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# Charge Nurse Orientation

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Charge Nurse Orientation

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Abstract

Traditional undergraduate training focuses heavily on clinical skills with minimal emphasis on leadership. In practice, a nurse with clinical prowess is often promoted to the charge nurse position. Taking on the leadership role of a charge nurse can be a stressful experience without proper training and preparation that leads to burnout and turnover. With more experienced nurses facing retirement, now is the time to prepare future nursing leaders. This starts with adequately preparing a nurse to lead within the unit in the charge nurse role. A comprehensive literature review was conducted regarding charge nurse orientation. Charge nurse competencies were not conclusive, but there is a common trend. This nurse needs to develop knowledge, skills and attitudes in organizational functioning, clinical knowledge, interpersonal dynamics, and cognitive processing. Orientation includes didactic and interactive teaching strategies based on adult learning theory. Successful orientation should include mentoring with an experienced charge nurse. Organizations that support mentoring and continue to develop leaders, grow leaders from within. Training has a financial consideration for an organization that can be mitigated with a thorough orientation. Charge nurse orientation improves job satisfaction, manager and physician satisfaction, decreases stress and improves patient outcomes mitigating the financial impact. Orientation has positive impacts on the novice charge nurse, unit, organization and patients.

Charge Nurse Orientation

Call lights are ringing, three admissions are pending, one unstable patient, a disgruntled family member is demanding to talk to the charge nurse and two nurses are sick. All unit staff look to the charge nurse to make the unsettled shift run smoother, be the resource to unanswered questions and the set of hands to help when needed. Unit managers expect the charge nurse to coordinate and oversee unit operations at all hours of the day. Beyond have expertise at bedside nursing care, this select group of nurses are expected to help manage, oversee and conduct daily unit functions.

Nurses are often proffered a charge nurse position, many times, without the option of refusal. Nursing education focuses on skills, knowledge and concepts relating directly to patient care at the bedside with minimal emphasis on leadership. Transitioning from a bedside nurse into the charge nurse role requires the addition or advancement of new skills. The Ohio Nurses Association (ONA) created a position statement specifically for charge nurses. According to the ONA, charge nurses are responsibility for planning, coordinating and delegating patient and unit activities (ONA, 2016). This requires specific leadership competencies and abilities including delegation, assertive communication, being a resource for unit nurses, operating within budget constraints and ensuring patients are receiving high quality and safe patient care.

Learning the necessary new skill sets and competencies requires an orientation into the charge nurse role.  Without orientation, new charge nurses are set up for frustrations and failure. Proper orientation into the new role, the nurse can soar (Loraine, 1997). A charge nurse typically has strong clinical skills and bedside manners. The area of need is learning leadership skills. This can be accomplished through an effective and supportive charge nurse orientation.

# Purpose

According to Benner's novice to expert theory, a new nurse lacks skills and knowledge and begins as a novice (Davis, & Maisano, 2016). With time and experience, a novice nurse advances along a continuum ultimately becoming an expert. An experienced nurse who is promoted into the charge nurse role is often highly skilled at bedside nursing. Through having time and experience at the bedside, this nurse has obtained a high level of proficiency in bedside care, even expert status. This skilled and expert nurse then changes roles into something new – the charge nurse and returns to the novice status. In this novice stage, the nurse needs concrete objectives and help with decision making (Davis & Maisano, 2016). Support and mentoring are needed as the novice charge nurse advances along the continuum.

While the nurse may be new to the charge role, they are not new to nursing. This nurse draws upon real life experiences. Learning tendencies change from a pedagogical to an andragogical approach. Malcolm Knowles identified the needs of this group of learners in his adult learning theory (Billings & Halstead, 2016). Essentially, adults learn different from children. Adults are self-motivated, problem centered and need a safe and supportive environment (Billings & Halstead, 2016).

When role transitions occur, the nurse is no longer an expert, but needs to be viewed as a beginner. A comprehensive charge nurse orientation will help support a novice nurse. Developing such a program needs to involve the competencies needed for this role. The educational program needs to consider the specific learning needs of a professional adult learner. Proper orientation helps to set a new charge nurse up for success. Such an orientation develops the leadership skills needed to manage and lead in nursing. Properly preparing nurses to lead on

a unit level will hopefully blossom into improving patient care and nursing on a macro level

(Duncan, Rodney, & Thorne, 2014).

## Significance

Transitioning into the charge role can be stressful. This job shift brings the nurse back

into a novice position. Prior to this promotion, the nurse is functioning independently at the

bedside and considered as an expert according to Benner's staging. The nurse is an authoritative

figure within the unit, seen as resource and takes accountable not only for themselves, but others

as well (Billings & Halstead, 2016). Transferring into this new role brings the expert back to a

novice. As a novice, this nurse needs to rely on the expert for training. This change can lead to

stress and anxiety associated with the role change.

Without proper training and onboarding, the stress associated with role transition is

correlated with turnover. With the nursing shortage, institutions cannot afford to lose qualified

staff. Positions for nurses are growing at a fast rate of 15% (US Bureau of Labor Statistics,

2018). With one million nurses in the United States older than 50, 33% of the nursing work force

could retire within the next ten years (Grant 2016). On top of this, the turnover rate continues to

climb with younger nurses leaving the profession to raise their families (Haddad & Toney-

Butler, 2019) It is imperative to equip nurses with tools in order to lead, be successful and

competent in their position.

The competencies or skills needed by a charge nurse will vary depending on type of

nursing unit. However, some abilities are universal in this position. A charge nurse needs to be

equipped to be knowledgeable with the patient types admitted to their unit. Beyond that, the

nurse assumes responsibilities to be leaders, financial stewards, mediators, problem solvers and educator (Ohio Nurses Association, 2016).

**Theoretical Framework**

An educator needs to consider the unique learning needs of nurses. One of these considerations is learning styles. The student's generation, culture, gender and preferences can influence learning styles. When an educator understands the learning needs of the students, they become an effective vehicle to deliver the information. Learners are better outfitted to acquire the needed knowledge (Bradshaw & Hultquist, 2017).

Learning preferences are influenced by age. The current nurse workforce is made up of baby boomers, generation X and generation Y (Bradshaw & Hultquist, 2017). Different generations have different preferred methods to learning. Baby boomers are considered to be hard workers, like to seek accomplishments and are life-long learners (Bradshaw & Hultquist, 2017). Generation X learners are typically independent and resourceful. Technology was not commonplace for both Baby Boomers and Generation X (more so for the Baby Boomers). Because of this, they are considered digital immigrants and may need extra assistance with technology (Bradshaw & Hultquist, 2017). Generation Y are digital natives and have a comfort level with technology. This group of learners can multi-task, be assertive, easily bored and are driven to understand the bigger picture (Bradshaw & Hultquist, 2017).

Consideration of generational learner needs is essential when developing a charge nurse orientation. With varying characteristics, the educator should have clearly defined expectations of behavior, attendance and interactions ((Bradshaw & Hultquist, 2017). Regardless of generation, all generations who are training into the charge nurse role have a commonality: they

are adult learners. In 1990, Malcolm Knowles identified characteristics of this learner type in

adult learning theory (Billings & Halstead, 2016). This shifts education from a pedagogical

approach to an andragogical method.  Andragogy refers to the art and science of teaching adults

(Bastable, 2014). With aging comes life experience, which adults rely on when it comes to

learning. Adults prefer to learn material that is relevant and learn at their own pace (Bastable,

2014; Bradshaw & Hultquist, 2017).

As a nurse is being trained into a charge nurse role, adult learning principles need to be

considered. The past experiences as a bedside nurse provides the foundation prior to orientating

as a charge nurse. Learning should be tailored to the needs of this nurse. Additionally, not all

nurses sought the opportunity as a charge nurse. Readiness to learn will vary from nurse to nurse.

This needs to be a consideration and may impede learning if the nursing was not voluntarily

transitioning roles.  A learning style assessment should be conducted and applied to education.

Numerous learning style models exist such as Myer-Briggs Personality, Kolb's experiential

learning, 4MAT System or VARK. The type of assessment used can vary but education based on

the needs of the learner is more successful.

According to the adult learning theory, educators should be facilitators of learning, not

the authority (Bastable, 2014; Bradshaw & Hultquist, 2017). Learning is up to the individual

student. Learning is not guaranteed to occur, that is up to the individual student. Adult learners

need to feel safe and supported during the learning process, as well as challenged (Billings &

Halstead, 2016; Bradshaw & Hultquist, 2017). Educators need to intentionally design the

curriculum to be engaging and meaningful with appropriately leveled objectives based on the

learner (Bradshaw & Hultquist, 2017). Learning that is based on the learner needs, readiness to learn and learning styles produces better adult learning.

The final piece of learning involves assessment and evaluation ensure learning objectives or outcomes are met. Adult learners should be participants in the evaluation process (Billings & Halstead, 2016; Bradshaw & Hultquist, 2017). The educator should assist the learner in developing an evaluation for the learner and mentor. For a professional and clinical position, evaluation is accomplished by becoming skilled in charge nurse competencies. Competencies are the knowledge, skills and attitudes required for the position (Oermann & Gaberson, 2017). Mentor evaluations will be dependent on the institution.

## Process

Taking on the leadership role of a charge nurse can be a stressful experience without proper training and preparation. The skills required for this position are beyond the nurse's clinical expertise that has evolved over time. A charge nurse orientation program is needed to support a nurse being catapulted into this leadership role. Constructing a charge nurse orientation involves developing learning outcomes and objectives. These objectives should be written at the appropriate level for the learner and include knowledge, skills and attitudes required for this role. Curriculum design should consider adult learning principles with the instructor using an andragogical approach. Lastly, the educator needs to consider the proper method of evaluation for learning. Evaluation will include successful completion of charge nurse competencies, peer and manager satisfaction with leadership.

Depending on the facility conducting the orientation, there may be constraints to consider. One factor affecting design is financial, both direct and indirect (Keating & DeBoor,

2018). Nurses will be getting paid throughout their orientation. As such, the education needs to be concise, efficient and organized.  Beyond the new charge nurse, the mentor and educator will be financial factors as well. Indirect costs may include room space, supplies and furnishings taken from existing resources that can total 3-40% of the total costs (Keating & DeBoor, 2018).

In order to develop a charge nurse curriculum, necessary knowledge, skills and attitudes need to be understood. A comprehensive review of literature was conducted using CINAHL Complete. Keywords searched included "charge nurse" and "orientation". Restrictions included English. This resulted in two applicable articles. Using this same search engine and restriction "charge nurse" and "role" was searched, resulting in nine pertinent articles. Keywords "charge nurses" and "training" was investigated with no relevant new articles resulting.

The literature review continued with a Pub-Med Search. The first search conducted used the terms "charge nurse' and "orientation". Six relating articles were found.  The search extended to similar articles to Andronico, Getting, Hughes and Ciccolinis (2019) who wrote about standardizing an outpatient charge nurse course. This search resulted in three articles that were more closely reviewed.

Some of the initial articles were excluded after closer review. These articles were relevant to charge nurses, but not related to charge nurse orientation. While these articles were not directly relevant to the topic of this paper, references within the article were found useful. These references were reviewed and used as a secondary search. This resulted in the inclusion of three more studies that pertained to charge nurse orientation.

**Review of Literature**

There are multiple considerations to develop an evidence-based charge nurse orientation. A nurse chosen for this prestigious position tend to have superb clinical skills but lack training in leadership skills (Rose, 2016). Orientation will need to include the various competencies required for this new position. Objectives developed for this course should include knowledge, skills and attitudes at an appropriate level for the learner. This innovative and engaging education should be based on adult learning needs with consideration for specific student learning needs.

**Leadership**

The Institute of Medicine [IOM] published the ground-breaking report called *The Future of Nursing: Leading Change, Advancing Health* in 2010. This government supported report called for nurses to assume leadership positions. The nursing profession should be represented, from a unit level and up. While nurses should seek leadership opportunities, training and mentoring should be provided. Mentoring provides an exemplar of being a charge nurse and is sought after by a novice charge nurse. Even with mentoring identified as a key component for success, it is often overlooked in charge nurse orientation. Walker (2010) conducted a survey of 142 charge nurses and found only 30% received a full orientation to the charge nurse role. Further, on average, these nurses felt mentors (management, clinical or financial) were accessible only 33% of the time (Walker, 2010).

In response to the nursing shortage, upcoming baby boomer's retiring and the IOM's call to increase nurses in leadership, organizations are developing internal leadership programs. National nursing organizations are answering this call as well. In collaboration, the American Organization of Nurse Executives, Sigma Theta Tau International, American Nurses Association

and the American Association of Critical Care Nurses developed online courses, webinars and

fellowships for future nursing leaders. The comprehensive program is called the NM Learning

Framework [NMLF]. Three frameworks are included in this program: the science, the art and the

leader within (American Organization for Nursing Leadership [AONL], 2015). The science

domain is comprised of financial management, human resource management, performance

improvement, thinking skills, technology, strategic management, and clinical practice

knowledge. Leading people is part of the art sphere which involves human resource leadership

skills, relationship management and influencing behavior, diversity and shared decision making.

The last domain (the leader within) contains the subgroups of personal and professional

accountability, career planning, personal journey disciplines and optimizing the leader within

(AONL, 2015).

Ramseur, Fuchs, Edwards and Humphreys (2018) applied the NMLF with mentoring to a

leadership development course at a large health system. This system was having difficulty filling

leadership positions internally resulting in a financial stressor and difficulty sustaining quality

measures for patients. Surveying the nurses concluded 56% did not feel there was appropriately

training and 62% of nurse leaders stated leadership positions were not appealing to potential

future leaders (Ramseur et al., 2018). A leadership development program was developed with

competency scores and satisfaction assessed as the evaluation. Participants took a pre- and post-

leadership competency assessment. A total of 41 participants were invited to the training with 40

of those successfully completing the program. Ramsuer et al. had 33 participates complete both

surveys and found a statistically significant increase in leadership competencies. Satisfaction

with the program was 100% (Ramseur et al., 2018). All participants identified meeting with a

mentor as an invaluable component for this training.

Grooming leaders internally is wise from a financial and quality of care standpoint. Ramseur et al. (2015) found after completing the leadership program, 33% were interested in seeking job advancements within the health system and another 33% were considering advancing their education within the year. These resources are valuable for an organization and can help to foster quality care. Financially, staff who are promoted will require orientation to their new role, but not to the organization. A key part to the success of this program was support and encouragement from senior leadership. Removing barriers such as lack of time enabled nurses to successfully complete the program.

A charge nurse possessing clinical expertise is vital to ensure quality and safe nursing care. Agnew and Flin (2014) examined the effect charge nurse leadership can have on patient safety. This study interviewed 12 senior charge nurses to evaluate their leadership styles. All nurses were women, eight participated in both mandatory and voluntary training and the last four had voluntary training (Agnew & Flin, 2014). At the completion of the interviews, Agnew and Flin placed leadership behaviors into categories: Task-oriented, Relation-oriented and Change-oriented. Behaviors related to task and relationships were most frequently reported and would fluctuate depending on the situation. When productivity and demanding situations arise, charge nurses need to have task-oriented behaviors.

The next step for Agnew and Flin involved surveying staff nurses about the leadership styles of their charge nurse. The questionnaire was completed by 82 staff nurses regarding 15 charge nurses for the respective units. Only ten of the charge nurses from phase one were evaluated by staff nurses in phase two. The self-evaluation done by the charge nurse was comparable to the evaluation completed by staff nurses. Interestingly, charge nurses who ranked

high in monitoring behaviors and recognizing changing conditions were more likely to be

compliant with safety measures and resulted in a lesser severity of illness for the patient (Agnew

& Flin, 2014). Despite the small size of this study and only being located within a single facility,

it demonstrated the effect of leadership on patients. Patient safety and outcomes can be positively

transformed underneath appropriate leadership.

**Competencies**

While job descriptions and tasks for a charge nurse may vary from one unit to another,

there are some fundamental competencies the charge nurse needs to be able to perform. In 2003,

Connelly, Yoder and Miner-Williams discussed the difficulty and importance of having charge

nurse competencies. Connelly et al. established the lack of literature on charge nurse

competencies and importance of training as it relates to quality patient care. This same sentiment

was echoed in other articles regarding lack of research and literature for charge nurse

development programs (Normand, Black, Baldwin & Crenshaw, 2014; Androcino, Getting,

Hughes & Ciccolini, 2019). Connelly et al. (2003) conducted a qualitative research study to

assess what nurses thought charge nurse competencies should be (Connelly et al., 2003). A

variety of care settings were involved: critical care, medical and surgical units. Staff nurses,

charge nurses, head nurses and supervisors were participants in the 42 interviews. Connelly et al.

had mostly female participants (n = 33) and nine males who had an average of five years charge

nurse experience. While this study was conducted at a military hospital, it does transfer over to

the civilian world.

Competencies were able to be grouped into four different groups: Clinical/Technical,

Critical Thinking, Organizational and Human Relation Skills (Connelly et al. 2003). Clinical

competencies are those related to direct patient care. Critical thinking competency pertain to decision making and problem-solving abilities. Organizational competencies involved unit functioning as well as the organization. Lastly, Human Relation Skills competencies refers to the interpersonal skills mandated to care for patients and manage staff on a nursing unit (Connelly et al., 2003). Charge nurses are front line or first level manager. Throughout the interviews, characteristics of successful charge nurses evolved as well. Connelly et al (2003) recognized integrity, assertiveness, positive attitude, humor and being responsible as some of the traits of successful charge nurses.

The Ohio Nurse's Association [ONA] (2016) categorized competencies into three broad groups: planning, coordinating and evaluating. Within each group, several competencies were identified. For example, a charge nurse is responsible for planning, which may involve staffing, preparing for procedures and ensuring appropriate resources will be available (ONA, 2016). According to the ONA, a charge nurse will have to coordinate patient flow, interdisciplinary teams, communication, and resources need to care for patients. In the ONA evaluation realm, the charge nurse oversees the functioning within the unit when the manager is not present, evaluates nursing care to assess quality and safety measures, and ensures the ability of the nurse coincides with the acuity of the patient.

Normand et al. (2014) employed a Plan-Do-Study-Act [PDSA]. The plan started by summoning charge nurses and directors together to redesign and clearly define the charge nurse role along with development of a charge nurse leadership program in a rural Texas hospital. A new job description was developed, and nurses needed to apply for the charge nurse position, even if that nurse was already in the charge nurse role (Normand et al., 2014). Normand et al.

used a novice to expert platform to develop a course for all charge nurses to attend. Prior to this,

nurses did not have formal training. The training included leadership, career development,

professionalism, operations, communication, human resource management, and service

excellence (Normand et al., 2014). Patient satisfaction scores and retention were analyzed on two

med-surg units. Normand et al. (2014) did find an increase in retention (up 8.1%) but not patient

satisfaction scores. During the time of the study, the hospital was undergoing renovations, so

there was construction occurring on the units. This external factor may have influenced the

patient satisfaction scores. Researchers concluded the satisfaction results to be clinically

significant even though it was not statistically significant.

Normand et al. did see improvement in physician satisfaction scores, however, was not

the initial focus of the study. A benefit for this study was the ease of sharing the charge nurse

orientation program with other facilities within the organization. Once the program was

developed, it was readily shared within the health care system to other facilities considering the

ubiquity of competencies. Further, the target population of charge nurses had active involvement

in creating the changes which contributed to the success of the program.

Homer and Ryan (2013) examined whether a comprehensive orientation program would

improve job satisfaction and performance. A common theme was the lack of research regarding

specific competencies for a charge nurse role. Program content was determined from a focus

group of current charge nurses and nurse leaders/managers. Homer and Ryan included emotional

intelligence as part of their training program, in addition to other needed skills such as conflict

management, providing feedback and budgeting. Prior to nurses attending the training, members

of the nursing leadership team attended it to preview the education enabling them to provide

support for the nurses attending the training. Nurses who attended completed a pre- and post-survey. Managers completed a pre- and post- survey as well on the charge nurse's performance and satisfaction. Sixty nurses attended the two-day course, with 57 of them completing the pre-survey (Homer and Ryan, 2013). The post-survey was completed by less than half of attendees with only 24 nurses completing it. Homer and Ryan (2013) had only 38% response rate for managers. Prior to training, Homer and Ryan (2013) found nurses scored themselves significantly higher in job performance and satisfaction than managers prior to the education. After the training, the scores leveled out and were similar for job performance and satisfaction. Both nurses' and managers' scores were increased at a statistically significantly improvement following the course.

Not having proper leadership training was identified as a barrier to becoming a charge nurse. Homer and Ryan received anecdotal data from managers and nurses having increased confidence as a charge nurse to make decisions. Active learning strategies were used in the course such as case studies, role playing and discussions (Homer & Ryan, 2013). Unfortunately, the return rate of surveys was low.

Andronico et al. (2019) sought to understand competencies needed for charge nurses in an outpatient infusion center. Two cohorts were studied: one that had charge nurse experience and one cohort that was new to this role. A presurvey taken by 17 respondents found 70% were comfortable with the charge nurse role, but only 23% knew how to operate the patient scheduling system (Andronico et al., 2019). Charge nurse training was developed and consisted of a one day didactic course and two days of precepting. Beyond a lecture, the didactic day included journal articles, case studies and open discussions. Experienced charge nurses completed only the

didactic portion. Days two and three were intended for the newly appointed charge nurses. On day two, the novice charge nurses went to another unit to shadow. This was an opportunity to network, see different leadership styles and understand other units (Andronico et al., 2019).

A post-survey was completed by 13 nurses. Andronico et al. (2019) saw a 30% increase in comfort levels, 328% increase in familiarity of navigating the patient scheduling system and 31% increase in unit operations. Shadowing a charge nurse helped to increase the clinical and technical skills of the nurse. Relationship building occurred improving communication across the infusion units. Data was not provided on the effects of the training for a nurse with experience.

Stress is an inevitable feeling in healthcare. Inability to cope with stress leads to burnout and job dissatisfaction (Admi & Moshe-Eilon, 2010). A quantitative descriptive study was designed to evaluate levels of stress for charge nurses, the relationship between stressors and demographics and to develop a tool to measure charge nurse stress (Admi & Moshe-Eilon, 2010). Admi and Moshe-Eilon met with a focus group and then met with individual charge nurses. Based on these discussions, statements were developed, and a pilot questionnaire was distributed. The questionnaire was then revised with six themes. This revised survey (called the Charge Nurse Stress Questionnaire [CNSQ] was sent out to charge nurses and nurse managers in a 900-bed hospital with a return rate of 60% (Admi & Moshe-Eilon, 2010). By validating a stress tool, Admi & Moshe-Eilon (2010) revealed additional stressors associated with being a charge nurse including: managerial decision making, authority-responsibility conflict, role conflict, patient-nurse interactions and being deficient in resources.

In order to support nurses, Admi and Moshe-Eilon proposed training programs consisting of two phases. The first phase should be tailored to prepare the nurse for the charge roles.

According to Admi and Moshe-Eilon (2010) this should include training on how to give

feedback, decision-making, teamwork, conflict management and ability to practice various

managerial circumstances. The second phase involves mentoring and ongoing support. Having

peer support and the ability to debrief after critical situations will help novice nurses' transition

into the charge position. While stress experience may be different from one person to the next,

Admi and Moshe-Eilon found common themes contributing to stress for a charge nurse.

Awareness and ability to cope with stressors can alleviate the negative effects of stress (2010).

**Adult Learning**

Students who are satisfied with their learning experience are more apt to seek out

learning opportunities. There are intrinsic and external factors affecting satisfaction. Those

factors include personal feelings and attitudes towards the learning, age, gender and motivation

(Yang, Hsu & Chen, 2016). Faculty need to excogitate these aspects to maintain learning

satisfaction. Yang, Hsu & Chen (2016) found learning satisfaction declined in males as they aged

with the inverse being true for females. In addition, Yang et al. discovered women preferred to

learn material with practical applications (2016).

The Yang et al. (2016) study was focused in Taiwan and evaluated senior university

students who were older than 55 years of age. Education was offered to this population as a

means to aging well. The sample size was 485, consisting of 74.23% female and 25.77% males

who responded to the questionnaire. Of the sample size returning the survey, 39.59% were in the

age range of 55-60, 54.43% were between 61-70 years old and 5.98% were over the age of 71

(Yang et al., 2016). There was a large variation in age range groups. This study evaluated the

influence of age and gender. It is possible other factors could influence learning satisfaction,

such as culture and other internal factors. While this study did not look specifically at professional nurses learning relevant material to meet job requirements, it did show the significance of learning satisfaction and willingness to continue to learn as an adult.

**Education Methods**

Gamification is becoming a popular means to deliver education. Games offer an interactive manner to learn, increases learner engagement, and improves retention (Bastable, 2014). Courtier, Webb, Phelps & Naeger (2016) examined the use of digital games compared to didactic lectures for fourth year medical students in an elective radiology course. Pre and post-surveys were voluntarily completed by 48 out of 52 students. Students answered a qualitative survey regarding two different methods (lecture vs. game preference). Students took an exam at the end of the course as well. Students who were in the lecture group scored significantly higher compared to students in the gaming group (81% and 72% respectively) (Courtier et al., 2016).

For this study, students preferred the lecture over the game (Courtier et al., 2016). It is important to note, lecture was interactive. Students were able to engage with the instructor, ask questions to the educator and answer questions as well. The gaming platform chosen took students 15-45 minutes to complete compared to the lecture which was 50 minutes long and had mandatory attendance (Courtier et al., 2016). This study did demonstrate interactive didactic lecture can be a beneficial method for education delivery, albeit was a small sample size. Additionally, results may be skewed depending on the level of engagement during the lecture. Results may have been different depending on the game used to aid in teaching.

Courtier, et al. (2016) focused on medical students so results may not generalize into other healthcare disciplines. In a systematic review involving 30 studies, with various health

disciplines, Gentry et al. (2019) found gamification increased knowledge, skills and attitudes compared to a traditional lecture for various age groups; although the quality of the data was low. Some caution must be employed using gamification, clear objectives and active learning is required in order to obtain outcomes (Gentry et al., 2016). Gamification is a fairly new area being developed in education but does seem to improve learner satisfaction (Gentry, et al., 2016). Both interactive lectures and serious gaming appear to be practical methods to teach adult learners.

Active learning methods help to keep learners engaged. Students have difficulty listening to a lecture if it lasts longer than 20 minutes (Kroning, 2014). Applying active learning is an opportunity to incorporate different learning styles to a classroom. Case studies, incorporating technology, constructing test questions, peer teaching and group work are a few active teaching strategies that anecdotally engage learners (Kroning, 2014).

Learning style is another important consideration in course development. McCrow, Yevchak and Lewis (2014) used a prospective cohort study to evaluate the preferred learning styles for acute care nurses. If charge nurse training is to be effective, understanding learning styles is imperative to develop the appropriate curriculum to teach the masses. The Felder-Silverman Index of Learning Style questionnaire was given to 142 nurses along with a questionnaire (McCrow et al., 2014). This inventory breaks learning into four scales: Active-Reflective, Sensing-Intuitive, Visual-Verbal and Sequential-Global. Learners scoring may reveal a preference for one part of the scale continuum (i.e. active or reflective) or may be balanced between both ends. Of the people completing the questionnaire, 89% were females and 70% reported have a baccalaureate degree or higher (McCrow et al., 2014). McCrow et al. (2014)

found a balance preference for the active-reflective domain along with sequential-global domains and a preference for sensing and visual learning. There was not a statistical difference for gender, age or years of experience (McCrow et al., 2014).

This study was unique in adding a balance category compared to identifying with only one end of the continuum. Because of this extra category, future research should be conducted to ensure consistency of results. McCrow et al. (2014) suggests that acute care nurses prefer to learn via hands-on, factual, visual and group learning methods. The findings are consistent with undergraduate nursing students learning preferences suggesting undergraduate research extends to acute care nurses (McCrow et al., 2014). The absence of statistical difference in two learning domains indicates nurses are able to learn through a variety of styles and are not dependent on one type of learning. An education program can be geared to best meet the learning needs when creativity and various learning styles are incorporated.

## Discussion

**Interpretation**

Adult learners have an internal drive to learn. The IOM has called for nurses to be life-long learners (2010). Learning motivation comes from seeking answers to a problem. When a nurse is unwillingly being promoted to a charge nurse, motivation and readiness to learn may be barriers to learning. Further, adult learners will vary with learning motivation, based on age or gender. Although the results of Yang et al.'s (2016) study was focused solely on a Chinese population, adult learners are a heterogenous student population. Each learner enters a learning situation with unique life experiences. The same is true of a nurse who is being trained as a charge nurse. Incorporating adult learning principles into orientation appreciates the rich

background and experience of the nurse. Learning becomes relevant, which plays a vital role in willingness to learn. Adults tend to learn better when there is motivation to learn, especially if it is paired with a practical application. Understanding the reason (knowing the 'why') is a mindset that drives adults, it motivates beyond a simple action to purposeful action. It sustains the desire to develop and more importantly learn.

Nurses learn what patients need through careful assessment and evaluation. It would logically follow that nurses have a sensing preference for learning.  Sensing learners like to learn facts and patterns, practical knowledge that can be transcribed to the real world. Problems are solved using established and logical methods. Understanding learning styles is vital to develop and coordinate a charge nurse orientation. Education needs to be geared to the learner, not the educator. Prior to starting a charge nurse class, conducting a learning style assessment, understanding learning readiness or barriers to learning and knowing learning needs should guide the educator. While the educator should have an awareness to preferred learning styles, it is acceptable to incorporate various learning styles into a course to promote creativity, provide experiences and invoke a deeper level of thinking.

When a nurse's career enters this new realm of leadership, the nurse is transitioning from being an expert back to a novice. This can be a stressful time of change for the nurse. Evidence suggests mentoring helps to ameliorate the stress associated with this position shift. Mentoring with charge nurses from other units is conducive to teamwork and deepens the understanding of organizational operations. Mentorship allows the opportunity to practice new leadership skills with support that adult learners need. The experienced charge nurse can demonstrate and lead as an example. Leadership styles may need to fluctuate depending on situation. With the guidance

of a mentor, a novice charge nurse strengthens understanding of the types of leadership needed in different circumstances.

Considering the clinical expertise already developed by this nurse, charge nurse orientation needs to focus on developing leadership competencies. Research is challenged to find a comprehensive, concise and cohesive charge nurse competency list. Various nursing organizations have developed material that is similar from one group to another. Nonetheless, there were overarching themes that evolved. The themes are organizational functioning, clinical knowledge, interpersonal dynamics, and cognitive processing.

Organizational functioning includes scheduling, financial awareness and understanding, staffing patterns, floating and policies related to daily unit operations. Clinical knowledge encompasses direct patient care and abilities, preparing for procedures and being a resource for nurses on the unit. Interpersonal dynamics is the knowledge, skills and attitudes to lead people. This theme would involve advocating, relationships, feedback on performance, constructive criticism, conflict resolution and debriefing. Connelly et al. (2013) identified critical thinking as separate and unique category. However, critical thinking is an ability the charge nurse should demonstrate. I argue a better term for this category would be cognitive processing, which would involve problem solving, critical thinking, decision making and emotional intelligence. This category is a glue connecting the other three themes together.

In addition to the above categories, the NMLF included developing the leader. This concept was not strongly suggested throughout the literature, however, would be an important component to incorporate into charge nurse orientation. Including career planning, personal and professional accountability and optimizing leadership skills would not only strengthen the

nurse's ability to lead but develop organizational leadership. Such a program improves skills, promotes interest in pursuing various leadership opportunities and continuing education. Nurses with advance degrees provide safer patient care, continue to evolve the nursing profession and answer the IOM call for advanced degrees.

## Outcome/Dissemination

While competencies vary, a comprehensive charge nurse orientation should include organizational functioning, clinical knowledge, interpersonal dynamics, cognitive processing and leadership development. A robust orientation will include mentoring with an experienced charge nurse. However, mentoring does not need to remain isolated in the individual unit. There is benefit from training on other units. Mentoring alleviates the stress associated with moving from an expert back to a novice. Reduced stress prevents turnover and increases job satisfaction.

While nurses prefer sensing learning, different learning styles can be addressed in orientation. Didactic instruction can be beneficial for an adult learner, especially if it is interactive. However, alternative methods can be employed such as gamification, role playing and case studies. If gamification is to be used, clear objectives need to be applied. Technology would be appropriate to incorporate into training, regardless of generations involved. Digital immigrants and digital natives work collectively, and technology is ubiquitous in healthcare. The new charge nurse needs to learn different aspects to the role, the educator should serve as the medium providing the education.

## Implications for Nursing

Proper orientation is vital to the success of the nurse and unit. When trained, job satisfaction increases. Satisfied staff equates to decreased turnover rates. In lieu of the nursing

shortage, it is prudent for organizations to retain qualified staff. Given the opportunity to develop

leadership skills motivates nurses to pursue other leadership opportunities within the

organization. Not only does the nurse benefit from this desire, but also the organization.

Promoting a nurse from within the organization offers a cost saving in orientation. Further, job

performance improves as well.

**Practice**

Beyond job satisfaction for the nurse, a comprehensive orientation program includes

improved job performance, and ability to cope with stress. The effect of charge nurse orientation

trickles beyond the nurse's role into the unit and organization as whole. Manager satisfaction and

comfort increases with proper charge nurse orientation. A properly trained charge nurse can

assuage a manager's concerns during off hours when a manager is not present. This trickle effect

reduces stress associated with a managerial position. Physician satisfaction is positively affected

by orientation. Most importantly, a properly trained charge nurse affects patient quality and

safety and improves patient outcomes.

Evaluation is the final piece of education to consider. Measuring the outcome of a charge

nurse orientation will depend on objectives for the training. As many of the studies suggested,

there are numerous variables affected by training. The essence of orientation is focused on the

nurse being trained and the completion of expected competencies. Individual confidence may be

valuable to evaluate effectiveness of the training. Coworker, manager or physician feedback may

be another avenue to use for evaluation. On a broader scale, evaluating patient outcome data

contributes invaluable data on effectiveness. With transformational leadership, units are able to

rise to meet the needs of the patients.

**Education**

Clinical skills are the primary focus of nursing education. Leadership skills are not extensively covered in a nursing education. Responding to the IOM's call for nurse's leading should start in undergraduate programs. Starting leadership training, including charge nurse skills, during an undergraduate program increases exposure that can be built upon. Planting this seed as an undergraduate nursing student allows for continued professional development at the bedside and establishes the expectations of nurses needing to lead.

However, it is not the sole responsibility of the academia to prepare nurses for leaders. Unit and hospital educators should continue to invest in leadership training. Actively preparing and educating nurses for leadership facilitates the transition into a leadership role. Having nurses and nurse leaders involved in the planning for the education leads to commitment to the training. Nurses prefer training to follow an active learning model with gamification being a viable addition with interactive didactic material. Group learning is an active learning style that engages learners and provide the opportunity to network with nurses from other departments.

Lastly, nurses need to understand situational leadership. Depending on the situation, different leadership styles may be needed. Orientation needs to help nurses comprehending the different styles. Novice charge nurses will need the opportunity to practice and demonstrate the different styles needed at different times.

**Research**

Further research is needed on competencies that must be included in a charge nurse orientation. There was no descript or recommended length of time for orientation. Research was conducted based on adult learning theory. However, many institutes use nursing theories to guide

practice, such as the synergy model. Research based from the guiding theoretical framework may suggest competencies to be included. For example, the synergy model matches the needs of the patient with the nurse's ability. If this was applied to a charge nurse orientation, the model would help to match the abilities of the charge nurse based off the needs for the unit.

As discussed, developing leadership, including charge nurse skills, should start in undergraduate education. With nursing curriculums saturated with content, how much leadership should be involved prelicensure and does it look different from an associate to bachelorette education? Many of the studies reviewed did not identify participants age or gender. Minimal information on culture was available. This is a consideration as well for future research.

## Summary and Conclusion

A nurse who possesses strong clinical skills is usually promoted into the charge nurse role. However, strong clinical skills do not equate into strong charge nurse or leadership skills. This nurse is not prepared to assume this role without proper training and orientation. Lack of training leads to increase stress, frustration, failure and ultimately, burnout. This stress and burnout may result in a nurse leaving a job or, even worse, the profession. Losing this nurse affects departmental operations and seeps into the organization, and unfortunately, negatively impacts patient outcomes. Providing tools, resources and education for this new role has implications extending beyond the nursing but to the whole nursing profession and, eventually, the patients receiving care.

When a shift is full of uncertainties, a strong leader is needed to guide and support the unit in order to meet the needs of the patients. This is the role of the charge nurse. With a new role, comes a new skill set needed to be learned. While data remains inconclusive on exact

competencies, proficiency in organizational functioning, clinical knowledge, interpersonal dynamics, and cognitive processing is a minimum requirement in this role. An expert bedside nurse needs formal training and mentoring, especially as a novice to the charge nurse role. Organizational support in providing a mentor and continued leadership development will benefit the nurse, the unit and the organization.

The face of healthcare is ever-changing. Patients are sicker, hospital stays are shorter, staff numbers are declining, and more nurses will soon be retiring. Nurses are being called upon to lead for the profession, not only in the boardroom, but at the bedside. Proactively preparing nurses for leadership lessens the angst associated in becoming a charge nurse and may even pique interest in pursuing this position. An effective charge nurse orientation provides a bedside nurse with the knowledge, skills and attitude to successfully lead.

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PERMISSION

Title        Charge Nurse Orientation

Department        Nursing

Degree        Master of Science

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Date December 18th, 2019