DEVELOPING FRONT LINE LEADERS: ONE CHARGE NURSE AT A TIME
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BACKGROUND & SIGNIFICANCE
Charge Nurses are an extension of management team and leadership is an important part of their evolving roles. They are responsible for leading staff, while managing complex unit specific systems and processes to ensure patient needs are met in a safe, effective and compassionate manner that translates into better patient and staff satisfaction in addition to cost savings; often with little to no education for the role. Role clarity and clearly defined expectations are essential to success in the Charge Nurse role. There is limited published literature about charge nurse leadership development programs.

BASELINE
1. No formal Charge Nurse group training program offered since 2012, and no standard requirements for eligibility to be in the role
2. Inconsistent unit based orientation
3. Variations in practice among existing Charge Nurse group
4. Role Ambiguity related to leadership in the Charge Nurse role
5. Charge Nurse competencies outdated; not relevant to current practice
6. Nursing union contract requirement for mandatory new charge nurse training.

PROBLEM ANALYSIS
Problem: Role Ambiguity and Unclear Expectations for the Charge Nurse

OBJECTIVES
Long Term Goal: To develop, implement, and evaluate an evidence-based charge nurse leadership development program.
1. Revise role description and competencies by December 31, 2013.
2. Redesign and implement a standardized leadership development curriculum by April 1, 2014.
3. Evaluate educational program effectiveness by end of program evaluation to achieve an overall score of 3.5 or higher.
4. Evaluate practice integration at 3, 6, 9 and 12 months post program implementation by self reporting survey with score of 4.0 (Almost every time) or higher in 50% of components. (1 = Never Used 5= Frequently Used)
5. Improve charge nurse leadership behavior perception pre and 6 months post program from advanced beginner to competent.

STAFFING & PARTICIPANTS
• Stanford Health Care (SHC) is a non-profit academic medical center with 603 patient care beds, 103 emergency care/urgent care clinics, 25,000 admission/year, and 58,000 emergency room visits/year in Palo Alto, California.
• Program participants included new charge nurses to the organization
• Program included new charge nurses to the organization

DESCRIPTION & PROCESS
(Structure and outcomes metrics for role description, competency tool, and formalized leadership development curriculum based on
• Jean Watson Caring Science (Theory of Human Caring)
• AONE Nurse Manager Learning Domain Framework
• Maria O’Rourke Professional Role-based Practice
• Patricia Benner Novice to Expert

PROBLEM: Role Ambiguity and Unclear Expectations for the Charge Nurse

RESULTS
• Since January 31, 2014, facilitated 8 cohorts with total of 192 charge nurse leadership participants
• Overall Program Evaluation all cohort – 3.94 (range 3.44 – 4.47)
• Overall Program Evaluation by Topics all cohorts – Novice to Expert
• The Leader Within: Creating a Leader in Yourself = 3.85
• The Leader Within: Creating a Leader in Yourself = 3.44
• Pre/Post Self-Assessment Competency Results – overall competency rating increased from advanced beginner -competent (pre) to competent to proficient (post – 6 months) and sustained post 12 months

Sample Experiential Teaching-Learning Activities
• Pre-workshop assignments (2 weeks prior to workshop) included articles, self-reflection activity, demographic data, and pre-assessment competency level rating

Charge Nurse Leadership Development Program
1. Pre-workshop assignments (2 weeks prior to workshop) included articles, self-reflection activity, demographic data, and pre-assessment competency level rating
2. Charge Nurse Leadership Development Workshop (1 day 8 hr. day) initial training. Agenda topics organized using AONE Nurse Manager Learning Domain Framework
3. Unit based Orientation – 3 shifts with experienced charge nurse and/or Advanced Patient Care Manager

Sample Experiential Teaching-Learning Activities
• Sharing Circle Process
• Pre-Post Self-Assessment Competency Results – overall competency rating increased from advanced beginner -competent to proficient (post – 6 months) and sustained post 12 months

CONCLUSION/FUTURE DIRECTIONS
1. Revised competency assessment tool based on participant feedback including separate category for Caring Science practices (Jan, 2015).
2. Implemented Manager pre/post assessment online survey of charge nurse with Cohort 7 (Feb, 2015).
3. Identifying Charge Nurse practice improvement best practices and create online archive.
4. Add Charge Nurses as program faculty and practice panel
5. Formalize charge nurse mentor process to align with organizational formal nurse mentoring program.
6. Revise leadership development curriculum to integrate outpatient needs.
7. Standardize Charge Nurse Unit Based Orientation
8. Creation of Stanford Charge Nurse Leadership Academy
• Advanced Charge Nurse Leadership Development Series
• Advanced Charge Nurse Leadership Development Certificate Program

REFERENCES

ACKNOWLEDGMENTS
• Pre Self/Manager Assessment Competency Results (Cohorts 7-8) – overall charge nurses self ratings higher in all domains compared to manager ratings.

Sample Experiential Teaching-Learning Activities
• Role Ambiguity and Unclear Expectations for the Charge Nurse

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