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Implementing Charge Nurse Professional Development Training

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Implementing Charge Nurse Professional Development Training

DNP Project
Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

St. Catherine University
St. Paul, Minnesota

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Implementing Charge Nurse Professional Development Training

Abstract

Background: At a suburban hospital, training for charge nurses was not standardized. Department-based orientation varied without centralized guiding principles, and no internal opportunities for professional development training specific to the charge nurse role. The role and responsibilities of charge nurses had grown ambiguous with varied interpretation and implementation across the hospital. Leading to impeded workflow, employee engagement, and the inability to provide adequate clinical support to staff, clinicians, and patients. It was evident that the role needed to be supported better with clear expectations and standardized professional development training. With hospital and union leadership ardently in support of this program, improvements to the charge nurse position were crucial with high stakes outcomes. Methods: Informed by experience and a review of best practices found in literature, a team of nurses, including union representatives, educators, and managers, convened to work on role development and training design. The work entailed an assessment of current practice and best practice recommendations, development of a standardized charge nurse curriculum, determining workshop design and learner-centered content delivery methods, and implementation. Results: Successful implementation of charge nurse professional development training program; however, a low response rate for post-workshop evaluations resulted in outcomes that were not generalizable. Results showed an improvement in perceived understanding of the charge nurse role and responsibilities as well as satisfaction with internal professional development opportunities. Conclusions: Long-term impact on hospital outcomes yet to be assessed. Initial results concluded the program was a success. The content met the learner's expectations and appeared to enhance role clarity. Plans to role program out hospital-wide are underway.

Introduction

Background

At a 350-bed hospital in a suburban setting outside of Minneapolis, Minnesota, regular charge nurse training sessions were hosted and well-attended, receiving favorable reviews over nine years ago. Charge nurses that attended this centralized training remember the class fondly, stating it left them "feeling empowered to make decisions and advocate for patients and staff as an integral leader at Park Nicollet" (A. O'Hern, personal communication, March 10, 2019). Following the financial recession in 2010, the consultant-led program came to a close, and unit-based training took over as the exclusive method to training charge nurses. Since this time, role and responsibilities for charge nurses at the project site have grown ambiguous, interpreted differently across departments. Non-charge nurses report a variation in the implementation of the role across the hospital, and the local Minnesota Nurses Association (MNA) union leaders have begun advocating for a training program that would support the professional development needs of these frontline nursing leaders. Although 98 percent of charge nurses reported confidence with an understanding of their role and responsibilities, leader surveys indicated an opportunity for improvement in the areas of charge nurses viewing themselves as leaders, forwarding issues up the chain-of-command, and understanding access and flow principles. Additionally, both leaders and charge nurses reported charge nurse training and tools available for success fell short of expectations in terms of preparation for the frontline leadership role (PNHS, 2018).

Problem Formation & Significance

The role of a hospital-based charge nurse is vital to the success of daily operations on nursing units. They provide round-the-clock frontline leadership to a multidisciplinary group of

staff, are responsible for maintaining access and flow, ensuring meeting of patient needs, and forwarding concerns through appropriate channels as needed. The charge nurse role requires unique training to prepare individuals to navigate leadership responsibilities. As Delamater & Hall (2018) indicate, "a lack of formal orientation process, mentors, and ongoing support may impede charge nurses from fully developing within the role" (p. 34). Charge nurse training at the large suburban hospital central to this study was exclusively provided informally, in-person within the department, and was limited to unit routines. Experiences similar to other project hospitals such as remarks captured by Teran & Webb (2016), "on many of our units, after a brief orientation usually performed by an equally unprepared peer, the new charge nurse is left to manage the shifts without any further training" (p. 50). To support the developmental needs of the charge nurse and maximize the frontline leadership responsibilities, benefitting strategic goals, the project hospital recognized a need to invest in their charge nurses through a standardized professional development training program.

Purpose Statement

To support charge nurses better and standardize the expectations of the role and core responsibilities, the project hospital established a goal of hosting centralized professional development training to existing charge nurses that have been in the role for at least six months. Project objectives include reviewing the charge nurse expectations to determine "common" elements, identifying the learning needs of existing charge nurses, and researching best-practice recommendations for content and training design. Finally, an appraisal platform is needed to gauge success and ongoing program evaluation.

PICO Question

For charge nurses, how does implementing centralized charge nurse professional development training compared with no current centralized process affect how well-prepared charge nurses feel to function in the role.

Scope

This project impacted all existing charge nurses on the hospital campus, Emergency Center, inpatient nursing departments, surgical services, Endoscopy, Cancer Center, interventional labs, and Pre-Post Holding.   However, the pilot only included a group of charge nurses from one department, a medium-sized nursing unit with 15 charge nurses. This project excluded departments outside of those listed and roles outside of the charge nurse.

Project Goals

- Implement standardized charge nurse professional development training for a pilot group of charge nurses on the project hospital campus by February 2020.

- Increase charge nurse self-reported knowledge and awareness of role and responsibilities following standardized professional development training to the level of an advanced beginner or competent 50% of the time by March 2020 (Benner, 1984).

Project Objectives

- Develop a standardized charge nurse curriculum using effective methods for content delivery amongst adult learners. A curriculum based on learning needs assessment and standardized hospital-based charge nurse competencies.

- Determine the department of charge nurses on the hospital campus who will participate in the pilot group. Disseminate standardized competency information to the appropriate audience.

- Implement standardized charge nurse instructor-led classroom training.

- ▪ Operationalize class (scheduling, space planning, communication, and facilitation).

- ▪ Develop an evaluation plan for at the beginning of the charge nurse class and the

  conclusion of the class.

Theoretical Framework

To guide this work, the project leader looked at a variety of models at the project hospital that informed the culture. Comprised of a handful of theoretical underpinnings, the professional nursing practice model (PNHS, 2018) used at this hospital included Patricia Benner's model for skill and competency acquisition (Benner, 1984, in Stewart, 2018, p. 520). It was used for guided clinical orientation tools, nurse education evaluations, and to help define what advanced nursing practice looked like at the project hospital. Benner's model was an ideal framework to incorporate into standardized charge nurse professional development training not only due to its familiarity at the project hospital but also on account of the human morality underpinnings to the model. Benner's model assumes learners will grow from initial triumphs to a deeper understanding and greater appreciation of the expertise of nursing based on seven domains of nursing practice. The model is fluid, allowing learners to flow from one stage to another, and back again, depending on skill and circumstances. Benner's model is a blend of theory and experience and assumes that understanding tasks and direct practice alone are insufficient in truly achieving best practice. Ethical principles and esthetic knowing are also essential. Benner also incorporates a central concept of caring into her model, illustrating that when a nurse becomes *expert*, they can be more sensitive and responsive to the insecurities of the *novice* or *advanced beginner*. Her model assumes mutual respect and caring, fostering trust and connections across relationships. Benner's competency model is fitting for charge nurses as it

allows for learner flexibility and has the potential to provide the learner with a unique power that is both modest and wise, ideal traits for nursing leaders (Stewart, 2018).

Review of Literature

Data Sources and Search Strategy

Initially, a Google search function was used in combination with information from a sister hospital to determine commonly used terminology for what the project hospital referred to as a *charge nurse*. The term charge nurse was a common naming convention for the role of interest. Next, a literature search conducted in the spring of 2019 through databases CINAHL, PubMed, and Medline. Keywords and Boolean phrases used included: charge nurse training program, charge nurse education models, charge nurse development program, charge nurse definition, charge nurse role, charge nurse professional development, training adult learners, effective educational workshop design, (charge nurse training) AND (training programs) AND (leadership development) AND (staff satisfaction), (charge nurse roles) AND (professional development), and (charge nurse role) AND (successful role training).

Inclusion Criteria and Quality Assessment

Review of abstracts and titles conducted to assess inclusion for this manuscript. Initially, a twenty-year date range utilized to ensure saturation related to the topic and interventions. Only English publications and the subjects of the study had to be charge nurses in hospital settings. All study designs were included in the review if the primary outcome measures described the charge nurse role or assessed the design and effectiveness of training, as well as its impact on hospital performance or participant knowledge or understanding of role and responsibilities. The Johns Hopkins Hospital/The Johns Hopkins University appraisal tool was used to assess the strength of study evidence and quality. *High* and *good* studies included providing consistency in

the evidence, clarity in the study components, and direct applicability. Exclusion criteria included the following: duplicative studies, studies older than 2008, and those not designed to clarify the role of charge nurse or study the effect of the intervention on hospital performance or knowledge and understanding of charge nurse roles and responsibilities.

Study Selection

Figure 1 summarizes the article search process which followed the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) algorithm (Moher et al., 2009). The initial keyword and Boolean phrase search generated 2122 titles and abstracts. Through the elimination of duplicative articles and screening for relevancy, a review of 22 full-text studies commenced. Of these studies, the project lead selected nine to include and use to inform the charge nurse professional development program. These sources were included based on their quality rating, training design information, content and evaluation considerations, and success with improving performance or charge nurse retention. Most sources included were level three studies of good or high quality. One study was of low quality due to limitations for generalizability. However, the study offered helpful considerations for course design, which was important to consider, therefore included in the study selection. There was one consensus statement and a mixture of non-experimental studies; one systematic review, and others were case-controlled or mixed methods studies (see Table 1).

Participants and Study Characteristics

Article 1, a systematic review by Delamater and Hall (2018), provided helpful context and a well laid-out grid summarizing cohort sizes, training designs, and content themes for a variety of topic-related studies done in the past ten years. Some of the studies in the systematic review were duplicative to those included in this manuscript literature appraisal because the

individual studies included additional detail and design considerations that proved valuable.

Article 2, a consensus statement from the Ohio Nurses Review (2016), highlighted standard

verbiage for the charge nurse role, which could be incorporated into curriculum design for

competency assessment. The information was straightforward and offered helpful considerations

from a content standpoint. The rest of the studies were a variety of case-controlled, mixed

methods, and qualitative studies that ranged in participant volumes (10-95), curriculum design,

and implementation strategies. They all offered unique perspectives and lessons learned, as well

as topic suggestions and participant feedback themes. Article 9, a case-controlled study by

McKinney (2008), provided detail on a model that had a large audience, offering insightful

design considerations.

Intervention Characteristics

Table 2 included a summary of the benefits to each of the included articles. Seven studies

included considerations on training design; eight studies suggested topics, concepts, or charge

nurse-specific competencies for inclusion in the curriculum, and one study offered evaluation

options.

Training Design.

Five articles shared training structure and design features for consideration (1, 3, 4, 5, 7,

8, 9). Teaching strategies included; role-play scenarios in simulation, didactic lecture, case

scenarios, group discussion, peer mentorship, consultant/coach mentorship, individualized

development planning exercise, online modules, online video review, reading assignments,

individual nurse presentations, and teamwork exercises. Frequency and length of class design

varied. Article 3 details a rigorous training plan with a total of 40 hours split up into five 8-hour

classroom sessions over three months. Article 4 included two formal training sessions but lacked

information on duration. Article 5 details a series of three 4-hour workshops each four weeks apart, and article 7 explains a training program with three separate sessions spaced out across 16 weeks. Article 8 included eight 4-hour classes offered once or twice weekly for four or eight weeks. Article 9 explains the first program of four days, which grew into nine 1-day classes over 16 weeks following the evaluation of the pilot.

Curriculum Considerations.

All articles except article 7 suggested considerations for the concepts, skills, and knowledge required to be successful in the charge nurse role. Table 3 outlines the content covered in each of the charge nurse training programs.

Evaluation Suggestions.

Article 7, a study by Johnson, Sonson, and Golden (2010), offered helpful evaluation suggestions which included rubric scores to measure each nurse's progress. The study designers also used a *Predictability Group Map,* which rated the charge nurses on three dimensions, capability, commitment, and competency.

Outcome Measurements

Six of the studies delivered improved performance (hospital or individual) or increased charge nurse retention following the implementation of centralized charge nurse training (3, 4, 5, 7, 8, 9). Article three highlighted a study that tracked Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores pre and post-charge nurse training, experiencing a slight increase in post-training; however, not statistically significant. This study also noted an increase in charge nurses expressing the desire to pursue a higher degree and an increase in specialty certifications within six months following training (Terran & Webb, 2016). Article four showed a statistically significant improvement when comparing pre and post-

education Likert scores related to an online survey assessing Leadership Practices Inventory,

management practices, and specific topics related to the charge nurse role (Maryniak, 2014).

Article five reported high percentages of satisfaction with the educational offerings and time for

attendees to examine their thoughts and feelings. However, attendees were selected to attend the

workshop, so the data is cautioned (Thomas, 2012). Article seven measured capability,

commitment, and competence through Predictability Group Mapping. Through experiential

learning tactics, the study participants showed improvement in capability. However, there was a

decrease in the commitment scores for some participants, indicating that experiential coaching

might serve as a good indicator of whether the leader is a good fit for the role (Johnson, Sonson,

& Golden, 2010). Article eight highlighted a study that produced positive evaluations with

charge nurses reporting they felt better prepared to do their jobs following the training;

increased retention also experienced by the facility (McKinney, 2008). Finally, the study

highlighted in article nine gauged participant feedback via a questionnaire. Results indicated that

the training left participants feeling empowered, with increased confidence in communicating

and getting their voices heard more effectively (Platt & Foster, 2008).

Synthesis and Recommendation

This review set out to determine what the most effective evidence-based model would be

for centralized charge nurse training. This information helped inform a program at the project

hospital, positively impacting how well-prepared charge nurses felt to function in the role. A

review of the included articles proved successful in identifying key training design, content, and

evaluation suggestions. However, not all studies resulted in positive outcomes (6, 7), and not all

studies were good or high quality (8). As a result, the content and design considerations from

these three studies were excluded. The literature reviewed illustrated the benefit in designing a

training program that layers hours of content over an extended window of time. Participant feedback across studies indicated that anywhere from two to four days of training for 4-hour increments of time was most supportive to the learners, keeping their attention fresh for shorter segments of time and allowing for practice application and reflection in between sessions. All studies included more than one teaching method, but outcomes were greater across studies that utilized a variety of teaching methods.

The literature provided abundant suggestions for curriculum topics. Some themes emerged when referencing the consensus statement (2) and systematic review (1), in addition to the *high* and *good* quality articles with positive outcomes (3, 4, 5, 9). Content imperatives more behavioral in nature included communication, conflict resolution, collaboration, interdisciplinary teamwork delegation team-building, managing relationships, and conflict resolution, coaching, enhancing workplace environment, and leadership standards and accountability. Knowledge acquisition and performance-based topics included time management, planning and decision-making, organizational performance measures, regulatory requirements, legal considerations for nurses, patient care priorities and making appropriate assignments, and managing limited resources (time, budget, education).

The literature review showed the value of formal charge nurse training and comprised recommendations for successful training design, topic considerations, and evaluation methods to positively impact how well-prepared charge nurses feel functioning in their frontline leadership role. Valuable perspectives offered through each of the studies, however, focused solely on new charge nurses (not existing), were geared towards smaller audiences or were designed with longer hours or more class offerings than many facilities have the resources to support. More

studies are needed to understand how to effectively train seasoned charge nurses in a way that maximizes value and efficiency.

Project Implementation

Health transformation, especially eliminating health disparities, continues to offer significant opportunities for nurses to demonstrate impact through practice, research, and education in the 21st century (Brown-Benedict, 2008). Through ongoing professional development, charge nurses attain knowledge to keep abreast of both population health priorities and healthcare delivery changes. However, rising costs of college courses and lack of affordable professional development offerings poses challenges for professional students (Young, 2017). Failure to grow charge nurses and provide avenues for them to pursue professional development training risks hospitals losing pace with a quickly evolving healthcare climate. Answering this call to action the project site accommodated cost-free charge nurse classes. Hours attended were paid time and incorporated into schedule rotation; circumventing any affordability and access dilemmas for charge nurses at the project hospital.

Based on this literature review and synthesis, the project site planned a charge nurse professional development program that was within the parameters provided in the literature; between eight and 16 hours in total duration, split up into four or six-hour sessions. The project team was mindful of planning a design that was feasible and sustainable from a staffing and financial perspective. Nurse engagement through shared governance was paramount in the planning process as a common recommendation for training topics were determined. Before implementation, the project team hosted two different design events that included charge nurses, leaders, and educators assisting with the identification of workshop objectives, content topics, and design. Following these events, a smaller group of nurse educators and hospital leaders

blended the shared governance feedback with topic themes from the literature to comprise the training plan. Curriculum planning incorporated the inclusion of a few topics already delivered in other venues and settings at the project site, such as a class offered by the Human Resources Talent Development team on individual development planning. The project team partnered with content experts to modify their lesson plans, incorporating a charge nurse-specific context.

An Internal Review Board (IRB) quality improvement project application was submitted, and IRB review completed in preparation for program implementation. In part with the application, the Sponsor Committee and Inpatient Governance Group at the project site fulfilled a nurse review process and granted permission to proceed. Thereafter close partnerships were fostered with participant leaders and schedulers to ensure successful scheduling. The project leader offered an open invitation for questions or concerns related to the program, and ongoing, frequent communication with project sponsors, key stakeholders, and staff participants. Pre-workshop communications were sent directly to participants with instructions on pre-assessment information, workshop details, and expectations. Socializing and advertising for the program included informational flyers, department huddles, and leader communications.

In February 2020, a two-day workshop was implemented with approximately a two-week break in between classroom sessions, allowing time for article review, shadowing, reflection exercises, and a peer-interview activity. Workshop sessions were four hours in length and consisted of a variety of topics.

Workshop Day One

- Charge nurse expectations/competencies
- Current healthcare climate
- Cultivating health workplace culture and creating your *brand*

- Charge RN role in the delivery of patient care

Workshop Day Two

- Communication

- Leading through change

- Access and flow

- Systems thinking

- Patient experience

- Stewardship

All content was developed and facilitated by the project lead, in partnership with content experts from Human Resources, Professional Nursing Practice, and Hospital Operations. Content delivery methods utilized included didactic lecture, simulation, case scenarios, group discussion, teamwork activities, individualized development planning exercises, online modules/video review, and reading assignments. A pre and post-workshop participant survey was developed and delivered through a confidential and anonymous online survey engine. Questions organized in a multi-rating response fashion and intended to measure participant confidence with an understanding of the charge nurse role, responsibilities, and competencies. Monitoring of class rosters ensured the successful completion of all staff required to attend training. All identified project participants completed the two-day course.

Evaluation

As mentioned earlier in this manuscript, this quality improvement project set out to achieve two outcomes, the first of which was to successfully implement a standardized charge nurse professional development program for a pilot group of charge nurses by February 2020.

This outcome measure was evaluated by observation upon completion of implementation against the following criteria:

- Standardized charge nurse professional development training, consisting of content that is common across the hospital campus.

- Successful implementation of program design, content, and conceptualization; tailored to a cross-campus audience.

- Training consists of in-person component(s).

- Group of participants selected in partnership with project managers and sponsors.

The workshop curriculum, developed by the project leader in collaboration with content experts, utilized training methods and concepts generalized to meet a cross-campus charge nurse audience. The program audience was selected based on department size, leadership availability and participation, and charge nurse readiness to learn. Decisions were made in partnership with key stakeholders, hospital leaders, and project team. The inaugural two-day workshop launched between February and March 2020, meeting program timeline objectives.

The secondary outcome was to increase charge nurse self-reported knowledge and awareness of role and responsibilities following standardized professional development training to the level of advanced beginner or competent 50% of the time (Benner, 1984). To evaluate the effectiveness of training and track the outcomes related to these areas of opportunity, Benner's *Novice to Expert* scale was used in a self-assessment survey before the first day of the training, and after the final session. A dependent group of participants completed the questionnaires, and nominal measurements were collected based on a self-assessment scale. Table 4 outlines the competency level descriptions that were used in the self-assessment, as adapted by the project hospital.

Table 4 Benner's *Novice to Expert* Definitions

Competency Level	Description
Novice	Little to no experience of the knowledge/skill requirement. Requires directive guidance & support.
Advanced Beginner	Familiar of knowledge/skill requirement but may need assistance.
Competent	Performs knowledge/skill requirement safely and independently.
Proficient	Has extensive experience with knowledge/skill requirement.
Expert	All of the above; ensures evidence-based practice of knowledge/skill requirement.

(PNHS, 2018)

Following the completion of the final class, a comparison of pre and post ratings commenced. Of 15 participants total, all participants completed the pre-workshop survey. Scores reflected competent, proficient, or expert levels of competency in terms of knowledge and awareness of the charge nurse role and responsibilities before the workshop. These pre-workshop scores started out at or higher than the goal of advanced-beginner or competent following program completion, making it difficult to measure impact of the program based on Benner's model.

There were, however, other means of evaluation that were assessed after each class offering and in the self-assessment survey. Although they were not a part of the pre-established primary and secondary outcomes to the project, these evaluations did provide comparison data related to the overall program impact. All participants completed class and instructor evaluations following each four-hour session, which reflected favorable reviews by all 15 participants for both 4-hour classes. Additionally, critical questions included in the pre and post-self-assessment surveys utilized a 6-point Likert scale rating system to determine program outcomes (Maryniak, 2013). Responses ranged from strongly disagree – strongly agree. Two questions gauged the

impact of the program concerning role and responsibility and overall satisfaction with

professional development opportunities:

1) I have a clear understanding of the responsibilities of the charge nurse role.

2) I am satisfied with the Charge Nurse professional development I receive.

Again, all 15 participants filled out the pre-workshop survey; however, only three filled out the

post-workshop survey. The second and final workshop was implemented amid the COVID-19

pandemic, causing a significant distraction upon distribution of the post-workshop evaluations.

Although not generalizable, the three surveys returned showed a marked improvement with both

understandings of the responsibilities of the charge nurse role and satisfaction with professional

development offerings. Figure 2 shows the shift to more favorable responses following the

workshop.

Figure 2 Pre & Post Charge Nurse Professional Development Workshop Self-Assessment Ratings
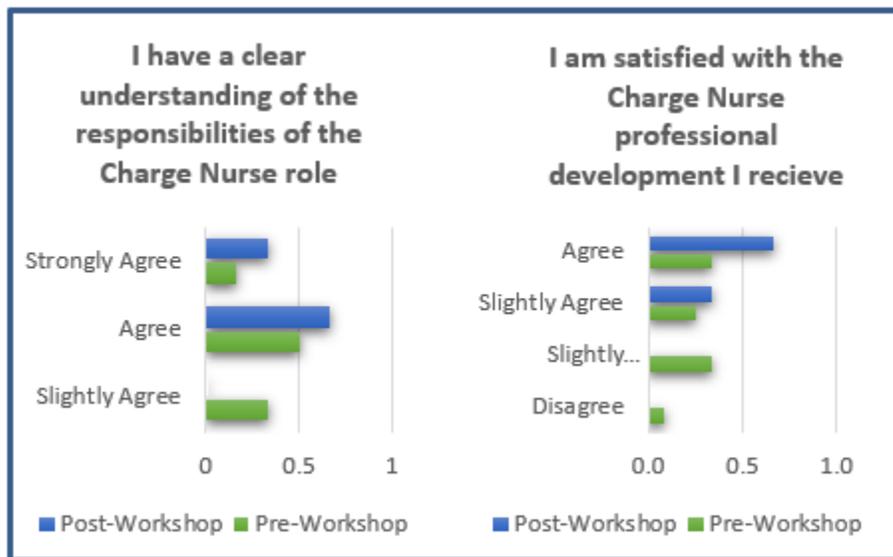
Limitations

Evaluation of this program was limited by timing, human resources, and participation. As mentioned earlier, this program was implemented in the wake of the COVID-19 pandemic. The classroom sessions and in-between learning activities finished up before the pandemic reached the project hospital. However, the post-workshop outcome evaluations were delayed from being sent out electronically due to pandemic response priorities for the project leader. When they were sent out, the project hospital and participants were involved in a pandemic response. Not only did this eliminate a meaningful component to the program, a post-workshop individual development planning activity; it also caused significant distraction in terms of post-workshop evaluation completion. A small return rate rendered the workshop impact inconclusive.

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Discussion, Conclusions, Recommendations

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Upon review of favorable program evaluations and assuming the three post-workshop survey responses were a sampling of overall success, the project hospital concluded the program was a success. The content met the learner's expectations and appeared to enhance key professional growth opportunities while closing the initially identified learning gap in understanding role responsibilities. A planned six-week hiatus followed the conclusion of the pilot workshop, during which a Plan, Do, Study, Act (PDSA) review commenced, adjusting curriculum to include improvement recommendations, a variety of new workflows, and a team-based care delivery model developed in the wake of the pandemic. After that, the project team developed an 18-month plan to deliver workshop content to the remainder of the hospital campus charge nurses. A master schedule and work plan were created for session facilitation,

introducing a variety of new instructors to help ease the human resource needs of the longer-term program.

Future development opportunities include embedding standardized content into charge nurse orientation in each department, utilizing the electronic learning management system (LMS) for ease of registration, as well as incorporating charge nurse competencies and training concepts into the charge nurse application and annual review processes. The pilot project highlighted the importance of creating a nursing manager toolkit in support of a more in-depth understanding of the overall program, charge nurse mentoring, guiding conversations with individual development planning, ongoing program compliance, and reinforcement with charge nurse competency expectations. Additional recommendations include identifying charge nurse champions from each department for partnership with content review and delivery, as well as class promotion, celebrating the professional development opportunity. Finally, planning for a periodic detailed curriculum review will assure program alignment with evolving evidence-based recommendations.

At a time when healthcare environment is experiencing a worldwide pandemic, hospital administrators and nursing team members are faced with an unprecedented challenge. Now more than ever, hospital charge nurses are called on to be the frontline leader that sets the tone and courageously and effectively leads interprofessional team members through an extraordinary time. This author and Doctor of Nursing Practice (DNP) project leader set out to empower charge nurses to lead and effectively implemented a program that satisfied a thirst for charge nurse-tailored professional development. As a result of effective program planning and implementation, the program was deemed a success and the hospital is prepared to continue the

program post-pandemic; broadening participation cross-campus, enhancing collaboration

between departments and elevating the role of the charge nurse.

Figure 1 Flow Diagram of Study Selection
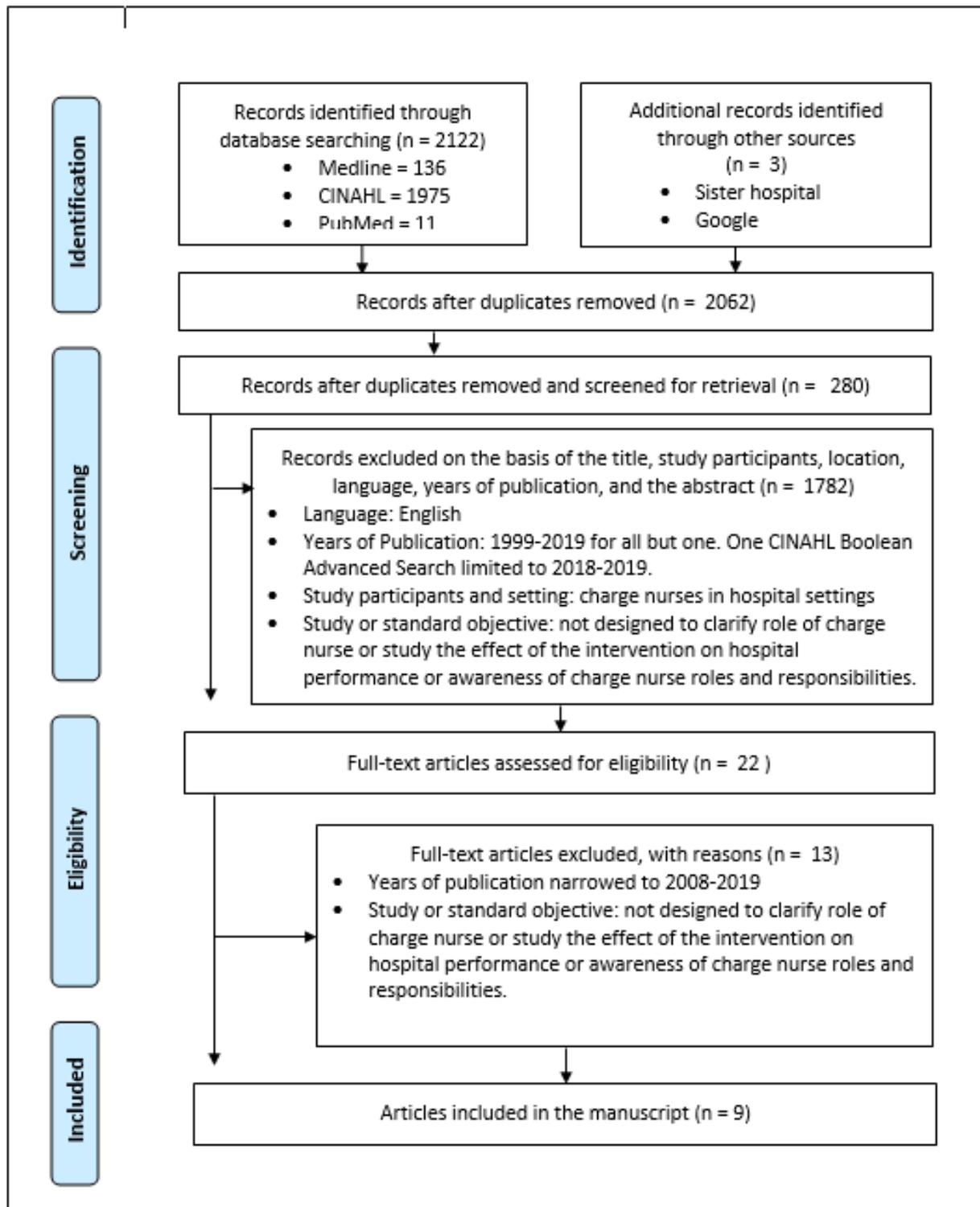
Table 1 Evidence Appraisal Grid

Article #	Author & Date	Evidence Type	Sample, Sample Size & Setting	Study findings that help answer the EBP question	Limitations	Evidence Level & Quality
1	Delamater & Hall, Nursing Management, July 2018	Systematic literature review of descriptive studies (one longitudinal, one qualitative, and three mixed-methods studies)	9 studies that took place in the United States. Sample sizes for studies ranged from 11-258 charge nurses.	This review helps to give the reader an idea of the learning interventions and training structure used with other successful program implementations. It also gives an idea of what the leadership traits of focus were for each program.	Search process – only used 3 search engines. Strength of studies wasn't optimal. No experimental studies with comparison to a control group or randomization were reviewed.	III, high
2	The Role of the Registered Nurse as Charge Nurse1, 2016	Consensus statement	N/A	This study doesn't answer any questions about implementation of a charge nurse program, but it helps to identify some of the competencies that could be used to inform curriculum priorities or competencies	Only 3 references listed. Not a rigorous review.	IV, good
3	Terran & Webb, Nursing Management, November 2016	EBP implementation case-controlled study	11 charge nurses and 6 new clinical coordinators. Conducted on one post-op unit in a 530-bed health system in south Texas.	This article helps build a case for a standardized charge nurse professional development program through improving patient satisfaction and nurse retention. It details the educational model used to deliver charge nurse training and topic buckets. Provides insightful lessons learned.	Small cohort size. Not generalizable.	III, good

4	Maryniak, Journal for Nurses in Professional Development, Jan/Feb 2013	Single descriptive case-controlled study	27 charge nurses, 333-bed Yuma Regional Medical Center (acute care nonprofit community-based hospital)	It details the educational model used to deliver charge nurse training and topic buckets. It also gives an example of Likert scale evaluation that could be applied to the above EBP topic.	Small cohort size. Not generalizable.	III, high
5	Thomas, The Journal of Continuing Education in Nursing, 2012	EBP implementation, mixed methods	65 charge nurses, small teaching hospital part of a large health system	It details educational content for charge nurse training, a specific model for delivery, and the activities utilized (lecture, role playing, case studies, scenarios, and group work). Also suggests evaluation methods.	A pivotal part of the program studied relies on mentorship on units. This program is geared for new charge nurses, whereas my program is for existing staff.	III, good
6	Wojciechowski, Ritz-Cullen & Tyrrell, Journal for Nurses in Staff Development, 2011	Nonexperimental; qualitative study	22 inpatient charge nurses with 1-35 years of experience in the charge nurse role	It lists indications of top three learning needs with associated themes; barriers to functioning as an effective charge nurse, and helpful resources.	Wording of the survey was misleading with some redundant questions. Small sample size. Delivery and recovery of the completed survey could have been conducted in a more effective fashion.	III, high
7	Johnson, Sonson & Golden, Nurse Leader, December 2010	Single descriptive case-controlled study	10 medical-surgical and progressive care nurses, 198-bed, full-service hospital	Provides helpful insights on how to represent evaluation feedback. Nice visual data.	Small sample size. Not generalizable. Method of 1-on-1 mentorship very resource-intensive.	III, high
8	McKinney, Journal for Nurses in Staff	EBP implementation,	60 Nurses completed all eight 4-	Article suggests results from Charge Nurse needs assessment and program	Class design was resource-intensive (eight 4-hour classes), planned for 1-2	III, low

	Development, 2008	case-controlled study	hour classes, Health First hospital system in Central Florida	planning considerations. Of 60 nurses who completed all training, favorable retention and 2 years later and positive feedback following course completion.	classes per week. Smaller sample size. Evaluation data and results had low level of evidence. Responses could not be clarified.	
9	Platt & Foster, Journal of Nursing Management, 2008	Single descriptive case-controlled study	95 charge nurses, National Health Service	Article suggests methods for delivery and desired curriculum suggestions. Includes content sections and resulted in favorable results. The impediments to the programme were insightful and will help inform my project.	None	III, good

Table 2 Study Benefits and Outcomes (Quality)

Study Benefit & Outcomes	Study 1 Level III (High)	Study 2 Level IV (Good)	Study 3 Level III (Good)	Study 4 Level III (High)	Study 5 Level III (Good)	Study 6 Level III (High)	Study 7 Level III (High)	Study 8 Level III (Low)	Study 9 Level III (Good)
Training design considerations	X		X	X	X		X	X	X
Curriculum considerations	X	X	X	X	X	X		X	X
Evaluation considerations							X		
Improved performance or retention			X	X	X		X	X	X

Table 3 Curriculum Topics (*themes and prevalence across articles*)

Article 1	Article 2	Article 3	Article 4	Article 5	Article 6	Article 8	Article 9
-*Communication (5)* -*Conflict Resolution (4)* -*Collaboration (4)* -Taking action -*Teamwork, interdisciplinary teams(6)* -*Delegation (5)* -Empowerment -Quality (3) -Professionalism -Self-awareness of communication styles -*Leadership -standards and accountability (5)* -*Planning and decision-making (3)* -Talent management -Managing HR -Service excellence -Knowledge of the healthcare environment -Business skills -*Enhancing workplace environment (4)* -*Organizational performance measures(4)* -*Managing relationships, team building and conflict resolution (5)* -*Time management (4)* -*Coaching (4)* -Patient safety -Shared governance -*Regulatory requirements (3)*	-Collaborating with physicians, departments, nurses -*Legal aspects of nursing (3)* -Policies/ procedures -Organizational chart awareness -*Patient care priorities and making appropriate assignments (5)* -Role and responsibilities of nurse -Talent management -Clinical practice expertise and responsibility to teach -Delegation -Leadership styles -Effective decision-making -Effective communication -Required documentation -Quality of care -Equipment checks -Environment of care (EOC) checks	-Leadership – manager versus leader -Coaching -Shared governance -Patient safety (EOC) -Patient throughput -Interdisciplinary teams -Regulations and requirements -Charge nurse job description	-Patient or family-centered care model -Unit rounding -Nurse-physician collaboration -Union education -Clinical and nonclinical measures used in healthcare -Dashboards/ quality improvement concepts and basic measures	-Leadership and management -Delegation -RN Scope of practice and legal responsibilities -Decision making -Power -Conflict management -Negotiation and persuasion -Team building -Communication -Role transition and image Simulation Topics -Staff assignments -Managing demanding personalities -Engaging chain of command -Peer feedback -Delegation	Developing leadership skills -Knowing resources -Delegating -Being assertive and leading -Communicating effectively -Prioritizing -Multitasking -Improved critical thinking skills Managing behavior of others -Managing conflict and confrontation -Motivating staff -Staff engagement -Dealing with difficult patients, families, and physicians Creating a healthy work environment -Supporting staff -Creating trust -Promoting teamwork -Educating staff on procedures -Patient acuity and staffing -*Managing limited resources (time, budget, education) (3)*	-Basic finances/budget -Time management -Conflict management/ communicating with: 　a. Difficult employees 　b. Patients 　c. Families 　d. Physicians 　e. Offices -Writing and presenting evaluations -Delegation -Stress management -Scheduling -Motivating employees/ -Obtaining buy-in -Management pitfalls to avoid issues -Understanding of evidence-based practice and research -Job responsibilities -Diversity in the workplace	-Organizational structure -Coaching -Time management -Financial management -Recruiting and interviewing skills -Managing stress -Dealing with difficult conversations -Managing poor performance -Appraising -Nursing documentation in the court of law -Developing policies, guidelines, procedures -Professional leadership skills -Handling complaints -Role of Duty Manager -Managing behavioral health patients -Clinical benchmarking -Presentation skills -Action learning and reflection -Pain management

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and have found that it is complete and satisfactory in all respects,
and that any and all revisions required by
the final examining committee have been made.

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