge to transform themselves into scholar-practitioners while positively effecting healthcare

outcomes and social change in nursing are evident in the completion of this project (Walden, 2014). As a result of attending Walden's DNP program, I am a DNP scholar-practitioner who can effectively apply foundational concepts to plan, develop, implement and evaluate an evidence-based program. As a DNP scholar-practitioner, I am prepared to impact staff's clinical care performance. I am also able to recommend patient safety practices that effect change in the hospital. As a DNP project manager, I am able to provide nurses with strategies to make leadership decisions that lead to positive patient outcomes. I am prepared to offer a program that positively impact the nursing community as a whole and brings about positive social changes. For example, in my professional practice, it is evident that charge nurses function at their full potential after participation in a leadership development program by the quality care they provide to patients.

A challenge for this future project is what measures needs to be considered to support the knowledge gained within this developmental program. Ideally, NDNQI and HCAHPS reports could potentially be attributed to charge nurse development in outcome metrics and hospital scorecards. Other positive outcome measures could also be included such as increases in patients', physicians', and nurses' satisfaction scores, reductions in staff turnover rates and increases in staff retention rates.

Summary

This project was related to the planning and development of a hospital program for charge nurses that will be implemented and evaluated by project leaders in the future. The review of the evidenced-based literature solidified that there is an ongoing need for

transformational charge nurse programs. Extensive review of the literature supported evidence-based programs can help charge nurses achieve job satisfaction, capacity, ability and job empowerment following participation in a leadership development workshop. A leadership development program following extensive literature review showed a charge nurse program where RBC principles are used can develop nurses to meet the demands of the role, thereby leading the hospital to positively impact quality patient outcomes.

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Appendix A: Creative Health Care Management Approval Letter

January 23, 2015

CREATIVE
HEALTH CARE
MANAGEMENT

Kimetha Broussard
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Re: Graphics and Content Use Permission

Dear Kimetha,

Creative Health Care Management is happy to provide you the opportunity to use the following graphics and content in your scholarly work and research. The terms and conditions listed below must be observed to honor our copyright:

Terms and Conditions

- Graphics and content cannot be used to create products for sale.
- Graphics and content cannot be placed on publically accessible media (social media, Internet)
- Citations should be visible where graphics and content are used.
- Permissions are not transferable to third parties.
- Digital samples of usage should be sent to Chris Bjork for archival purposes.
- The graphics and content listed below are for use as follows:
  - Leadership Personal Assessment (LPA) scale as an instrument in a DNP project paper
  - RBC and I2E2 model graphics at Comanche County Memorial Hospital to provide a charge nurse workshop using RBC principles.
  - Use in scholarly journals to share research findings.

Graphics and Content Requested

1. Relationship-Based Care Model graphic
   a. **Citation: Copyright 2004, Creative Health Care Management, Inc. www.chcm.com**
2. I2E2 Model graphic
   a. **Citation: Copyright 2007, Creative Health Care Management, Inc. www.chcm.com**
3. Leadership Personal Assessment tool
   a. **Citation: From*: Leading an Empowered Organization Participant Manual.* Copyright 2007, Creative Health Care Management, Inc. www.chcm.com**

I have read and agree with the terms and conditions above.

Signed: Kimetha Broussard Date: 01/26/2015

Please keep one copy for your records and return a signed copy via Email, Fax or US Mail.

Yours in service,

Chris Bjork
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Appendix B: Leadership Personal Assessment

Leadership Personal Assessment

Read each indicator below and rate on a scale of 1 – 5
based on how often it is true for you now.

Rarely		Often		Nearly Always
1	2	3	4	5

Where I am now	Articulated Expectations
1 2 3 4 5	My purpose and vision are clear to those I lead.
1 2 3 4 5	I articulate expectations that are clear and consistent so that people know what is acceptable.
1 2 3 4 5	I understand that each person's way of being and work situation is unique to them; I do not superimpose my way as the 'only way'.
1 2 3 4 5	I lead with integrity—my stated values and actions are congruent.
1 2 3 4 5	I ask others what they need in order to be successful in their work.
1 2 3 4 5	I ask for what I need from my immediate supervisor in order to attain the knowledge and skills for my role.

Where I am now	Responsibility, Authority and Accountability
1 2 3 4 5	If I am unclear about my responsibilities or my level of authority for decision making in any situation, I proactively ask for clarification.
1 2 3 4 5	As I assign responsibilities to others I make sure they have a clear understanding of what is expected and the appropriate level of authority to be successful.
1 2 3 4 5	I follow-up at regular intervals with those to whom I've given responsibilities to monitor progress and evaluate the need for assistance.
1 2 3 4 5	I establish systems and mechanisms to promote accountability in the work area.
1 2 3 4 5	I accept ownership for reflecting on the quality of my work and seeking ways to grow and improve.

Where I am now	Building Relationships
1 2 3 4 5	I respect and value all people for their contributions and their unique capabilities.
1 2 3 4 5	I follow through on my commitments.
1 2 3 4 5	I seek to understand the other person's perspective/experience.
1 2 3 4 5	I give up control as needed so that others have the authority they need to fulfill their responsibilities.
1 2 3 4 5	I promote and model healthy and productive interactions with others.
1 2 3 4 5	I address emotionally difficult and conflictual situations directly, promptly and honestly.
1 2 3 4 5	I have clear personal and professional boundaries. I expect respect from others and I treat others with respect.

Where I am now	Developing Capacity
1 2 3 4 5	I encourage others to seek opportunities for self-development and growth.
1 2 3 4 5	I articulate expectations for continuous learning.
1 2 3 4 5	I encourage new and creative ideas and welcome alternative points of view.
1 2 3 4 5	My words and actions demonstrate that mistakes are opportunities not for shame or guilt but for forgiveness and growth.
1 2 3 4 5	I am accessible and respond promptly and consistently to requests.

Where I am now	Leading Change
1 2 3 4 5	I am proactive and take responsibility for getting things done.
1 2 3 4 5	I help others to see ways to accomplish positive change; I model the way.
1 2 3 4 5	I listen with an open mind; I suspend judgment.
1 2 3 4 5	I can see the possibilities in most situations.
1 2 3 4 5	I use the appropriate problem solving methodology to obtain the desired results.
1 2 3 4 5	I do whatever it takes to resolve problems quickly and effectively; I am willing to 'go the extra mile'.

Reflection: What insights have I gained through this self-assessment?

Strengths to appreciate:

Opportunities for growth:

Appendix C: RBC Charge Nurse Program Agenda

09:00-09:20	Introductions and Job Descriptions
09:20-09:45	Leadership Styles-Self Assessment Pretest
09:45-10:15	Foundations of Empowerment
10:15-11:00	Responsibility, Authority, Accountability (R+A+A)
11:00-11:15	4 Disciplines of Execution
11:15-1200	Building Trust Relationships
12:00-13:00	Lunch
13:00-13:30	Crucial Confrontations (PowerPoint)
13:30-14:30	Effective and Ineffective Communication
14:30-15:00	Appreciative Methods
15:00-16:00	LEAN Methodology
16:00-16:30	Hospital Nuts & Bolts
16:30-17:00	Summary, Self-Assessment Posttest and Program Evaluation

Appendix D: Development of a Charge Nurse Program

Participants Demographic Information

1. What is your age? (21-30; 31-40; 41-50, 51-60; 60-69; 70 or more)
2. What gender are you? (Female or Male)
3. How many years have you been a registered nurse? (less than 2 years; 2 to 5 years; 6 to 10 years; 11 to 15 years; 16 or more years)
4. What is your employment status at this hospital? (full time, part time or PRN)
5. Had you previously attended a formal charge nurse development program? (Yes or No)
6. What is your current level of nursing education? (ADN, BSN, MSN, or DNP)

Appendix E: Development of Charge Nurse Program Course Evaluation

Purpose and goal of program activity.

1. Learners will examine the charge nurse job description with role expectation and behaviors.
2. Learners will articulate concepts of the Relationship-based Care model.
3. Learners will identify principles of RBC leadership styles and empowerment.
4. Learners will reflect on responsibility, accountability and authority.
5. Learners will interact in team building and trusting relationships activities.
6. Learners will discuss strategies that increase effective communication and listening skills.
7. Learners will explore conflict management resolution strategies.
8. Learners will define appreciative inquiries components.

Instructions: Please complete the following statement by circling the one number that describes your rating. The rating scale ranges from 1 to 4, where:

1 =____poor, 2=____fair, 3=____good, and 4=____excellent

1. To what extent did the objectives relate to the overall purpose and program goals?

   1. Poor 2. Fair 3. Good 4. Excellent

2. To what extent have you achieved the overall objectives of this course?

   1. Poor 2. Fair 3. Good 4. Excellent

3. Evaluate_____ on the following criteria.

   a. Expertise of subject- 1. Poor 2. Fair 3. Good 4. Excellent

   b. Appropriate use of teaching strategies-1. Poor 2. Fair 3. Good 4. Excellent

4. Evaluate_____ on the following criteria.

   a. Expertise of subject- 1. Poor 2. Fair 3. Good 4. Excellent

   b. Appropriate use of teaching strategies-1. Poor 2. Fair 3. Good 4. Excellent

5. The overall program was? 1. Poor 2. Fair 3. Good 4. Excellent

6. Comments: