

CHARGE NURSE LEADERSHIP DEVELOPMENT

THE IMPACT OF A FORMAL LEADERSHIP DEVELOPMENT PROGRAM ON CHARGE
NURSE LEADERSHIP COMPETENCIES: AN INTEGRATIVE REVIEW

An Integrative Review

Submitted to the

Faculty of Liberty University

In partial fulfillment of

The requirements for the degree

Of Doctor of Nursing Practice

By

Ellen M. Hudson

Liberty University

Lynchburg, VA

February, 2022

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Scholarly Project Chair Approval:

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ABSTRACT

This integrative review focuses on the current body of evidence for charge nurse leadership development (CNLD). It identifies common skills and competencies, provides a synthesis of existing training practices, and identifies gaps in the evidence. A thorough literature search of electronic databases and reference lists was completed, resulting in the identification of 22 studies published between 2011 and 2020. Data from the selected studies were evaluated and categorized into common themes; virtually all reported positive outcomes for the charge nurse development program implemented. Two of the studies reviewed were integrative reviews that compared identified themes and methodologies. Four studies were qualitative, identifying needed charge nurse competencies. Fifteen studies were quantitative, evaluating the effectiveness of charge nurse professional development programs implemented in the health care organization. One correlational study compared face-to-face learning with a blended learning format of face-to-face and online learning. Four major themes were identified: management of daily clinical operations, mentoring and empowering of staff, communication and conflict resolution skills, and role clarity and self-confidence. Two minor themes, budgetary knowledge and customer relations associated with patient/family-centered care, were identified. The majority of the charge nurse professional development programs were offered using multiple educational formats. Research supports the importance of a formal charge nurse professional development program to strengthen charge nurse role development and promote sustainable organizational goals and optimal patient outcomes.

Keywords: charge nurse, leadership, competencies, professional development

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SECTION ONE: FORMULATING THE REVIEW QUESTION

Charge nurses hold a vital role in the daily operations of the nursing unit (Bateman & King, 2020). The charge nurse must possess a wide range of leadership aptitude and skills without leadership authority or a formal plan for role development (Sherman et al., 2011; Teran & Webb, 2016). Charge nurses are frontline leaders in the organization interacting directly with staff, patients, and families (Bateman & King, 2020). They are leaders and clinical experts, providing education, policy enforcement, and patient advocacy (Andronico et al., 2019). The charge nurse is responsible for the functioning of the clinical unit during a designated timeframe (Ohio Nurses Association, 2016). The charge nurse should have a strong, foundational knowledge of clinical skills for decision-making, the ability to organize direct patient care, and communication skills to direct daily operations (Ohio Nurses Association, 2016). Often, nurses transition into the role of charge nurse with minimal to no formal training or support (Bateman & King, 2020; Delamater & Hall, 2018; Teran & Webb, 2016).

Despite lack of organizational recognition charge nurses must assume responsibility for quality patient outcomes and performance measures (Sherman et al., 2011). Charge nurses can impact organizational measures like throughput, patient safety, staff satisfaction, interprofessional relationships, and utilization of resources (Krugman et al., 2013). Charge nurses play an integral role in managing patient flow, staffing ratios, family inquiry, collaboration, and professional performance (Abel et al., 2020). Effective leadership skills are critical for the charge nurse to be successful (Teran & Webb, 2016). This integrative review focuses on the current body of evidence for charge nurse leadership development (CNLD). It identifies common skills and competencies, provides a synthesis of existing training practices, and identifies gaps in the evidence.

Defining Concepts and Variables

Having clearly defined concepts and variables is essential to developing research strategies for the integrative review process (Toronto & Remington, 2020). The variables define the relationship among the concept of interest, the intervention implemented, and the outcome using observable or measurable standards (Toronto & Remington, 2020). The concept for this scholarly project is a formal CNLD program. The variables are charge nurse leadership competencies and practices measured using defined and validated assessment tools. Additionally, research establishing competencies and themes essential for charge nurses to navigate their leadership role effectively was included in this review.

Rationale for Conducting the Review

The charge nurse plays a vital leadership role within a healthcare organization but often has little to no formal training in leadership skills (Bateman & King, 2020; Delamater & Hall, 2018; Teran & Webb, 2016). Determining the effectiveness of the current leadership development training practices for charge nurses will provide essential information for nurse administrators when designing a formal CNLD program to promote the successful outcomes of this vital role.

Purpose and Review Question

Does a formal leadership development program impact charge nurse leadership competencies?

Goals

1. To determine if there is evidence to support the value of a formal CNLD program.
2. To investigate specific charge nurse leadership competencies and qualities that are foundational to CNLD programs (Sherman et al., 2011).

Inclusion and Exclusion Criteria

Both quantitative and qualitative studies were included in this integrative review. The subject of the studies included was the role of charge nurse, resource nurse, or frontline leader in a clearly identified role consistent with that of a charge nurse within the healthcare organization. The articles were required to either include data pertaining to a charge nurse leadership development/educational training program or discuss the assessment of skills and competencies needed for an effective charge nurse. Articles included in the integrative review were from the past 10 years, 2011 through 2021; any articles older than this were excluded. Literature that focused on unit managers, administrative leadership, or executive leadership roles was excluded. Articles not written in the English language were also excluded.

Conceptual Framework

The Whittemore and Knafl (2005) methodology provides guidelines specific to the integrative review process. The guidelines provide a framework for the author to evaluate and summarize the empirical or theoretical articles to provide a comprehensive analysis and knowledge base of a specific situation or healthcare concern (Whittemore & Knafl, 2005). The integrative review allows the author to analyze experimental and nonexperimental research for commonalities and synthesize the evidence to form a consensus on the phenomenon in question (Whittemore & Knafl, 2005). The Whittemore and Knafl (2005) guidelines formed the methodological framework used to guide this integrative review, with additional guidance obtained from *A Step-by-Step Guide to Conducting an Integrative Review* (Toronto & Remington, 2020). Whittemore and Knafl (2005) delineated five steps to completing an integrative review. The first step is to identify the research problem of interest; second, to

complete a literature search for the defined topic; third, to evaluate the data obtained; fourth, to analyze the data obtained; and fifth, to present the results collected from the literature (Whittemore & Knafl, 2005).

SECTION TWO: COMPREHENSIVE AND SYSTEMATIC SEARCH

Search Organization Reporting Strategies

The Jerry Falwell Library advanced search tool was used, and search terms were combined until articles elicited were related to the topic could help answer the research question. The search terms were used as follows charge nurse [OR] resource nurse [AND] leadership [AND] training [OR] education [AND] competencies [NOT] administrator [NOT] executive [NOT] manager. The search was initially limited to five years and then expanded to 10 years. The search was limited to peer-reviewed, full-text articles available in the English language.

The initial results from the Jerry Falwell Library comprised 323 articles, with two meeting the inclusion criteria. A Scopus search found 11 articles with five meeting inclusion criteria. The Cumulative Index to Nursing and Allied Health Literature (CINAHL) search retrieved four articles with three meeting inclusion criteria. The Cochran review did not discover any related articles. A ProQuest search found 13749 articles within the past five years. The search terms were narrowed from charge nurse to “charge nurse” in the search criteria, and *resource nurse* was removed from the search. These changes reduced the number of articles identified to 91, with two meeting inclusion criteria. An Ovid database search was completed using “charge nurse” [AND] leadership competencies resulting in 799 articles published within the past five years. After inclusion criteria were reviewed and duplicates were removed, one new article was obtained. An additional Ovid database search using frontline nurse leaders [AND] leadership development obtained 66 articles with no articles meeting inclusion criteria after

duplicates were removed. A Google search produced one additional article meeting inclusion criteria that was not a duplicate. The reference lists from the most recent articles were reviewed. The additional, unduplicated articles were evaluated based on the inclusion and exclusion criteria, and eight other articles met the criteria.

Quality Appraisal

The search retrieved 1,313 articles. After duplicate articles were removed and the titles and abstracts were screened, 50 articles remained for a full-text appraisal based on the inclusion and exclusion criteria. The final number of articles meeting inclusion criteria for this integrative review was 22. The studies are presented alphabetically by author in Appendix A.

The Melnyk Levels of Evidence (2019) is a ranking system used to evaluate and critique evidence-based clinical research articles based on the type of study reported in the article. The study design, measurement tools, and data measured influence the strength of the evidence (Melnyk & Fineout-Overholt, 2019). Melnyk's Levels of Evidence (Melnyk & Fineout-Overholt, 2019) guidelines were used to evaluate the final 22 articles. The 22 articles included in the integrative review were published from 2011 through 2021. According to the Melnyk Levels of Evidence, one article meets Level 2 criteria, seven articles meet the Level 3 criteria, five articles meet the Level 4 criteria, one article meets the Level 5 criteria, and eight articles meet the Level 6 criteria.

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Statement was utilized to facilitate efficacious reporting of the literature review. The PRISMA Statement incorporates a 27-item checklist and a four-phase flow diagram to represent the data (Moher et al., 2010). The diagram phases consist of identification, screening, eligibility, and inclusion. The completed PRISMA diagram for this integrative review is included in Appendix

B. The diagram depicts the flow of information related to how the articles were selected throughout the four-phase process.

Synthesis

The critical appraisal of the articles delineated 15 articles as quantitative, four as qualitative, one as an integrative review, one as a correlational study, and one as a literature review including both an integrative review and meta-analysis. The quantitative studies investigated themes related to charge nurse leadership competencies and skills, charge nurses' self-reported confidence in the role, and job satisfaction, turnover rates/retention, value of the educational program, and change in patient experience scores (Abel et al., 2020; Andronico et al., 2019; Bateman & King, 2020; Clark & Yoder-Wise., 2015; Goktepe et al., 2018; Homer & Ryan, 2013; Kramer & Davies, 2021; Krugman et al., 2013; LeComte & McClelland, 2017; Maryniak, 2013; McGarity et al., 2020; Mosier et al., 2019; Normand et al., 2014; Spiva et al., 2020; Teran & Webb, 2016). The qualitative studies found that many charge nurses had apprehension or concerns related to their skills or ability to optimally manage the charge nurse role, self-confidence, motivation, skills and knowledge, ability to advocate for patients, role as a mentor, and role stress (Doherty et al., 2021; Eggenberger, 2012; Patrician et al., 2012; Wojciechowski et al., 2011). The literature review by Delamater and Hall (2018) and the systematic review by Yaghobian et al. (2020), identified communication, self-management, team management, and clinical and professional competencies as major concerns for charge nurses. Minor themes reported in these reviews identified the charge nurses' competency managing conflict resolution, delegation, healthy work environment, and service excellence. In the correlational study, Johnson and Shaiju (2017) found that leadership competencies in

communication, conflict management, employee development, learning capacity, relationship building, and decision-making had the most significant impact on staff nurse job satisfaction.

Summary

An extensive search for literature meeting the inclusion and exclusion criteria related to CNLD programs retrieved 22 relevant articles published in the last 10 years. Approximately two thirds of the articles included were quantitative studies, with the remainder being qualitative studies, two systematic literature reviews, and a correlational study. The authors utilized an assortment of methodologies for the CNLD program interventions. The top four learning interventions included classroom sessions, online modules, role-play scenarios, and case study discussions. Due to the wide variety of methodologies used to implement the CNLD programs, there is diversity in the themes identified. The most consistent themes retrieved from the study data included:

- competency in skills related to managing daily clinical operations,
- mentoring and staff empowerment,
- communication skills and conflict resolution,
- role clarity and self-confidence,
- customer relations and patient/family-centered care, and
- budgetary knowledge.

SECTION THREE: RESULTS

This integrative review compared two previous systematic reviews when formulating the thematic trends. In the Delamater and Hall (2018) review, the researchers noted communication and team management as major themes and conflict resolution, delegation, a healthy work environment, and service excellence as minor themes. The themes were identified through

patient satisfaction scores, nurse-sensitive measures, or nurse retention rates. Yaghobian et al. (2020) identified communication and team management as the highest qualities of a charge nurse. In addition, they found the most challenging areas for the charge nurse were conflict resolution and promoting patient/family satisfaction, while staff development and patient satisfaction provided the most job satisfaction (Yaghobian et al., 2020). The most common factors inhibiting nurses from transitioning to the charge nurse role were compensation and role stress (Yaghobian et al., 2020). From the research obtained in this integrative review, the four major themes noted related to CNLD included managing daily clinical operations, mentoring and empowering staff, communication and conflict resolution skills, and role clarity and self-confidence. Additionally, two minor themes were identified: budgetary knowledge and customer relations surrounding patient/family-centered care.

Thematic Data Analysis

Study Settings

The four qualitative studies included in this review were all completed in the United States (Doherty et al., 2021; Eggenberger, 2012; Patrician et al., 2012; Wojciechowski et al., 2011). All of these studies were completed in the hospital setting. Of the 15 quantitative studies, 12 were completed in the United States (Andronico et al., 2019; Bateman & King, 2020; Clark & Yoder-Wise, 2015; Homer & Ryan, 2013; Kramer & Davies, 2021; Krugman et al., 2013; Maryniak, 2013; McGarity et al., 2020; Mosier et al., 2019; Normand et al., 2014; Spiva et al., 2020; Teran & Webb, 2016), one was conducted in both the United States and Australia (Abel et al., 2020), one was completed in Turkey (Goktepe et al., 2018), and one was completed in New Zealand (LeComte & McClelland, 2017). Of these studies, 13 were completed in the hospital setting. The Andronico et al. (2019) study participants were from five out-patient clinic settings,

and the LeComte and McClelland (2017) study was conducted with participants throughout the Counties Manukau Health organization. The systematic literature review and meta-analysis was completed in a United States hospital and included studies conducted between 2007 and 2017 (Delamater & Hall, 2018). Yaghobian et al. (2020) conducted their systematic review in Iran and included English and Persian language studies published between 1980 and 2018. The correlational study was completed in a hospital setting in Delhi, India (Johnson & Shaiju, 2017).

Study Samples

The sample size for three of the qualitative studies was relatively small, with Doherty et al. (2021), Eggenberger (2012), and Wojciechowski et al. (2011) having 14, 20, and 22 participants, respectively. The Patrician et al. (2012) study was completed at three different levels:

- nurses with two years or more experience at hospitals with greater than 300 beds (13 participants),
- nurses with two years or more experience at hospitals with less than 300 beds (11 participants), and
- nurses with less than two years' experience at any hospital (12 participants).

The majority of the quantitative studies had small sample sizes with less than 50 participants (Abel et al., 2020; Andronico et al., 2019; Bateman & King, 2020; Clark & Yoder-Wise, 2015; Goktepe et al., 2018; Teran & Webb, 2016). Maryniak's (2013) study reported data from each of three CNLD educational sessions, all of which had fewer than 50 participants. McGarity et al. (2020) reported data for two sessions, with each having fewer than 50 participants. The Spiva et al. (2020) randomized control trial had fewer than 50 participants in each of the control group and intervention group. The studies by Homer and Ryan (2013) and

Kramer and Davies (2021) had between 50 and 100 participants. The LeComte and McClelland (2017) study included 71 total participants, but this integrative review focused on data associated with the 21 participating charge nurses. The Mosier et al. (2019) study included 614 participants. The Krugman et al. (2013) study was a longitudinal study completed in three phases (Phase 1: $n = 258$, Phase 2: $n = 84$, Phase 3: $n = 302$). The Normand et al. (2014) study evaluated Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores on three patient satisfaction measures with greater than 400 responses to each question pre/post-intervention and human resources retention rates pre/post-intervention.

The Johnson and Shaiju (2017) correlational study included 19 nurse leaders and 131 staff nurse participants. The Delamater and Hall (2018) systematic literature review with meta-analysis included nine studies and the Yaghobian et al. (2020) systematic review included 24 studies.

Interventions

The researchers utilized multiple intervention methods when they implemented their CNLD programs. The most frequently utilized intervention when implementing the CNLD program applied a blended learning format including some combination of classroom didactic teaching, online sessions, case studies, group work, role-play scenarios, and mentorship (Abel et al., 2020; Andronico et al., 2019; Bateman & King, 2020; Goktepe et al., 2018; Kramer & Davies, 2021; Krugman et al., 2013; LeComte & McClelland, 2017; Maryniak, 2013; Spiva et al., 2020). Abel et al. (2020) and Bateman and King (2020) incorporated didactic lectures with self-paced and online learning activities. Goktepe et al. (2018) combined didactic classroom sessions with small group discussions, case studies, and role-play scenarios. Didactic class, online learning, and small group sessions comprised the blended approach implemented by

Maryniak (2013) and Spiva et al. (2020). Andronico et al. (2019) conducted a didactic session then assigned a preceptor to mentor the charge nurses, whereas LeComte and McClelland (2017) implemented a mentoring program with interspersed training days. Krugman et al. (2013) completed their research in three phases utilizing a mentor and establishing a charge nurse practice council in Phase 1, conducting small group discussions in Phase 2, and presenting didactic classroom sessions in Phase 3. Kramer and Davies (2021) developed a 12-month orientation program that used a variety of resources to support the charge nurse following two half-day training workshops.

Classroom didactic sessions were the next most frequently implemented educational format used (McGarity et al., 2020; Mosier et al., 2019; Normand et al., 2014; Teran & Webb, 2016). Homer and Ryan (2013) convened focus groups to establish the educational content delivered via a case study format. Clark and Yoder-Wise (2015) implemented role-play scenarios followed by group reflection.

The qualitative studies used either a survey tool (Wojciechowski et al., 2011), interview question format (Doherty et al., 2021; Eggenberger 2012), or focus groups (Patrician et al., 2012) to develop themes for competencies and characteristics foundational for optimizing the charge nurse role. The systematic reviews (Delamater & Hall, 2018; Yaghobian et al., 2020) synthesized the literature to identify common themes. Johnson and Shaiju (2017) examined the relationship between charge nurse competency and staff nursing job satisfaction using a survey tool.

Assessment Tools

A wide variety of assessment tools were used for validating the CNLD programs implemented, with the majority being researcher-developed tools. The Leadership Practice Inventory (LPI) developed by Kouzes & Posner (1988), which uses a pre/posttest format, was the

most frequently used validated tool for evaluation (Bateman & King, 2020; Krugman et al., 2013; Maryniak, 2013). Researcher-developed self-evaluation questionnaires were utilized by three of the studies to evaluate learner perception of improved competencies (Abel et al., 2020; Clark & Yoder-Wise, 2015; Johnson & Shaiju, 2017). The Normand et al. (2014) study used the American Organization of Nurse Executives self-evaluation tool. Three researchers (Eggenberger, 2012; LeComte & McClelland, 2017; Wojciechowski et al., 2011) translated semi-structured interview question responses into applicable themed categories. Three studies evaluated the CNLD program intervention based on nursing retention using pre/post-intervention levels from human resources data (Mosier et al., 2019; Normand et al., 2014; Teran & Webb, 2016). Andronico et al. (2019) evaluated their CNLD program based on a pre/post-test evaluation of charge nurse comfort in the role. Abel et al. (2020) evaluated their CNLD program using the Conditions for Work Effectiveness Questionnaire and the Psychological Empowerment Scale. Goktepe et al. (2018) used the Managerial Competency Self-Assessment Scale to evaluate the CNLD intervention. Kramer and Davies (2021) developed the Charge Nurse Orientation and Professional Development Assessment to evaluate their CNLD program. McGarity et al. (2020) used the Nurse Managers Inventory Tool. Spiva et al. (2020) used the Multifactor Leadership Questionnaire and the Connor-Davidson Resilience Scale 25 to evaluate the CNLD intervention. Maryniak (2013) utilized the Management Practices tool, the Professional Research Consultants survey for employee satisfaction, and a survey addressing organizational goal topics in addition to the previously reported LPI to evaluate their CNLD intervention. Mosier et al. (2019) used employee ranking analysis, patient experience scores, and nurse engagement scores in addition to the previously reported retention scores.

Doherty et al. (2021) used Rubin and Rubin's in-depth responsive interviewing technique with semi structured questions to analyze their interviews for themes. Three studies evaluated responses to semi structured interview questions for common themes (Eggenberger, 2012; LeComte & McClelland, 2017; Wojciechowski et al., 2011). Patrician et al. (2012) analyzed their focus group sessions using the Hsieh and Shannon method to develop themes related to charge nurse leadership. The two systematic reviews coded the included studies for common themes (Delamater & Hall, 2018; Yaghobian et al., 2020).

Kramer and Davies (2021) and Teran and Webb (2016) evaluated Press Ganey Scores in relation to the CNLD intervention. Additionally, Teran and Webb (2016) evaluated select HCAHPS scores. Maryniak (2013) and Spiva et al. (2020) administered a program evaluation survey. Eight of the studies evaluated demographic information related to the study participants (Bateman & King, 2020; Clark & Yoder-Wise, 2015; Doherty et al., 2021; Goktepe et al., 2018; Johnson & Shaiju, 2017; Krugman et al., 2013; McGarity et al., 2020; Spiva et al., 2020).

Themes

When reviewing the literature to synthesize it for common themes, many researchers applied numerous terms or expressions to describe the various phenomena requiring discernment to decipher the commonality of themes. The four predominant themes deduced from the literature comprise: managing daily clinical operations (Andronico et al., 2019; Clark & Yoder-Wise, 2015; Delamater & Hall, 2018; Doherty et al., 2021; Eggenberger, 2012; Goktepe et al., 2018; Homer & Ryan, 2013; Johnson & Shaiju, 2017; Kramer & Davies, 2021; Krugman et al., 2013; Maryniak, 2013; McGarity et al., 2020; Mosier et al., 2019; Normand et al., 2014; Patrician et al., 2012; Spiva et al., 2020; Teran & Webb, 2016; Wojciechowski et al., 2011; Yaghobian et al., 2020), mentoring and staff empowerment (Clark & Yoder-Wise, 2015; Doherty

et al., 2021; Eggenberger, 2012; Goktepe et al., 2018; Homer & Ryan, 2013; Johnson & Shaiju, 2017; Krugman et al., 2013; LeComte & McClelland, 2017; Mosier et al., 2019; Spiva et al., 2020; Teran & Webb, 2016; Wojciechowski et al., 2011; Yaghobian et al., 2020), communication and conflict resolution skills (Andronico et al., 2019; Delamater & Hall, 2018; Doherty et al., 2021; Goktepe et al., 2018; Homer & Ryan, 2013; Johnson & Shaiju, 2017; Kramer & Davies, 2021; Normand et al., 2014; Patrician et al., 2012; Teran & Webb, 2016; Wojciechowski et al., 2011; Yaghobian et al., 2020), and role clarity and self-confidence (Abel et al., 2020; Andronico et al., 2019; Clark & Yoder-Wise, 2015; Doherty et al., 2021; Eggenberger, 2012; Mosier et al., 2019; Patrician et al., 2012; Teran & Webb, 2016; Yaghobian et al., 2020). Two additional sub-themes were identified: customer relations and patient/family-centered care (Clark & Yoder-Wise, 2015; Doherty et al., 2021; Homer & Ryan, 2013; Kramer & Davies, 2021; Maryniak, 2013; Patrician et al., 2012; Wojciechowski et al., 2011; Yaghobian et al., 2020), and budgetary knowledge (Goktepe et al., 2018; Homer & Ryan, 2013; Kramer & Davies, 2021; Krugman et al., 2013; Maryniak, 2013; Patrician et al., 2012; Spiva et al., 2020; Teran & Webb, 2016).

Two systematic reviews (Delamater & Hall, 2018; Yaghobian et al., 2020) were evaluated as part of this integrative review. The Delamater and Hall (2018) systematic review included two of the major themes (managing teams, workflow, and clinical operations and communication skills and conflict resolution) in their synthesis of common themes. Yaghobian et al. (2020) included all four of the major themes (managing teams, workflow, and clinical operations; mentoring and staff empowerment; communication skills and conflict resolution; and role clarity and self-confidence) and one of the minor themes (customer relations and patient/family-centered care) in their synthesis of common themes.

Major Themes.

Managing Daily Clinical Operations. The charge nurse's ability to manage daily clinical operations on the unit was derived from the skills associated with the management of teams, delegation, and workflow, which was the most frequently cited competency in the research literature. Andronico et al. (2019) noted a 328% improvement in comfort using the patient scheduling system and a 31% improvement in familiarity with the unit operations between the pre/post-intervention surveys. Clark and Yoder-Wise (2015) and Goktepe et al. (2018) noted that the complexity of managing the daily clinical operations of the unit required the charge nurse to have essential knowledge of the clinical operations on their unit. The charge nurse must have the ability to make patient assignments and delegate tasks based on the available staffing resources, command authority, and control the unit environment (Clark & Yoder-Wise, 2015; Goktepe et al., 2018). The charge nurse must facilitate a sense of cooperation and teamwork without instilling malice or dissension into the work environment (Clark & Yoder-Wise, 2015; Goktepe et al., 2018). Doherty et al. (2021) used the analogy of a plane taxiing, taking-off, and reaching cruising level to describe the charge nurse development process. Doherty et al. (2021) noted that as charge nurses develop into their role, they must master skills such as negotiating staffing assignments, fairly delegating, and maintaining staff accountability while meeting the acuity requirements for patients. Eggenberger (2012) found that the charge nurse guided clinical practice and coordination of care through decision-making and team leadership on the clinical unit. Homer and Ryan (2013) were vague in reporting charge nurse competencies but noted delegation, performance management, and time management as skills needed for the charge nurse to lead the unit effectively.

Goktepe et al. (2018) reported a clinically significant improvement ($p < 0.01$) between pre/post-intervention on self-assessment managerial competency scores in the areas of delegation

of authority, time management, meeting management, building teamwork within the unit, decision-making, quality management, performance appraisal, and creating a positive work environment. A highly clinically significant improvement ($p < 0.001$) was reported in effective problem-solving and leadership ability by the researchers (Goktepe et al., 2018). Goktepe et al. (2018) reported a 61.1% rating for efficiency of daily operations on the unit by study participants. Johnson and Shaiju (2017) noted that the charge nurse's decision-making and relationship-building skills were two of the competencies that contribute to staff nurse job satisfaction.

Kramer and Davies (2021) obtained a positive improvement result in team management scores associated with providing leadership, facilitating teamwork, time management, managing staff performance, and making patient-care and safety decisions between pre/post-intervention testing. In the Phase 1 portion of the study, Krugman et al. (2013) reported that the LPI scores with statistically significant improvement included "inspiring a shared vision," "challenging the process," and "modeling the way" domains. In Phase 2, there were no significant differences, and in Phase 3, there were significant improvements in the "enabling others to act" and "inspiring a shared vision" domains (Krugman et al., 2013). Maryniak (2013) found a statistically significant improvement in the LPI scores, Management Practices survey scores, and organization-specific goals survey questions. However, the researchers did not report on any specific themes derived from the survey results. Training focused on collaboration, managing teamwork, delegation and leadership, clinical operations, and workflow (Maryniak, 2013).

McGarity et al. (2020) found a statistically significant improvement in human resource management, strategic management, human resources leadership skills, relationship management and influencing behaviors, personal and professional accountability, and shared decision-making

using the Nurse Manager Inventory tool. Mosier et al. (2019) reported a positive correlation between their CNLD pilot program and improvement in areas including team management skills of delegation, accountability, and individual and team performance based on improved staff retention at all levels of care post intervention. Although the results of Normand et al.'s (2014) study did not reach the level of statistical significance, the author reported that the results were clinically significant. A 24% improvement was reported in patient satisfaction scores post intervention with one of the practice model areas focusing on teamwork (Normand et al., 2014). Patrician et al. (2012) reported one of the themes identified, managing staff performance, was a challenge for the charge nurse role in areas like staff motivation, staff initiative, responsibility, and accountability. Charge nurses reported challenges with various information technology systems and paperwork when managing the unit's daily operations. The participants reported that factors that helped them perform their job were a healthy work environment and supportive leadership (Patrician et al., 2012).

Spiva et al. (2020) reported a statistically significant increase in transformational, transactional, and leadership outcomes based on Multifactor Leadership Questionnaire and the Connor-Davidson Resilience Scale 25. In the Catalyst Learning Course Evaluation pre/post-test, the participants reported increased utilization of complex decision-making skills, time management strategies, and ability to delegate tasks as needed while maintaining staff accountability. Spiva et al. (2020) noted that as leaders, charge nurses influence engagement and participation when implementing change within the organization.

Teran and Webb (2016) implemented the CNLD program including a self-assessment with the 16 Personalities test and a leadership styles survey. Other topic areas included Inside-Out Coaching and the Environment of Care for patient safety (Teran & Webb, 2016). Beyond

the Bedside was used to train participants in patient throughput and interdisciplinary teams (Teran & Webb, 2016). The Magnet Journey was used to train the participants on shared governance (Teran & Webb, 2016), Centers for Medicare and Medicaid Services, The Joint Commission, and Texas Department of State Health Services guidelines were used to educate the participants in compliance, autonomy, and responsibility based on the charge nurse job description (Teran & Webb, 2016). Teran and Webb (2016) noted that although not statistically significant, there was a positive correlation between CNLD training and an increase HCAHPS scores in the area of nursing satisfaction following the intervention with training in leadership styles and care environment in three out of four nursing domains. Wojciechowski et al. (2011) found that the top learning needs for charge nurses included skills in the areas of staffing, delegating, prioritization and patient acuity, critical thinking, employee performance, teamwork, and cultivating the work environment. Yaghobian et al. (2020) noted management of others, clinical competency, conceptual and cognitive competency, and professional and legal competency as themes generated in their systematic review.

The Bateman and King (2020) study compared face-to-face learning to blended learning, with the blended learning including face-to-face and online modules using the LPI. The Mann Whitney U test was used to compare the pre/post-learning intervention LPI scores. No statistically significant difference was found between the two groups except in the “challenging the process practices level” (Bateman & King 2020, p. 192). The score was slightly higher in the blended group on the Mann Whitney U test (Bateman & King 2020).

Mentoring and Staff Empowerment. Mentoring and staff empowerment was the second most cited quality in the literature. Clark and Yoder-Wise (2015) noted that learning to balance teaching staff and allowing them to perform their duties was challenging for the charge nurses. It

required the charge nurse to remain objective and provide feedback using calm yet authoritative tones, conveying confidence and competence. Doherty et al. (2021) reported that the charge nurses felt they “set the tone” for the nursing unit through role modeling, empowering staff by involving them in care assignments, and decision-making. Eggenberger (2012) noted that the charge nurse must develop skills in “showing the way” through mentorship, guidance, and monitoring the quality of care provided. Goktepe et al. (2018, p. 1099) reported significantly improved “employee empowerment and continuous improvement” category along with the “problem-solving ability,” and “effective decision-making” skills on the Managerial Competency Self-Assessment Scale following the educational intervention. A comparison of the charge nurses’ perception of job performance and satisfaction to the nurse managers’ perception of the charge nurse job performance and satisfaction showed that the charge nurses scored statistically significantly more highly than the nurse managers pre-intervention but not post-intervention. Both the managers and the charge nurses identified performance management and delegation as needed in the charge nurse skillset (Homer & Ryan, 2013). The managers also included time management skills, while the charge nurses included prioritization and organizational skills (Homer & Ryan, 2013). A comparison of *t*-test scores measuring the perception of charge nurse job performance and satisfaction pre/post-Charge Nurse Education Program (CNEP) interventions showed that there was a statistically significant difference between the views of the charge nurses and the managers (Homer & Ryan, 2013). In their qualitative analysis, Homer and Ryan (2013) noted the charge nurse had a greater comfort level when delegating tasks to staff and providing constructive feedback following the CNEP. The charge nurses felt they had a better understanding of how to promote a healthy, caring working

environment (Homer & Ryan, 2013). Homer and Ryan (2013) found that charge nurses needed strong interpersonal skills to build relationships and constructively interact with colleagues.

Johnson and Shaiju's (2017) correlational study participants consisted of frontline nurse leaders and staff nurses. The authors reported that 10.5% of frontline nurse leaders received a highly competent rating and 63.3% satisfactory competency rating, with the highest scores reported in the employee development and learning capacity categories (Johnson & Shaiju, 2017). Of staff nurses 7.6% were rated in the good range and 83.2% in the excellent range (Johnson & Shaiju, 2017).

In the first phase of the Krugman et al. (2013) study, the clinical staff nurses rated the charge nurse lower than they rated themselves on the LPI. Thus, three additional interventions were implemented, one focusing on coaching employees towards improved performance. At the end of Phase 1, the researchers reported a significant improvement in charge nurse LPI scores for "inspiring a shared vision," "challenging the process," and "modeling the way" despite an overall decline in the scores (Krugman et al., 2013). Phase 2 of the Krugman et al. (2013) study focused on relief charge nurses during a transitional period. The researchers reported there was a relocating and restructuring of organizational leadership during this phase (Krugman et al., 2013). Additionally, the researchers felt the lower LPI post-test scores could be attributed to the reality of charge nurse role competencies as the charge nurses worked in the actual role (Krugman et al., 2013). Phase 3 of the Krugman et al. (2013) study compared relief and permanent charge nurse LPI scores with Phase 2 LPI scores. In Phase 3 of the study, changes were implemented due to a lack of participation in and completion of leadership educational courses; the charge nurse leadership courses were separated into leadership competencies and enhanced leadership course categories (Krugman et al., 2013). The courses were delivered

during charge nurse council meetings to improve attendance and participation (Krugman et al., 2013). Krugman et al. (2013) noted an improvement in LPI scores, but not at a statistically significant level. Krugman et al. (2013) completed a comparative analysis for all three phases of the study using ANOVA and *t*-test procedures, noting a statistically significant improvement in two LPI domains, “enabling others to act” and “inspiring a shared vision.”

LeComte and McClelland (2017) reported that their leadership intervention improved staff professional development by helping to improve their coaching and mentoring skills while increasing their self-awareness and providing an opportunity for growth and development. Mosier et al. (2019) reported a 7% increase in registered nurse engagement scores on a pre/post-test for the Charge Nurse Leadership Certificate Program. Spiva et al. (2020) reported that the Catalyst Learning Course Evaluation pre/post-test evaluation revealed an increased use of open discussion and explanation of decisions within the teams. Teran and Webb (2016) included a session on coaching and communication skills in their CNLD program. Wojciechowski et al. (2011) identified staff education, prioritization of time, and staff accountability for job performance as charge nurse learning needs.

Communication Skills and Conflict Resolution. Communication skills were the third most reported competency for charge nurses cited in the literature and research interventions. Andronico et al. (2019) reported that the training intervention gave charge nurses a sense of improved communication between units. Doherty et al. (2021) reported that the charge nurse must learn to navigate staff personalities in the day-to-day operations of the unit. Charge nurses need to be a resource for peers, physicians, hospital administrators, patients, and families (Doherty et al., 2021). Charge nurses must be assertive yet amicable to manage staff opposition to patient assignments and contend with staff behaviors (Doherty et al., 2021). They must

maintain diplomacy when managing confrontations and resolving conflicts with staff or families (Doherty et al., 2021). Doherty et al. (2021) noted that charge nurses desired additional training to develop their communication skills to effectively manage challenging situations. They also reported the charge nurse should promote staff participation in the decision-making process. Eggenberger (2012, p. 505) noted that charge nurses often found themselves in the middle of situations requiring them to be the intermediary to resolve the crises. Following the educational intervention, Goktepe et al. (2018) noted a clinically significant improvement in communication skills ($p < 0.01$) and conflict resolution ($p < 0.05$). Homer and Ryan (2013) noted that both nurse managers and charge nurses identified communication and conflict resolution skills as essential traits for the charge nurse. The charge nurses' qualitative comments signified their understanding of the importance of communication and conflict resolution in their role as charge nurses. They recognized the need to be flexible and adapt to each staff member's personality and the situation when communicating or resolving problems within the unit or with staff members (Homer & Ryan, 2013). Johnson and Shaiju (2017) noted that communication skills received the third highest score out of the six categories on their leadership competency assessment.

Kramer and Davies (2021) found an increase in scores for charge nurse communication and conflict resolution between the pre- and post-tests concerning the Charge Nurse Orientation and Professional Development Education Plan implementation. Normand et al. (2014) reported that although there was no statistically significant difference in pre- and post-intervention scores for communication, the educational outcomes were clinically significant. The nurse retention rates improved by 8.1%, and patient satisfaction scores increased by 24% (Normand et al., 2014). Patrician et al. (2012) noted that good communication and conflict resolution skills were essential to overcome charge nurse challenges. Patrician et al. (2012) noted that these skills

should be included in a formal education program to aid the charge nurse in managing staff attitudes and resistance to authority. Mandatory continuing education in effective communication help to diminish patient safety risks and improve outcomes (Patrician et al., 2012). Spiva et al. (2020) reported that charge nurses must adapt their communication style based on the situation and the individual they are addressing. The charge nurse must use a constructive and collaborative approach, especially when addressing disruptive behaviors or managing conflict (Spiva et al., 2020). Teran and Webb (2016) monitored HCAHPS scores and nurse turnover rates pre/post-training to evaluate their training program. These evaluations did not directly measure charge nurse communication skills; however, noted in their “Lessons Learned” section that communication skills would be incorporated into all units’ upcoming charge nurse training due to decreased HCAHPS scores in the “response of hospital staff” domain (Teran & Webb, 2016). Wojciechowski et al. (2011) reported that effective communication skills/open communication fell into three areas on the Common Issues Within Categories from the RN Survey: developing leadership skills, barriers to functioning as an effective charge nurse, and helpful resources. The charge nurse needs practical communication skills to promote a healthy work environment and continuity of care across units to effectively reduce and resolve conflict (Wojciechowski et al., 2011). Yaghobian et al. (2020) reported communication skills as a common theme in their systematic review.

Role Clarity and Self-Confidence. The fourth most commonly identified theme related to CNLD is role clarity and self-confidence. In the Abel et al. (2020) study, 83% of the participants reported that the intervention gave them a sense of self-empowerment in their role and their ability to create an empowering work atmosphere. Abel et al. (2020) noted that 73% of participants reported the intervention prepared them for their role as a charge nurse, and 93%

reported it improved their knowledge of topics covered. One of the Adronico et al. (2019) study objectives was for charge nurse to understand role expectations. Andronico et al. (2019) reported a 30% increase in charge nurses' comfort with their role, a 328% improvement in comfort using the *patient scheduling system*, and a 31% improvement in familiarity with the unit operations between the pre/post-intervention surveys. Beginner charge nurse participants commented that the training gave them a greater sense of confidence and preparation in the charge nurse role (Andronico et al., 2019). Clark and Yoder-Wise (2015) reported self-reflection themes following the intervention scenarios included statements associated with self-confidence and charge nurses' ability to perform in their role as a charge nurse. Doherty et al. (2021) noted that the charge nurse's ability to grow in their role, find their place within the unit, and become a resource for others was the culmination of the beginner charge nurse evolving in the role to a level of role clarity and self-confidence. One of the themes Eggenberger (2012) used to describe the role of charge nurse was *completing the puzzle*. Eggenberger (2012) further illustrated the charge nurse having the role of being "all-knowing," the "hub" at the center of all activities on the unit, or the "go-to person" when there was any type of problem or concern. Eggenberger (2012) noted that the charge nurses believed they had complete knowledge of their job description and essential competencies despite functioning without formally defined role-specific competencies at some of the participating institutions.

Mosier et al. (2019) reported that participants rated the value of the Charge Nurse Leadership Certificate Program initiative an average of 4.62 out of 5. The researchers believed the increased nursing retention rate and improvement in patient experience and registered nurse satisfaction scores post-intervention could be attributed to the training program and charge nurse application of the learned skills on the unit (Mosier et al., 2019). Patrician et al. (2012) noted that

clarity of the role and responsibilities is a concern for those stepping into the role of charge nurse. The participants in this study pointed out that the charge nurse was often expected to fill the nurse manager's role in their absence or to manage a patient caseload in addition to fulfilling their charge nurse duties (Patrician et al., 2012). Formal education in "charge nurse role responsibilities" was identified as one of four standard education themes essential for the charge nurse to overcome challenges with role development (Patrician et al., 2012). Teran and Webb (2016) felt that although there was not a statistically significant improvement in HCAHPS scores or nursing retention as a result of their training intervention, the training initiative gave the charge nurse confidence for ongoing professional development. Yaghobian et al. (2020) noted self-management as a theme in their systematic review.

Minor Themes.

Customer Relations and Patient/Family-Centered Care. Customer service and patient/family-centered care are a major focus in health care, factoring prominently on national patient satisfaction surveys like Press Ganey and Hospital Consumer Assessment of Healthcare Providers and Systems. Clark and Yoder-Wise (2015) completed their research within a children's healthcare system. The Charge Nurse Leadership Cohort program participants reported that maintaining a calming presence, being an unbiased resource for information exchange, providing patient education, and comforting and supporting patients and families were paramount to the patient/family-centered care experience (Clark & Yoder-Wise, 2015). The charge nurse participants reported having the added role of providing comfort, support, and patient education to parents, which added complexity to the charge nurse role (Clark & Yoder-Wise, 2015).

Doherty et al. (2021) felt the charge nurse advocated for the patient, thereby providing a "safety net" by overseeing patient care and intervening when necessary. Goktepe et al. (2018)

reported a clinically significant improvement in the patient outcome monitoring score ($p < 0.05$) following the educational intervention. Homer and Ryan (2013) identified customer service as a quality important for the charge nurse skill set for both the managers and the charge nurses. Based on pre/post-intervention scores, Kramer and Davies (2021) noted an increase in creative problem solving and skills related to maintaining a safe patient environment after their intervention. LeComte and McClelland (2017) reported that 64 of their 66 participants said that the charge nurse needed the Coaching and Mentoring Programme they provided to improve patient care. Patrician et al. (2012) noted that the charge nurse needed formal education on patient/customer relations to meet patient/family-centered care demands and develop the ability to navigate complex family dynamics. Spiva et al. (2020) reported an improvement in approaches to promote patient safety and outcomes after their intervention.

Budgetary Knowledge. Goktepe et al. (2018) noted a clinically significant improvement the post-intervention scores on the Managerial Competency Self-Assessment Scale in budgeting ($p < 0.05$) and business management processes and monitoring budget management ($p < 0.01$) compared to preintervention scores. In the Homer and Ryan (2013) study, the managers identified budgeting as a quality needed in the charge nurse skill set. Kramer and Davies (2021) noted an improvement in post-intervention scores in the area of managing organizational resources, including staffing, supplies, and fiscal resources, which relates to understanding budgetary principles. Following the first two sets of Phase 1 trial results, Krugman et al. (2013) noted, the clinical nurses scored the charge nurse's leadership practices lower than the charge nurses scored themselves. This finding promoted the implementation of two additional interventions, one of which was financial management to close the gap (Krugman et al., 2013). Patrician et al. (2012) noted that formal education on unit finances was a theme needed for the

charge nurse to understand staffing limitations better and manage unit supplies and resources.

Wojciechowski et al. (2011) reported the charge nurse needs to understand financial and staffing resources, including how budget restrictions affect the unit.

Synthesis of Results

Despite the consensus that charge nurses play an essential role in the daily operations of the nursing unit, the literature review reveals a lack of definitive evidence establishing the ideal formal leadership training program based on competencies for the charge nurse role. A search of the current literature proved a challenge until the search was expanded to include articles published the past 10 years rather than the last five years. Many of the voluminous articles retrieved contained information applicable to leadership development but not within the identified population. The articles utilized various terms to describe the phenomena necessitating discrimination to determining inclusion and exclusion for this integrative review. Multiple areas of overlapping attributes within the sphere of leadership development were found in the literature. The final 22 articles included in the interative review provided four major themes and two minor themes.

Ethical Considerations

The protection of ethical and moral principles is imperative for clinical research and the validity of the integrative review data synthesis (Toronto & Remington, 2020). The Liberty University Institutional Review Board approved this integrative review on November 12, 2021 (see Appendix C). The project leader and project chair have completed the Collaborative Institutional Training Initiative (CITI) training modules on biomedical and health science research (see Appendix D).

Timeline

This integrative review was completed over four academic courses. The timeline was foundational in guiding the process and assured timely completion of this integrative review:

- Completion of Sections One and Two: November 8, 2021
- First defense: November 11, 2021
- Section Three: December 23, 2021
- Section Four: January 11, 2022
- Final draft completed and submitted to Dr. Moore (scholarly project chair): January 18, 2022
- Final draft sent to the editor: January 26, 2022
- Final defense: February 10, 2022
- End of academic term: March 4, 2022

SECTION FOUR: DISCUSSION

Appraisal of the included literature identified themes associated with charge nurse competencies and role development. The two integrative reviews, Delamater and Hall (2018) and Yaghobian et al. (2020) evaluated the literature for themes pertinent to the charge nurse role, which were supported by this integrative review. In their qualitative research, Doherty et al. (2021), Eggenberger (2012), Patrician et al. (2012), and Wojciechowski et al. (2011) gathered data that were evaluated to establish key learning objectives, skills, and competencies the participants believed were needed for mastery of the charge nurse role. Research by Abel et al. (2020), Andronico et al. (2019), Bateman and King (2020), Clark and Yoder-Wise (2015), Goktepe et al. (2018), Homer and Ryan (2013), Kramer and Davies (2021), Krugman et al. (2013), LeComte and McClelland (2017), Maryniak (2013), McGarity et al. (2020), Mosier et al.

(2019), Normand et al. (2014), Spiva et al. (2020), and Teran and Webb (2016) evaluated the implementation of various CNLD programs. The intervention programs were designed to train the charge nurses in the essential skills and to allow them to develop proficiency in leadership characteristics. This integrative review identified six predominant themes associated with charge nurse leadership development role proficiency. The themes were categorized into four major themes, managing daily clinical operations, mentoring and empowering staff, communication and conflict resolution skills, and role clarity and self-confidence, and two minor themes, budgetary knowledge and customer relations associated with patient/family-centered care.

The charge nurse's ability to manage daily clinical operations was overwhelmingly the most frequently identified competency in the literature. For this category, the literature used terminology consistent with managing staff/teams, scheduling and making patient assignments, managing workflow within the unit, conducting clinical operations, overseeing staff performance and sustaining accountability, and ensuring staff or patient safety as the essential competencies.

The next most frequently identified competency was mentoring and empowering staff. This theme encompassed the charge nurse's ability to mentor staff by guiding them in their role on the unit, be a resource stream for the staff, and promote critical thinking skills while empowering staff nurses in their professionalism.

The third theme was communication skills and conflict resolution. The literature recognized communication skills with unit staff and collaboration with interdisciplinary team members, patients, and families as a vital skill to foster an amicable work environment promoting patient and staff satisfaction. Conflict resolution skills are closely affiliated with communication skills, requiring the nurse to have a keen intuition of staff temperament and unit dynamics. Having an awareness of underlying or developing issues and the ability to intervene

proactively to negotiate a resolution and provide constructive feedback is paramount to preserving unit solidarity.

The final major theme noted in the literature is role clarity and self-confidence. This theme centered on the charge having a definitive understanding of their role and job expectations. Once the charge nurse understood what the role entailed, they were able to define the necessary characteristics and begin building a level of self-confidence with their duties and responsibilities.

The first minor theme centered on customer relations and patient/family-centered care. The charge nurses reported understanding that maintaining a rapport with patients and families was essential to their role in promoting patient advocacy. Being available to respond to patient and family questions, frustrations, fears, and concerns while maintaining a calm, supporting demeanor went a long way in promoting optimal care and satisfaction.

The second minor theme was budgetary knowledge. The literature noted that although charge nurses did not make direct budgetary decisions, understanding staffing ratios, patient assignments, time management skills, and the impact these concepts had on the unit's budgetary resources was of immense importance.

A statistically significant positive outcome from the educational intervention implemented related to improvement in charge nurse competencies and skills were identified in eight of the research studies (Abel et al., 2020; Clark & Yoder-Wise, 2015; Homer & Ryan, 2013; Kramer & Davies, 2021; Krugman et al., 2013; Maryniak, 2013; McGarity et al., 2020; Spiva et al., 2020). Improvement in staff retention was noted in four of the research studies as an outcome of the educational intervention implemented (LeComte & McClelland, 2017; Mosier et al., 2019; Normand et al., 2014; Teran & Webb, 2016). Improvement in staff satisfaction was

reported by two of the studies related to the educational intervention implemented (Homer & Ryan, 2013; Johnson & Shaiju, 2017). Improved patient satisfaction scores were identified in two of the studies as a result of the educational intervention (Normand et al., 2014; Teran & Webb, 2016).

Implications for Practice

The literature search identified the need for a formal education program for competencies and skills required to be an effective charge nurse within the healthcare organization. Although charge nurses do not make budgetary decisions, the literature noted that understanding staffing ratios, patient assignments, time management skills, and the impact these concepts had on the unit's budgetary resources was of immense importance. With an understanding of the competencies and optimal qualities associated with the successful charge nurse personnel, healthcare administration can use the data to develop training programs to promote job skills and competencies required to be an effective charge nurse. Additionally, the research identified a need for ongoing training and mentorship to nurture communication and leadership qualities. The leadership qualities will support and promote staff and patient charge nurse satisfaction and produce optimal patient outcomes. Many of the research studies cited a need for ongoing research in the area of charge nurse role development.

Limitations

Notable limitations to this IR were identified. Finding good articles within the literature search that met the inclusion and exclusion criteria for professional development for the charge nurse or resource nurse role proved challenging. The literature search process was modified depending on the database to capture articles associated with the identified topic. The search criteria was expanded from five years to ten years to obtain adequate, relevant research

associated with the topic. The researchers do not use common terminology to describe the competencies or phenomena associated with the charge nurse role. Thus, this IR investigator applied discernment and discretion when identifying commonality in the literature to the research topic.

This IR included two systematic reviews, with some of their included data coming from literature included in this review. Many of the survey tools used in the research literature were developed by the individual researcher for their study. Much of the data collected was by self-report of the participants in the study.

Dissemination Plan

The information provided in this IR may be used to educate and inform health care administration on the importance of the charge nurse role within the organization to optimize patient outcomes and patient and staff satisfaction. The data can be foundational for establishing a charge nurse professional development program within the healthcare organization. The case study and group discussion format provide opportunities for the charge nurse to enhance their communication, critical thinking, and problem-solving skills.

The IR investigator is working with their practicum advisor to develop a “Resource Nurse Academy” for charge nurse professional development to meet one of the organization’s strategic plan goals. The IR investigator plans to convey the evidence and information gained by completing this IR to the healthcare community by submitting this article to either *The Journal of Nursing Administration* or the *Journal for Nurses in Professional Development*.

Conclusion

The charge nurse is expected to function on the unit in a leadership capacity without formal training or leadership authority (Sherman, Schwarzkopf, & Kiger, 2011). Despite lack of

recognition, charge nurses must assume responsibility for quality patient outcomes and performance measures (Sherman, Schwarzkopf, & Kiger, 2011). Charge nurses are utilized on the majority of patient units within the healthcare organization. Charge nurses are indispensable and the essence of the nursing unit. A charge nurse can make or break the atmosphere and harmonious, teamwork environment. They stimulate continuity of care on the unit, thus affecting job satisfaction, patient outcomes, and patient satisfaction. Charge nurses must manage the clinical operations on the unit while promoting teamwork and staff empowerment. They must possess self-confidence and role clarity exercising exceptional communication, critical thinking, and customer relationship skills to exact optimal patient outcomes and satisfaction throughout the unit. This IR validates the need for additional research and professional development for the charge nurse. This IR provides guidance to nursing administration when designing charge nurse development educational programs for their organization.

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Appendix A

Evidence Table

Article	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change?
Abel, S. E., Hall, M., Swartz, M., & Madigan, E. A. (2020). Empowerment of front-line leaders in an online learning certificate programme. <i>Journal of Nursing Management</i> , 28, 359–367. https://doi.org/10.1111/jonm.12933	The purpose is to evaluate the effectiveness of an online certificate program for frontline nurses' sense of empowerment	$N = 29$, acute care frontline leaders in the US and Australia, participants meeting inclusion and exclusion criteria at the institutions were invited to participate Sample size determined using central theorem limit of $N = 30$ Included 1 Australian	Per/post-test study design Instruments: Conditions for Work Effectiveness Questionnaire, Psychological Empowerment Scale, intent to stay and self-reported knowledge and effectiveness of intervention questions	Pretest $M = 18.5$, $SD = 1.694$ Posttest $M = 19.47$, $SD = 1.694$ 83% of participant agreed the intervention improved their sense of empowerment in the role and their ability to create an empowering work environment	Level 3	Sample size did not meet the goal of 30 participants 1 site was ongoing implementation of a new EMR system during the study implementation competing with participant time for participation One site experienced high patient volume and low staffing resources limiting time	Yes, Provides information about leadership development training

Article	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change?
		university and 3 us health institutions Intervention 5.4CNE blended online learning for Sigma Theta Tau International supported Frontline Leader Certificate Program				for participation Small international participant size limiting the ability to generalize results	
Andronico, J., Getting, C., Hughes, C. H., & Ciccolini, K. (2019). Developing and standardizing an orientation for outpatient charge nurses. <i>The Journal of Continuing Education in Nursing, 50</i> (11),	Implement and evaluate a charge nurse (CN) orientation program	Convenience sample of Charge nurses at 5 outpatient infusion clinics 1 cohort experienced charges nurses	Pre/post-test design Program evaluation 3-day orientation 1 day didactic plus 2 days of shadow	Comfort with charge nurse role Pretest $n = 12$ 70% Posttest $n = 91$ % Comfort with patient scheduling Post evaluation $n = 13$ completed 100%	Level 3	Felt training was not long enough Not enough flexibility in classes Results data was not separated by cohorts	Yes, has good baseline information for program development

Article	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change?
517–521. https://doi.org/10.3928/00220124-20191015-08		1 cohort of new charge nurses <i>N</i> = 17		recommend course for future charge nurses system Pretest <i>n</i> = 4 (23%) Posttest (60%) Familiar with unit operation Pretest (64%) Posttest (84%)			
Bateman, J. M., & King, S. (2020). Charge nurse leadership training comparison: Effective and timely delivery. <i>Pediatric Nursing</i> , 46(4), 189–195.	The purpose is to evaluate a blended learning format for CN leadership training	Convenience sample <i>N</i> = 12 <i>n</i> = 6 Face to face <i>n</i> = 6 blended Face-to-face 1-8-hour session	Comparative design study of blended training format Pre/post-test using a demographic questionnaire before the course and the Leadership Practices Inventory (LPI) one month after the course	No difference in LPI scores between blended group and face to face group	Level 3	Small convenience sample and generalizability of findings, no evaluation of the LPI over time	Yes, the study provides input into the use of utilizing blended learning for training leadership training of CN

Article	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change?
			Mann Whitney U for Leadership knowledge Attainment				
Clark, T. J., & Yoder-Wise, P. S. (2015). Enhancing trifocal leadership practices using simulation in a pediatric charge nurse orientation program. <i>The Journal of Continuing Education in Nursing, 46</i> (7), 311–317. https://doi.org/10.3928/00220124-20150619-02	Pilot quality improvement project for CN training using a mentor and simulation scenarios to enhance preparation into the CN role following completion of already defined leadership courses only 1 nurse used the mentor so results not included Goal – CN will demonstrate improved competency in communication, conflict resolution, and collaboration	N = 20 selected with n=12 completing pediatric hospital in SW US Nurse managers selected the participant who could complete the cohort as well as CN with < 6 months in role	Thematic analysis from qualitative, reflective data Program consists of 8 class session = 20 hours and 4 online courses =2 hours including: communication, conflict, harassment prevention, clinical delegation, and accountability a Goal – CN will demonstrate improved competency in communication,	Descriptive statistics were obtained from each measure studied Quantitative data suggested participant achieved all objectives but the qualitative data indicates more practice is needed	Level 3	Small sample size, participant selection, inconsistent results between qualitative and quantitative areas	Yes, having simulation experience may help improve didactic learning

Article	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change?
			<p>conflict resolution, and collaboration</p> <p>After completing scenario participant completed 2 tools</p> <p>1 tool contained 4 cognitive performance questions and 3 behavioral performance</p> <p>2nd tool assessed learner reflection of the scenario</p>				
<p>Delamater, L., & Hall, N. (2018, July). Charge nurse development: What does the literature say? <i>Nursing Management</i>, 34–40. https://doi.org/10.1</p>	<p>Assess literature – training of clinical nurses as leaders & Clinical Nurse role-evaluate interventions and key leadership qualities</p>	<p>$N = 9$ studies</p> <p>1 cohort/ case control</p> <p>3 single descriptive</p> <p>3 mixed method</p> <p>1 single qualitative</p>	<p>Systematic review meta-analysis guidelines using PRISM</p> <p>Charge nurse training and development</p>	<p>Positive perception of leadership skills</p> <p>Failed to show post impact on practice, patient care, quality outcomes</p>	<p>Level 6</p>	<p>Only 3 databases searched</p> <p>Low strength of studies</p>	<p>Yes, key leadership skills for charge nurse include Communication and managing teams</p>

Article	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change?
097/01.NUMA.0000538914.53159.fc		1 practice improvement					
Doherty, D. P., McCurry, M., Hunter Revell, S. M., & Asselin, M. E. (2021). Exploring the charge nurse role transition: A qualitative study of the novice's perspective. <i>Journal for Nurses in Professional Development</i> . Advance online publication. https://doi.org/10.1097/NND.0000000000000780	The study aims to describe the experience of transitioning from patient care nurse to the CN from the perspective of the novice CN	N = 14 novice CN	Qualitative descriptive study using Rubin and Rubin's in-depth responsive interviewing With semi-structured questions Thematic analysis found 3 phases	Phase 1 approached, motivation & preparation Phase 2 disequilibrium, on the job learning & Validation supervisor & peers Phase 3 role confidence, self-confidence, peer resource, role stress Implications – role knowledge, leadership skills and attitudes Continuing education is essential- leadership development, mentorship	Level 6	Sample not fully representative of all CN, small sample size-generalizability, risk for selection bias, lack of demographic diversity	Yes, the study noted that becoming a CN is a process and developed common themes for role development applicable to developing Charge Nurse Leadership development (CNLD) program

Article	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change?
<p>Eggenberger, T. (2012). Exploring the charge nurse role: Holding the frontline. <i>The Journal of Nursing Administration</i>, 42(11), 502–506. https://doi.org/10.1097/NNA.0b013e3182714495</p>	<p>The purpose of the study was to explore the experience of being a CN in an acute-care setting</p>	<p>N = 20 from 4 acute care facilities in SE Florida</p>	<p>Qualitative/descriptive design Participants received a 1-hour interview in facility office using semi-structured questions Transcripts were coded using Parse's method of data analysis MAXQDA software was used for data management and analysis Credibility was established by reviewing the process for data analysis with 1 participant from each facility – all participants agreed they could recognize</p>	<p>Eight themes were noted Patient safety, monitoring for quality, mentoring, source for knowledge and collaboration, managing workflow, self-assured, problem solver, patient satisfaction</p>	<p>Level 6</p>	<p>Participants all female, all dayshift on med-surge or telemetry unit-generalizability Bias related to interviews conducted on-site Organizational data and interview data inconsistent Validity/reliability of tool</p>	<p>Yes, themes identified are consistent with other studies reviewed</p>

Article	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change?
			experience of CN in the data				
Goktepe, N., Turkmen, E., Badir, A., Hayta, O., Yakar, H. K., & Buyukgonene, L. A. (2018, May–August). Development of managerial competencies for first-level nurse managers in Turkey. <i>International Journal of Caring Services, 11</i> (2), 1096–1103. http://www.internationaljournalofcaringsciences.org/docs/52_goktepe_original_10_2.pdf	Purpose to evaluate a specially developed nurse manager development program for first-level nurse managers	Turkey <i>N</i> = 18	Quasi-experimental design with pre-posttest design Managerial Competency Self-Assessment Scale SPSS version 20.0 for analysis Wilcoxon test to compare pre-post test scores for managerial competency Mann-Whitney-U test compare pre-posttest based on experience and educational level and managerial competency	<i>n</i> = 16 88.9% previous 3-day training on management & leadership <i>n</i> =1 5.6% previous 8-day nurse manager development course Nurse managers ≥ 35 years old, ≥ 15 years nursing experience, & ≥ 10 years experience at current hospital had higher pretest scores Nurse managers ≥ 5 years had higher pretest scores on self-competency assessment No significant difference	Level 3	Completed at a private hospital and only applicable to first-level nurse managers	Yes, results indicate consistent data analysis

Article	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change?
			self-assessment scores	between post-test scores and their managerial competency self-assessment scores based on age or experience Highest increase in scores between pre/post-test for effective decision-making and leadership-ability No significant change in efficient running of daily operations and nurse labor planning			
Homer, R., & Ryan, L. (2013, March). Making the grade: Charge nurse education improves job performance.	Will a comprehensive, interactive CN education course increase CN job	<i>N</i> = 60 CN with <i>n</i> = 57 completed pre-test surveys, <i>n</i> = 24	Quantitative design 2-day (16-hour) CNEP course using case studies	Alpha scores CN survey Pre-test 0.91 Post-test 0.89 Manager/Director survey	Level 4	Limitations Not provided but there was a low post-test response rate	Good information to support developing a CN education program

Article	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change?
<p><i>Nursing Management</i>, 44(3), 38–44. https://doi.org/10.1097/01.NUMA.0000427183.65177.76</p>	<p>performance and job satisfaction</p>	<p>completed post-test survey directors' response 100% pre-test survey 38% for post-test survey</p>	<p>discussed in small groups- CNEP first completed with CNO and nurse leadership Pre/post-intervention (6-week after) test for 1) CN perception of job performance and satisfaction 2) manager/ director perception of CN performance & job satisfaction 13 items scored using 4-point Likert scale</p>	<p>Pre-test 0.91 Post-test 0.87 No prior CN education 75% Independent t-test to analyze for significant differences between CN and manager/director scores Pre-test CN score was significantly higher than Manager/ Director score with $t(67) = 4.46, p = 0.000$ and no significant difference post-test $t(27) = 1.72, p = 0.10$ Significant difference between pre/post-test scores CN $t(78)$</p>			

Article	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change?
				= -2.64, p -0.01; Manager/ Director $t(16) =$ -2.92, $p = 0.01$			
Johnson, J., & Shaiju, B. (2017). Leadership competencies of frontline nurse leaders and its effect on the job satisfaction and performance of staff nurses. <i>The Trained Nurses' Association of India</i> . https://www.nurseszone.in/nurseszone/leadership-competencies-of-frontline-nurse-leaders-and-its-effect-on-the-job-satisfaction-and-perfor/92.html	To identify leadership competencies of front line nurse leaders (FLNL), job satisfaction of staff nurses working under them, and relationship between leadership competencies and job performance and satisfaction	New Delhi, India $N = 150$ $n = 19$ nurse leaders $n = 131$ staff nurses selected using enumeration technique	Descriptive correlational study Structured 5 section tool Section 1&2 demographics Section 3-5 used a 3-point Likert scale (always, sometimes, never) leadership competencies of FLNL, job satisfaction and job performance of staff Tool validity was completed using 5 experts for relevance, clarity, feasibility and	FLNL- diploma in general nursing & midwifery (DGNM) 84%, BSN 11%, Post BSN 5% Not Competent Leaders 26.3%, Competent Leaders 63.2%, Highly Competent 10.5% Staff nurses DGNM 78%, BSN 18%, Post BSN 1%, Post diploma 3% Job Performance Excellent 7.6%, Good 83.2%, Fair 9.2%, Satisfaction	Level 6	Limited areas of leadership competency studied,	Yes, this study provides themes for leadership development and supports the correlation between FLNL competencies and job satisfaction

Article	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change?
			organization of items; corrections were made for final tool used. Reliability of the tool was completed using Cronbach's alpha formula at 0.8	Highly 10%, Satisfied 73%, Neutral 17% Pearson r value between FLNL competency and staff nurse job satisfaction was significant at 0.218 with a p value < 0.05			
Kramer, M., & Davies, C. C. (2021). A charge nurse orientation and development program: An evaluation. <i>Journal for Nurses in Professional Development</i> , 37(5), 268–277. https://doi.org/10.1097/NND.0000000000000765	The purpose of the study was to examine two program outcomes: participants confidence in their ability to be an effective CN and patient satisfaction compared to before and after the Baptist Health Orientation and Development Program (BHLODP)	$N = 87$ CN Medical-surgical/telemetry $n = 27$, maternity $n = 21$, critical care $n = 25$, emergency/cardiologic catheter/cardiology observation/surgical services/out-patient infusion $n = 14$	Watson's theory of caring framework Quasi-experimental design Intervention-CN job description was developed and a CN handbook, 2 half-day orientation workshops were developed and modified based on each set of	SPSS version 25 was used for data analysis Pre-test $N = 87$ post CNOPDA with independent t test Significant improvement in CNOPDA scores pre/post $p = .005$ with a 95% CI Pt satisfaction survey increased on question "a nurse leader visited during my stay"	Level 3	Sample from only 1 US hospital, bias using the CNOPDA tool for pre and post evaluation and the tool was not tested for reliability	Yes, article is good for background information and support of CN leadership training

Article	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change?
		<p>SE US Information about the BHLODP was provided to the CNs in the organization , participation was any nurse who completed the CN Orientation and Professional Development Assessment (CNOPDA) survey</p>	<p>CNOPDA results Pre/post 3-6-9 months intervention survey for nursing confidence using the CNOPDA with a 3-point Likert scale which was developed and validated for content by 4 experts Patient satisfaction was evaluated with 5 items from the Press-Ganey survey and relevant to the study were chosen and accessed for the quarter before the intervention</p>	<p>increased from 82% pre-intervention to 90% post</p>			

Article	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change?
			and 12 months after				
Krugman, M., Heggem, L., Kinney, L. J., & Frueh, M. (2013). Longitudinal charge nurse leadership development and evaluation. <i>The Journal of Nursing Administration</i> , 43(9), 438–446. https://doi.org/10.1097/NNA.0b013e3182a23b26	Determine the LPI charge nurse ratings over time Difference between permanent CN and clinical nurse LPI ratings, alignment of outcomes with action research interventions with leadership goals and report differences in CN demographics over 16 years	Permanent CN, relief CN and clinical nurses	Longitudinal cohort study with convenience sample (22 inpatient units) Pre/post-test using Leadership Practices Inventory during 3 action research phases Additional tools developed to evaluate specific research interventions	LPI Cronbach alpha .96 in study baseline LPI Cronbach alpha .92 consistent through all phases	Level 4	Confounders -Phase 1 permanent CN received 2 extra leadership courses Establishing CN council led by permanent CN & surveyed CN to determine effectiveness of additional leadership courses Courses helpful but required additional coaching to implement into practice Phase II focus on	Yes, used consistently over time to assess changes in perceived leadership practices of CN cohort

Article	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change?
						relief CN selection, orientation and development – surveyed relief CN needs, Developed new leadership orientation program with scenario-based learning Phase III Focus on permanent and relief CN – revised leadership course, identified mandatory and enrichment content, scheduled	

Article	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change?
						courses on CN council day to improve attendance, added introduction to hospital quality metrics into performance appraisals, increased CN and manager partnerships	
LeComte, L., & McClelland, B. (2017). An evaluation of a leadership development coaching and mentoring programme. <i>Leadership in Health Services</i> , 30(2), 309–329. https://doi.org/10.1	Determine the value and impact of the Leadership Development-coaching and Mentoring Programme and how leadership skill gained are applied	New Zealand Survey sent to $n = 291$ participants $n = 276$ completed programme once $n = 15$ completed counties Coaches programme	Mixed-methods approach literature review, survey of programme participants & senior staff Semi-structured interviews with programme participants	$n = 71$ completed survey (24.4%) Most reported reason for taking course was for professional development 2 nd learn how to mentor others $n = 21$ (30%) were charge nurses	Level 6	Survey questions posed limitations for respondent Small sample limits ability to validate findings Only allowed 2 weeks to respond to the survey	Yes, Has good background information

Article	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change?
108/LHS-07-2016-0030		received survey with comparative questions <i>n</i> = 15 surveys sent online to clinical nurse directors, managers, nurse educators who supported staff participants <i>n</i> = 70		<i>n</i> = 14 (20%) were nurse educators <i>n</i> = 12 were senior RNs <i>n</i> = 6 were clinical coaches/liaison for students <i>n</i> = 4 were CNS <i>n</i> = 14 were managers from other disciplines <i>n</i> = 37 (52%) have changed role since completing program <i>n</i> = 40 (59%) greatest challenge was group peer meetings for triad coaching and mentoring <i>n</i> = 69 have used learning and <i>n</i> = 45 (64%) changed		Limited communication between respondents and evaluators Risk for misinterpretation related to qualitative questions and selection bias	

Article	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change?
				approach for managing staff after training $n = 21$ (30%) faced challenges in mentoring			
Maryniak, K. D. (2013, January/February). Development of training for frontline nurse leaders. <i>Journal for Nursing Professional Development</i> , 29(1), 16–18. https://doi.org/10.1097/NND.0b013e31827d0ac2	To study the correlation between education specific on the abilities of frontline leaders and their coworkers	Pre-class survey sent to $N = 67$ with $n = 37$ completed post intervention $n = 27$ completed Evaluations were collected for each didactic class Session 1 – $n = 42$ Session 2 – $n = 35$ Speed of Trust session – $n = 36$	Descriptive/correlational design 5-point Likert scale was used to evaluate satisfaction with education program Pre/post-intervention review of the Professional Research Consultants National (PRCN) survey (2 questions related to CN rating) Pre/post-test using 3 sections 1) 10-point Likert scale of	Session 1 86% agreed class was effective Session 2 82% agreed class was effective Speed of Trust session 100% agreed effective PRCN survey results Questions Overall Rating of your supervisor pre-32% post-42% Trustworthiness of immediate supervisor Pre-34.6% Post-41.5% Paired t test to compare means	Level 4	No limitations reported	Valid information to support development of a CN leadership program

Article	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change?
		Both didactic classes and online classes	the Leadership Performance Index (LPI) 2 & 3) 5-point Likert scale for the management practices and specific topics	LPI section pre-test 8.05 Post-test 8.67 Management practices section Pre-test 3.84 Post-test 4.42 Specific topic section pre-test 4.03 post-test 4.62 Each test showed statistical significance at a $p < .00001$			
McGarity, T., Reed, C., Monahan, L., & Zhao, M. (2020). Innovative frontline nurse leader professional development program. <i>Journal for Nursing Professional Development</i> , 36(5), 277–282. https://doi.org/10.1	Purpose was to measure self-assessed competencies using the Nurse Manager Inventory Tool (NMIT)	38 of 100 FLNL recommended for intervention $N = 38$ 2 cohorts ($n = 20$, $n = 18$) participated in the EBP leadership curriculum program 12-	Quasi-experimental design with pre/post-survey design	Power analysis completed Cronbach's alpha 0.88-0.96 and validity confirmed with a three-factor solution that explained >60% of variance Data analyzed using SPSS 26 for descriptive statistics and	Level 3	Limitations reported were time constraints, did not report on patient outcomes or nursing satisfaction	Yes, this study provides important information related to leadership development and supports the need for CNLD programs

Article	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change?
097/NND.0000000 000000628		4hour classes (2 – hour lecture and discussion, 1-hour building the leader within using reflection and leadership development, 1hour peer socialization & small work group Requirements: Attend classes, complete a QI project, and complete pre/post-survey		paired t-tests with Holm’s corrections Individual self-competency ranking improved by 25.8% Indicating efficacy of the program			
Mosier, S., Sisk, B., Lindquist, P., Grams, L., Rudd,	The purpose of the study was to evaluate a pilot CN	n = 614 of 800 CN completed	Intervention 8 – 4 hour in-person learning	Employee evaluation of value ranking of	Level 4	Does not discuss limitations	Yes, the description of the learning

Article	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change?
<p>D., & Englebright, J. (2019, August). Investing in the front line: Preparing the best nursing leaders for the next generation. <i>Nurse Leader</i>, 17(4), 331–334. https://doi.org/10.1016/j.mnl.2019.04.005</p>	<p>Leadership Certificate Program (CNLCP)</p>	<p>program between 2016-2018 in 18 facilities in greater Houston, Corpus Christi and South Texas</p>	<p>sessions and 1-half hour web-based training session Evaluation methods were not discussed in detail except 5-point overall employee ranking of value of the CNLCP And results taken from patient experience scores and RN engagement scores and turnover rates are likely taken from HR data</p>	<p>program on in detail but a 5-point scale rated it overall 4.62 out of 5 Evaluated as an 18 hospital aggregate 99% retention in program participant, 14% decrease in overall RN turnover, a 22% decrease in first year RN turnover, a 2% increase in patient experience scores and a 7% increase in RN engagement scores</p>			<p>modules for the program provide information to aid in the development of the CNLD program</p>
<p>Normand, L., Black, D., Baldwin, K. M., & Crenshaw, J. T. (2014, September).</p>	<p>The purpose of the quality improvement project was to redefine the CN role using leadership</p>		<p>The PDSA quality improvement module was used to develop</p>	<p>Analysis with Cronbach alpha consistency for the fourth quarter patient</p>	<p>Level 4</p>	<p>Results may have been evaluated in early after the</p>	<p>Yes, Will look at the AONE competencies and metrics for</p>

Article	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change?
<p>Redefining “charge nurse” within the front line. <i>Nursing Management</i> 45(9), 48–53. https://doi.org/10.1097/01.NUMA.0000453274.96005.35</p>	<p>competencies and implement a formal CNLP on 2 med-surge units and assess the impact on patient satisfaction with nurse communication and nurse retention</p>		<p>a CNLD program The program was implemented and evaluated on the 2 units with the most participants Patient satisfaction scores for three nurse communication questions and HR measures for nurse retention rates for the last 3 quarters of the year prior to intervention and after intervention were evaluated The AONE self- assessment tool at the end of program for</p>	<p>satisfaction surveys results were 0.716 indicating good internal consistency The Mann-Whitney U test was applied to the nursing communication survey questions with a slight non-significant decrease but the overall patient satisfaction composite score increased by 24% which was significant HR rates for nurse retention improved by 8.1% for the last quarter of the pre- intervention year compared to</p>		<p>intervention process to show significant results Recognized several external variables that were not controlled for (construction project outside intervention classroom, director level leadership turnover on units evaluated for project during intervention period)</p>	<p>leadership development of CN for consideration in developing CNLD program</p>

Article	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change?
			perception of improvement in leadership effectiveness 2013 in-person classes were taped and will be offered in online format for future training	the post-intervention year			
Patrician, P. A., Oliver, D., Miltner, R. S., Dawson, M., & Ladner, K. A. (2012). Nurturing charge nurses for future leadership roles. <i>The Journal of Nursing Administration</i> , 42(10), 461–466. https://doi.org/10.1097/NNA.0b013e31826a1fdb	Understand the developing needs of the CN role	CN attending a school of nursing sponsored workshop on nursing administration n=36	Qualitative, descriptive design 3 focus groups based on > 2 years of experience working in large hospitals (>300 beds); >2 years' experience in small hospital and <2 years' experience working in any size hospital setting	4 themes reported Managing staff performance, role clarity, lack of leadership support, and facilitators of effective performance – direct CN quotes used in narrative	Level 6	Limitation not described	Yes, provides CN qualitative perspective on challenges and development needs

Article	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change?
			One faculty member conducted interview second took notes with audiotape; interview transcribed verbatim and 2 additional researcher coded interviews then compared, discussed and reconciled. 2 researchers verified codes and themes.				
Spiva, L., Davis, S., Case-Wirth, J., Henderstrom, L., Hogue, V., & Box, M. (2020, February). The effectiveness of charge nurse training on	Investigate a CN pilot training program to improve leadership style and resiliency	N = 44 charge nurses randomly assigned $n = 22$ intervention $n = 19$ control	RCT with a pre/post-test design with intervention and comparison groups assigned by computer Data collection	MLQ -5x short, Resiliency CD – RISC-25 Cronbach alpha MLQ .82 CD .937 P< 0.05 MLQ – increased	Level 2	Slightly under power for sample size, invited participants	Yes, high quality pilot study despite smaller sample size Results provide guidance for developing CN

Article	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change?
<p>leadership style and resiliency. <i>Journal of Nursing Administration</i>, 50(2), 95–103. https://doi.org/10.1097/NNA.0000000000000848</p>		<p>$n = 3$ attrition 11 hospital non-profit healthcare system in SE state</p>	<p>Demographics, Multifactor Leadership Questionnaire, Connor-Davidson Resilience Scale 25, 14-item course evaluation at study enrollment</p>	<p>transformational leadership, transactional leadership and resiliency CN-mostly transformational leadership style Increased CN satisfaction with leadership behavior, effectiveness and ability to motivate and high resiliency scores Course evaluation score 95% for CN participant felt better able to improve quality, patient experience cost, team outcome</p>			<p>leadership development program</p>
<p>Teran, N., & Webb, P. J. (2016, November). The</p>	<p>Quality improvement project for a formalized CN</p>	<p>Hospital unit rate with</p>	<p>Retrospective descriptive design of</p>	<p>Observation and return demonstration</p>	<p>Level 6</p>	<p>Data tools are global and may be</p>	<p>Yes, provides information on piloting</p>

Article	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change?
<p>positive impact of formalized charge nurse training. <i>Nursing Management</i>, 47(11), 50–54. https://doi.org/10.1097/01.NUMA.0000502810.52671.aa</p>	<p>pilot training program Aimed at improving patient satisfaction scores and nurse retention Focus of the pilot was on improving HCAHPS scores for communication with nurses, responsiveness of hospital staff, pain management, and communication about medications</p>	<p>HCAHPS scores below benchmark and high nurse turnover. 3 - 16 bed post-surgical units $n = 11$ CN $n = 6$ new clinical coordinators participant selection not defined</p>	<p>process improvement 5 – 8-hour training sessions = 40 hours of classroom training on self-assessment, and leadership, coaching skills, patient safety, beyond the bedside/nursing care, shared governance, regulations, developing a CN job description, and implementing new knowledge with team building and communication exercises built into each session.</p>	<p>with 1:1 coaching Tools health system patient satisfaction data with HCAHPS survey and Press-Ganey surveys and nurse retention rate validated by human resources data pre/post training scores for 6 months before and after training were evaluated using a paired Z-test analyzed using statistical software 3of 4 nursing domain scores improved but not statistically significant communication with nurses, pain</p>		<p>affected by multiple variables Small sample size, no power analysis Leadership competencies not formally addressed</p>	<p>various leadership strategies in the practice setting</p>

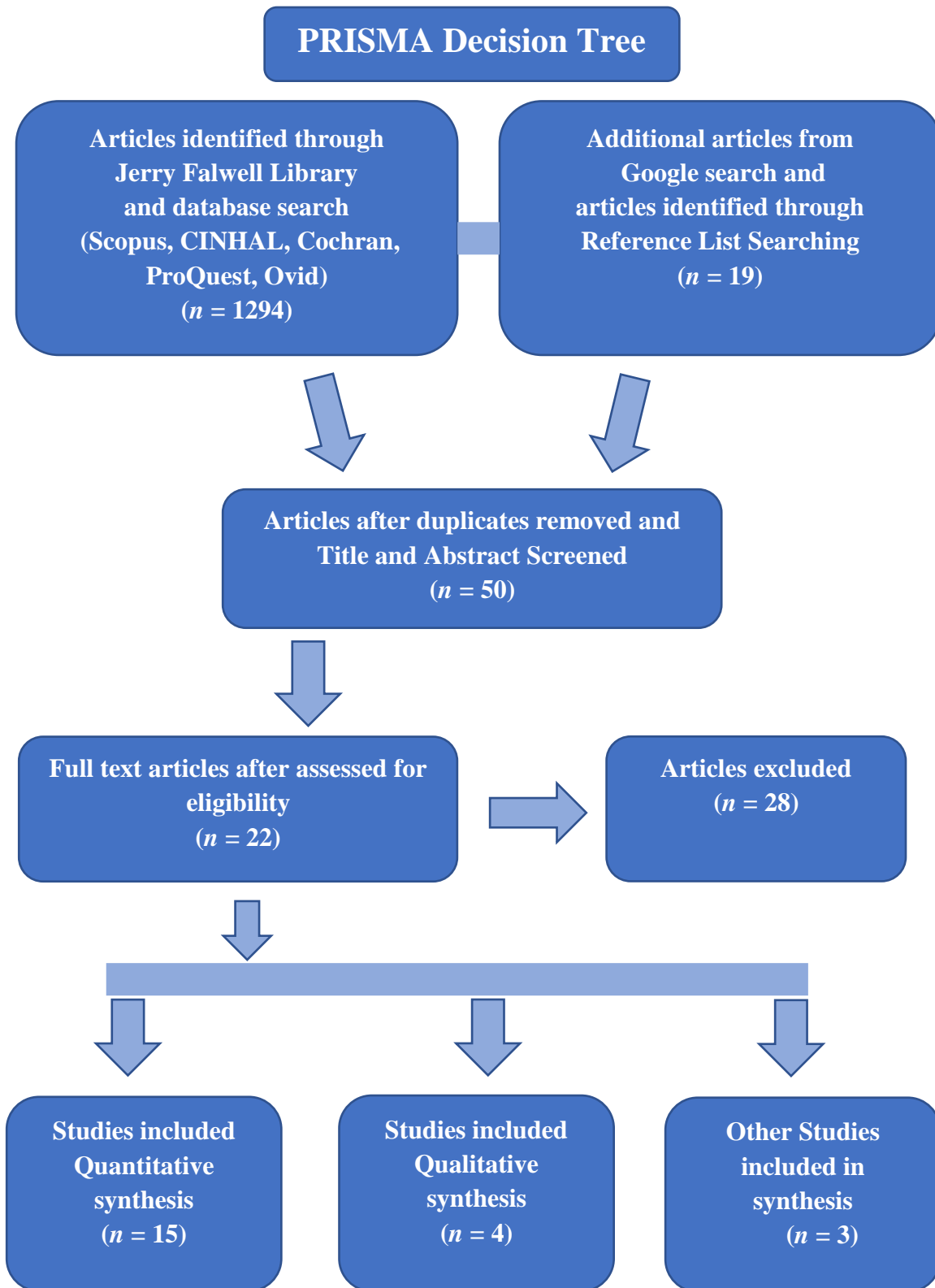
Article	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change?
			Training included in-person learning and online videos	management, and communication about medications and there was a significant decrease in response of hospital staff Nurse turnover decreased from 9% to 7 %			
Wojciechowski, E., Ritze-Cullen, N., & Tyrrell, S. (2011, July/August). Understanding the learning needs of the charge nurse. <i>Journal for Nurses in Staff Development</i> , 27(4), E10–E17. https://doi.org/10.1097/NND.0b013e318224e0c5	Purpose is to understand the educational needs of the charge nurse and resulting implications for staff educators	n = 22 (survey sent to 44 nurses)	Non-experimental qualitative survey coded for patterns and themes, then converted to quantitative data	Top 3 learning needs: developing leadership skills, managing behaviors, & creating a healthy work environment Barriers to functioning as a CN – multitasking, staff engagement, patient acuity,	Level 6	Limitations- wording of survey questions Small sample size Delivery and recovery of surveys Inability to clarify survey responses	Yes, provides good basic survey information

Article	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change?
				lack of resources, & lack of communication Helpful resources- CN support, managing behaviors, CHN education, Adjusting for patient acuity/nurse staffing, & access to financial and human resources			
Yaghobian, M., Navipour, H., & Vanaki, Z. (2020, July). Competencies of charge nurses: A systematic review and thematic synthesis. <i>Journal of the Pakistan Medical Association</i> , 70(7),	To determine the competencies of a CN	N = 24 n = 14 were from US; n = 11 qualitative n = 7 quantitative n = 4 mixed method n = 2 reviews	Systematic review with thematic synthesis of studies in English and Persian that met inclusion criteria 27-item PRISMA checklist used	Determinants of CN competencies were classified into 6 themes, 14 categories and 36 sub-categories Themes were: self-management, managing others,	Level 5	No limitation noted in review Only studies in English or Persian were included Only 4 data bases searched	Yes, CN themes consistent with search and useful for developing CNLD program

Article	Study Purpose	Sample	Methods	Study Results	Level of Evidence	Study Limitations	Would Use as Evidence to Support a Change?
1225–1231. https://doi.org/10.5455/JPMA.38686			for items and flow chart Each study was reviewed by two authors	clinical competency, cognitive/perceptual competency, professional-legal competency, Communication competency			

Appendix B

PRISMA Decision Tree



Appendix C**Institutional Review Board Approval Letter****LIBERTY UNIVERSITY**
INSTITUTIONAL REVIEW BOARD

November 12, 2021

Ellen Hudson
Vickie Moore

Re: IRB Application - IRB-FY21-22-406 THE IMPACT OF A FORMAL LEADERSHIP DEVELOPMENT PROGRAM ON CHARGE NURSE LEADERSHIP COMPETENCIES: AN INTEGRATIVE REVIEW

Dear Ellen Hudson and Vickie Moore,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study does not classify as human subjects research. This means you may begin your project with the data safeguarding methods mentioned in your IRB application.

Decision: No Human Subjects Research

Explanation: Your study is not considered human subjects research for the following reason:

Evidence-based practice projects are considered quality improvement activities, which are not “designed to develop or contribute to generalizable knowledge” according to 45 CFR 46.102(1).

Please note that this decision only applies to your current application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued non-human subjects research status. You may report these changes by completing a modification submission through your Cayuse IRB account.

Also, although you are welcome to use our recruitment and consent templates, you are not required to do so. If you choose to use our documents, please replace the word *research* with the word *project* throughout both documents.

If you have any questions about this determination or need assistance in determining whether possible modifications to your protocol would change your application’s status, please email us at irb@liberty.edu.

Sincerely,

Administrative Chair of Institutional Research
Research Ethics Office

Appendix D

CITI Training Certificate



Completion Date 19-Jul-2021
Expiration Date 18-Jul-2024
Record ID 42997857

This is to certify that:

Ellen Hudson

Has completed the following CITI Program course:

Not valid for renewal of certification through CME.

Biomedical Research - Basic/Refresher
(Curriculum Group)

Biomedical & Health Science Researchers
(Course Learner Group)

1 - Basic Course
(Stage)

Under requirements set by:

Liberty University



Verify at www.citiprogram.org/verify/?w4d9af288-518a-4671-a3fe-23f288e487e6-42997857