



## Developing Charge Nurses as Front Line Leaders through Transformative Learning

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### Abstract

Nurses at all levels must be prepared and developed to lead change to advance health care. Historically, in most healthcare institutes, nursing leadership development programs have focused on nurses in senior management or executive roles rather than those working in front-line leadership roles. This article will describe a professional development initiative program attended by 169 charge nurses. The program has a comprehensive curriculum and road map for developing frontline leaders and ensuring charge nurses are trained, mentored, and supported in their roles. Program development, evaluation, and lessons learned that can be applied in other organizations are discussed.

**Keywords:** Charge Nurses; Frontline Leader; Professional Development

### Introduction

Succession planning is a concern in healthcare organizations. When seeking to fill Nurse Manager Positions, nurse leaders often consider their charge nurses as excellent potential candidates [1]. Managers and unit level leaders are keys to health organizational success [2]. Both the complexity of healthcare delivery and the responsibility placed on charge nurses have also increased. Increasing patient's admission in the hospital requires front line leaders (Charge Nurses) to understand their roles, responsibilities and accountabilities, thus they should be professionally developed to enhance their leadership and managerial knowledge and skills.

### Background

Most of Healthcare Organizations believes that Charge Nurse is placed by default based on how long they had worked in the unit and who was on the schedule rather than as a result of deliberate planning and scheduling based on who was most prepared to lead the team but it was found that there was a degree of bias and favoritism.

Recently, the Charge Nurse Role is considered as front line leader and most of the hospitals had clearly stated their job descrip-

tions and criteria that are but not limited to qualifications, experience, performance and communication skills. Furthermore, there are few hospital cited in the literature who are developing their charge nurses through a structured professional development plan.

Nursing Department at Security Forces Hospital Program, Riyadh, Kingdom of Saudi Arabia had initiated this project on late 2014 and it was on Dec 2016 when the project was completed. The steps and phases of this project are highlighted in this article.

### Aim

The purpose of this professional development qualitative project was to prepare qualified nursing staff with sufficient managerial knowledge and skills that will enable them functioning efficiently and professionally in the clinical area. The professional development project adopted Transformative Learning Theory [3].

### From need assessment till course measurement

Charge Nurse Course had gone through several phases: Need Assessment, Preparatory phase, constructing the Course curriculum, Piloting phase, Conduction phase, Evaluation and Measurement phases

**Phase 1: Need Assessment (NA)**

The purpose of the NA in this project was not to document that education is needed. Instead, the focus of the NA is to examine what learning strategies would best fulfill the regulatory requirement or help the learner develop the requisite skill.

Nursing Department had identified a void in the Charge Nurse Position and subsequently, had decided to introduce the Charge Nurse Position on Dec 2014. Charge Nurse Position was announced to all nurses on 21st Jan 2015 through an email that was circulated to all staff indicating the inclusive criteria of the staff who are interested.

**Phase 2: Preparatory phase**

All Candidates were asked to set for individualized interview with their respected Head Nurse and Clinical Nurse Specialist

(CNS). The interview aimed at challenging their knowledge and skills for the new role. All Candidates were preceded to a Pretest organized by Nursing Education. The pretest aimed at identifying the threshold of the knowledge they had in order to prepare the Charge Nurse Course Modules. The Nursing Administration at this phase was engaged to ensure that the Job Description is approved and the Organizational Structure had been adjusted to accommodate the new positions.

Total of 247 staff nurses who met the criteria were set for interview and Pretest. Mean (Average) of Interview = 7.87/10 while Mean (Average) of Pretest = 5.75/10

Question	Subject	Module (s)	*Difficulty %
1	Reporting Performance	Reporting	85%
2	Leadership Style	Leadership	24%
3	Reporting OVR	Reporting	65%
4	Conflict Resolution	Communication and Conflict Management	15%
5	Safety Goals	Safety and Quality	17%
6	Admission Criteria	Admission Management	29%
7	Conflict Categories	Communication and Conflict Management	18%
8	Models of Delivery of Care	Admission Management	96%
9	Communication	Communication and Conflict Management	39%
10	Communication	Communication and Conflict Management	74%
11	Responsibility and Accountability	Leadership	84%
12	Pressure Ulcer	Safety and Quality	11%
13	Infection Control	Safety and Quality	37%
14	Falls	Safety and Quality	28%
15	Dress Code- Policy and Procedure	Reporting	25%

**Table 1**

\*Difficulty %: was defined as the percentage of wrong answers for each question.

- 1-24.9%: Easy 25-64.9% Moderate 65-100% Difficult
- Results showed 5 questions were easy, 5 were moderate, 5 were difficult ones.
- Validity and reliability of the questions were considered.

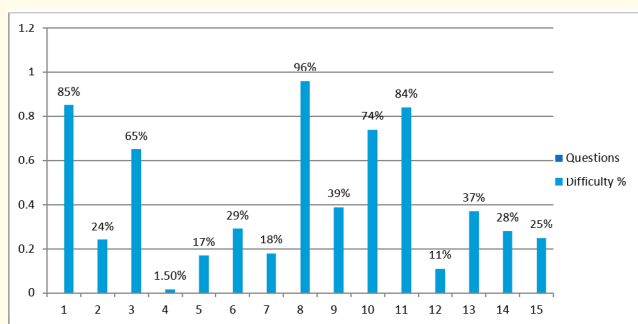


Figure 1

\*15 Questions (pretest) and their difficulty percentages

### Candidates Selections

Results were scored and analyzed by Nursing Education Department then reported to the Nursing Administration. Candidates were selected according to Interview Results, Pretest Results and Available vacant Charge Nurse Position in the staffing database. Total of 169 staff out of 247 were approved to proceed to the next step (Attend the Charge Nurse Courses).

### Phase 3: Constructing the course curriculum

Course was developed based on the Literature search (available evident based content and curriculum), Nursing Administration shared experience, Interview results and Pretest.

The Course proposal was submitted for approval by Nursing Administration. The Course proposal consists of: Aim/objectives, Modules, Timetable, Teaching methodologies, Speakers, References. The course was approved by Saudi Council for Health Specialties with 14 CME hours. The main objectives of the course were:

- Share with nurses the key elements of their role as they will be leaders. Focusing particularly on skills that enable them to coordinate resources and achieve desired outcomes in patient care settings.
- Discuss the key aspects of the environment in which nurses assume leadership roles and functions, and how the climate influences care giving and management practices
- Explain the transitions that nurses make either temporarily or permanently from the role of caregiver to the role of leader as Charge Nurse
- Explore supervisory practices that promote good performance, workforce commitment and professional satisfaction
- Identify key skills that nurses will want to develop to excel as leaders in their clinical areas.

- Describe important interpersonal and coaching skills, such as communication, delegation and feedback, that promote mutual respect and solid teamwork
- Discuss ways to evaluate outcomes at the end of the shift

### Phase 4; Piloting the course

Total of 169 nurses were considered as candidates. Venue was identified. Pilot Course was conducted over 1 day on 2<sup>nd</sup> Aug 2015. Candidates were asked to evaluate the speakers, learning environment and the contents. The subsequent courses were scheduled and conducted over two days due to facts that major concern by participants and Speakers was that the course is too congested and they recommended to be conducted over two days and furthermore, It was very difficult to apply the Transformative Learning Theory over one day.

### Phase 5: Course conduction

The course had focused in its curriculum on the following modules: Leadership, Safety and Quality, Communication and Basic Management (Coordination and Delivery of Patient Care). The course was scheduled in the following dates:

- 2<sup>nd</sup> Aug 2015 (pilot)
- 13-14 Aug 2015
- 31-31 Aug 2015
- 13- 14 Sep 2015
- 11-12 Oct 2015
- 25-26 Oct 2015
- 17-18 Jan 2016
- 16-17 Oct 2016
- 10-12 Dec 2016.
- 30 Apr- 1 May 2017

### Attendance rate

Total of 169 Charge Nurse Candidates had successfully attended the course.

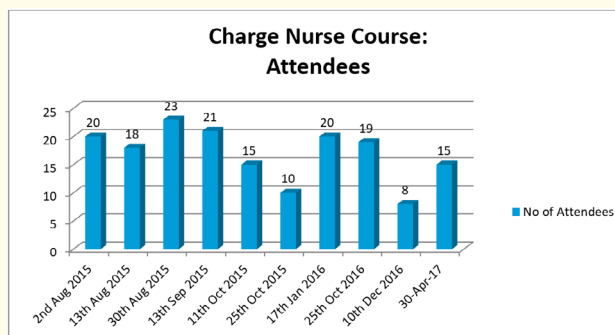


Figure 2

### Teaching methodologies

In order to meet the objectives of the courses and to be consistent with the Transformative learning theory, the following teaching methodologies were utilized:

- Self-Directed eLearning packages
- Textbook and evident based related articles
- Lectures- Power Point Presentations
- Video Presentations
- Case Studies and Role Play
- Reflective Practice Scenarios
- Group Discussion

### Merging transformative learning theory

Transformative Learning Theory [3] was enacted through

- Communicative Learning
- Discourse: Critical Discourse to evaluate evidence, analyze arguments, examine alternative point of views.

Learner must learn together through discourse by analyzing related experiences to arrive at a common understanding [4], this was enhanced through reflective practice sessions, role play and group discussion. Furthermore, during selection of the candidate for each course, Nursing Education had considered to register one candidate from each clinical area in order to ensure that the transformative learning and discourse will be implemented in an efficient manner. Moreover the results of the pretest and interview were utilized to develop the curriculum (engaging the participants in identifying the gab).

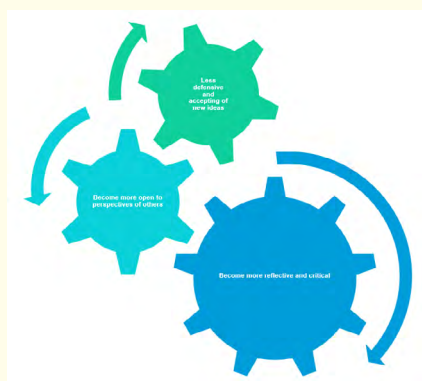


Figure 3

\*Engagement in learning Model (transformative Learning, Mezirow 1997)

### Phase 6: Course evaluation phase

There were three evaluative tools used in the project.

- Evaluation of the content/speaker/learning environment (by the candidates) that was conducted for each course by an external body (Nurse Clinical Instructor) in order to obtain objectivity. The evaluation report with statistical graphs was sent to the speakers for improvement and issues/concerns were considered in each course.
- Evaluation (Feedback) provided by the speakers: Speakers' comments and concerns were considered mainly during piloting phase. Director of Nursing suggested making the course over 2 days. All speakers gave comments for improving the course series
- Evaluation of the knowledge gained as Post Test: All candidates were asked to set for a post test that consisted of 10 MCQs (two formats). The post test was conducted/ scored and analyzed by Nursing Education. The post test questions were almost relevant to the pretest in order to confirm that objectives were met.

Pretest and Post test results were considered and accordingly the scientific value was calculated. Overall report was submitted to Nursing Administration and all candidates had received their recognition Certificates with 14 CME hours.

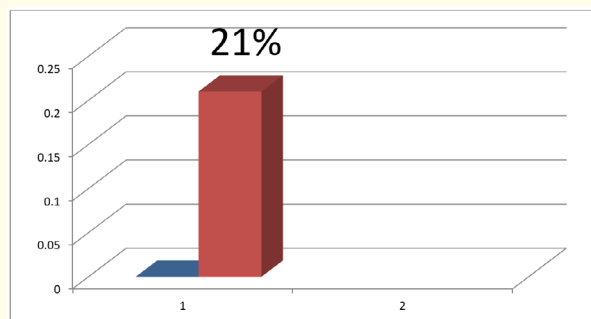


Figure 4

\*Scientific Value = Posttest overall scores--- Pretest Overall Scores= 7.83-5.75/10= 21%

### Phase 7: Course measurement

Measuring the effectiveness of the course was conducted through:

- **Feedback of the Head Nurses:** Some Head Nurses were contacted and stated that they observed an increase in confidence, particularly in decision making and assertive communication

- **Feedback of the Candidates:** The Charge Nurses stated that they are acting more confident and more efficient after the course
- **Complete Competency Assessment:** The Head Nurse are in the process of assessing the charge Nurse Competency (knowledge/skills) in the clinical area.

### Recommendations and Implication for Nursing Practice

It was recommended to continuously monitoring/supporting the charge Nurses in order to enhance the knowledge and skills and prepare them to be developed as future Head Nurses.

This program is developed to meet the educational needs of frontline nursing leaders. The effect of this program has been multifold, as each charge nurse has a sense of purpose, is aware of the expectations and also has specific guidelines to follow. Furthermore, the program will assist the charge nurse to set up plan to succeed, and confidently embrace the charge nurse role [5-14].

### Conclusion

Charge Nurse Courses were developed as educational series (Professional Development Project) adopting Transformative Learning Theory as one of the learning theories that is recommended to be utilized for adult learners.

### Acknowledgment

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### Conflict of Interest Disclosure

There are no conflicts of interest.

### Bibliography

1. Sherman RO., *et al.* "Charge Nurse Perspectives on Frontline Leadership in Acute Care Environments". *ISRNNursing* (2011):8. <http://dx.doi.org/10.5402/2011/164052>
2. Thomas P. "Charge Nurses as Front-Line Leaders: Development Through Transformative Learning". *The Journal of Continuing Education in Nursing* 43.2 (2015): 67-74.
3. Mezirow J. "Transformative learning: Theory to practice". *New Directions for Adult and Continuing Education* 74.5 (1997): 5-13.
4. Bouchard J. "Transformative learning". *Research Starters Education* (2008): 1-5.

5. Bennis W and Nanus B. "Leaders: Strategies for taking charge". New York: Harper and Row (1985).
6. Berbarie TL. "Charge nurse program builder: Tools for developing unit leaders". Danvers, MA: HCPro Inc (2010).
7. Connelly LM., *et al.* "A qualitative study of charge nurse competencies". *MedSurg Nursing* 12.6 (2003): 298-306.
8. Donahue M. "Nursing is the finest art (3rd edition)". Philadelphia: CV Mosby (2010).
9. Eggenberger T. "Exploring the charge nurse role, holding the frontline". *Journal of Nursing Administration* 42.11 (2012): 502-506.
10. Hunter JC. "The servant: A simple story about the true essence of leadership". Roseville, CA: Prima Publishing (1998).
11. Kouzes JM and Posner BZ. "The leadership challenge: How to keep getting extraordinary things done in organizations". San Francisco: Jossey-Bass Publishers (1995).
12. Nightingale F. "Notes on nursing: What it is, and what it is not". Philadelphia: JB Lippincott Co (1992).
13. Whitehead D., *et al.* "Essential of Nursing Leadership and Management". 5th Edition (2011).
14. Wilson DS., *et al.* "Mindful staffing: a qualitative description of charge nurses' decision-making behaviors". *Western Journal of Nursing Research* 33.6 (2011): 805-824.

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