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Development of an Educational Module for Novice ED Charge Nurses

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Submitted in partial fulfillment of the
requirement of the degree of
Master of Arts in Nursing

AUGSBURG COLLEGE
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**Augsburg College
Department of Nursing
Master of Arts in Nursing Program
Thesis or Graduate Project Approval Form**

This is to certify that **Tobi Sanetra** has successfully defended her Graduate Project entitled
“**Development of an Educational Module for Novice ED Charge Nurses**” and fulfilled the
requirements for the Master of Arts in Nursing degree.

Date of Oral defense June 20, 2012.

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Abstract

The role of the charge nurse is an integral leadership role that requires a nurse who can make critical decisions quickly and manage the chaotic emergency department (ED) while under the stress of caring for critically ill and injured patients and their families. Historically in many facilities, novice ED charge nurses are given a few orientation shifts with an experienced charge nurse before being expected to function independently in this role, but many ED charge nurses do not feel this orientation process prepares them for their new responsibilities.

The purpose of this project is to develop an educational module which prepares novice ED charge nurses for this new leadership role. Dr. Watson's Theory of Transpersonal Caring and Dr. Burns' Transformational Leadership Theory are used as a theoretical framework to support this work. This education module is divided into four sections, Dr. Watson's Theory of Transpersonal Caring which includes a discussion of compassion fatigue, burnout, and resilient behaviors, Dr. Burns' Transformational Leadership Theory, effective communication using SBAR, and conflict management. In addition, a project metaphor will be presented which will aid readers in understanding of this educational module which supports the novice ED charge nurse.

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Chapter One: Introduction

At Regions Hospital, a level 1 trauma center in Saint Paul, Minnesota, the emergency department (ED) staff members saw 78,073 patients in 2011, many of whom are members of ethnically diverse populations. Of these patients, 3,273 were trauma patients who required admission to the hospital to care for their injuries and 709 of them met criteria for a trauma team activation (Regions Hospital, 2012, p. 9). A trauma team activation is called for the most critically injured patients who meet the criteria for stabilization and treatment at a level 1 trauma center. Trauma team activation patients have injuries which are considered life-threatening and require immediate intervention from the ED and surgical team.

ED charge nurses are faced with a steady barrage of problems that demand their attention. On a busy eight hour shift in Region's ED, a charge nurse can receive 80 plus telephone calls, address multiple staff and patient concerns, and be responsible for things such as the flow of over 100 patients into and out of the department, safe staffing ratios, and legal issues unique to the ED. The ED charge nurse is expected to make quick and accurate decisions about the triage of patients arriving by ambulance. The charge nurse is expected to effectively manage conflict among staff members to ensure the team is working well together and that personal differences are not affecting patient care. Often the charge nurse is the first person to encounter and care for the family members of dead, critically ill and/or injured patients while simultaneously ensuring ED staff members are coping with the stress of caring for these types of patients. On top of these responsibilities, the charge nurse must ensure that all registered nurses working in the department are following safe nurse practice guidelines. This responsibility includes

being aware of the skill level of available nurses in order to maintain the delivery of competent, safe, and high quality patient care.

The charge nurse in a level 1 trauma center ED is an integral position which requires certain attributes and well-developed skills in order to effectively take on this leadership role. Attributes of an effective charge nurse include being able to remain calm even when under stress related to caring for critically ill and/or injured patients and their families; being able to effectively communicate the needs of the department and delegate responsibilities to both nurses and unlicensed assistive personnel; and being able to have a good, collaborative relationship with physicians and other healthcare professionals. Also, the charge nurse must be able to make critical decisions quickly in order for staff members to provide life saving measures for the constant influx of patients into the ED. Within the ever-changing dynamics of an ED, this leadership role is an essential position. However, according to a survey of ED charge nurses, 75% of them do not feel prepared to tackle the responsibilities discussed above (Assid, 2010).

Despite the complex role ED charge nurses have, they receive little to no formal education on how to effectively address these concerns. Historically in many facilities, nurses new to the role of ED charge nurse, are given only a few orientation shifts with an experienced charge nurse before they are given the responsibility to run the department independently. However, there is little training provided to these nurses to aid in their understanding of leadership, communication, and conflict management (Arzoomanian & Keys, 2008). This role can quickly become overwhelming as the novice charge nurse begins to realize the amount of learning that goes into becoming a proficient charge nurse in a level 1 trauma center ED. Assid (2010) found that charge nurses who become

overwhelmed with the amount of responsibilities they face every shift are more likely to have high turnover rates and job dissatisfaction.

Novice ED charge nurses would benefit from a formal education process that would prepare them for the everyday challenges and responsibilities of working in a level 1 trauma center ED. Therefore, the purpose of this project is to develop an educational module which will support the learning needs of novice charge nurses in a level 1 trauma center ED. The educational module will focus on the care of self, patients, patients' families, and ED staff members, leadership, communication, and conflict management.

Background

According to Wolf (2010), there are more than 50 million Americans without health insurance and as a result the ED has become a safety net for those who have nowhere else to turn to for medical treatment. EDs are governed by the Emergency Medical Treatment and Active Labor Act (EMTALA) which mandates that all patients presenting to an ED must be given a medical screening examination and that their emergency medical conditions must be treated (Emergency Medical Treatment and Active Labor Act, 1986). Over a seven year time period, between 1997 and 2004, ED visits increased from 93.3 to 110.2 million, but the number of EDs open 24 hours, decreased by 12%; this caused ED patient wait times to increase by 36% ("Study: Wait times," 2008). Increase in populations of uninsured patients, EMTALA regulations, and the decrease in EDs has caused many EDs to experience overcrowding which can be severe at times. These factors have led to added stress for the charge nurses of these departments as they struggle to ensure safe patient care.

In addition to ensuring safe patient care, ED charge nurses play an important role in maintaining patient and staff satisfaction. ED charge nurses are responsible for preserving safe staff to patient ratios while at the same time ensuring that staff members are not violating complicated EMTALA regulations. ED charge nurses must frequently find balance between placing the ED on ambulance diversion, where ambulances are directed to take patients to other EDs, and continuing to allow ambulances to bring acutely ill and injured patients into the department. This balancing role often causes conflict between the ED charge nurse and staff nurses who may feel overwhelmed by the frequent overcrowding seen in many EDs.

Overcrowding in the ED leads to an increased workload for nurses, which has been shown to decrease overall job satisfaction and in turn leads to burnout and compassion fatigue (Hooper, Craig, Janvrin, Wetsel, & Reimels, 2010). In addition, Vahey, Aiken, Sloane, Clarke, and Vargas (2004) found that nurse burnout is directly related to patient satisfaction and has been shown to increase nurse job turnover rates. Sabo (2006) states “in caring for patients experiencing trauma, pain and suffering, nurses’ health can be profoundly affected, resulting in a phenomenon such as compassion fatigue” (p. 136). According to Boyle (2011), compassion fatigue can occur when nurses witness tragedies that occur to their patients, whom they have developed relational connections to, during their course of work. Burnout is distinct from compassion fatigue in that it occurs when nurses have conflict within the work setting not with the care of patients. In a study completed by Hooper et al. (2010), the authors found that “82% of emergency nurses had moderate to high levels of burnout, and nearly 86% had moderate to high levels of compassion fatigue” (p. 420).

The ED charge nurse can play a significant role in ensuring that nurse to patient ratios remain safe in order to help prevent problems such as burnout and compassion fatigue. In addition, ED charge nurses are responsible for monitoring and identifying nursing staff members who may need to take a break from patient care. This break can then allow these nurses to focus on self care which may help prevent the potential problems of burnout and compassion fatigue.

The stressful environment of the ED not only leads to burnout and compassion fatigue, but it can lead to conflict among staff members and conflict between staff members, patients, and patients' family members as well. Conflicts about safe staffing ratios, patient plans of care, and differences in opinion and personality are everyday occurrences in the ED. Often the charge nurse is the one called in to mediate the problem in order to come to a solution that is agreeable to the involved parties. Trossman (2011) writes "when conflict flourishes, patient care suffers... [but] conflict engagement, on the other hand, transforms health care and ensures patient safety" (p. 2). Therefore, conflict management is a skill that a novice ED charge nurse must master in order to ensure that patients are receiving safe, quality care.

ED charge nurses have a constant stream of information coming at them during their shifts. They receive information about incoming ambulance and triage patients, current patient acuity levels, and staff members' needs and concerns. Once this information is received, then the charge nurse must be able to effectively communicate the priorities of the department to all staff disciplines. Fairbanks, Bisantz, and Summs (2007) write "safe, efficient, and quality care in the ED requires frequent and effective communication between caregivers" (p. 396). After completing an extensive

communication link analysis that looks at the flow of communication within an ED, Fairbanks et al. (2007) found that the charge nurse role is “central to communication” (p. 402). However, novice charge nurses receive little training in communication methods that will help them effectively relay the priorities of the department.

Novice charge nurses receive little to no formal education before being promoted to this leadership role and even fewer novice charge nurses receive specific formal education related to being a charge nurse within an ED. After a literature search, it was found that little has been written on the subject of the development of charge nurses within an ED and more specifically to a level 1 trauma center. It is clear that there is a need to provide a more formal education process in order to develop the skills set necessary to be a charge nurse in a level 1 trauma center ED.

Significance of the Project

As described previously there is a need for a formal orientation process for ED nurses transitioning into the charge nurse role. Several novice charge nurses in this author’s ED have expressed concern about the limited amount of formal orientation to the charge nurse role prior to being scheduled to work within this leadership position. There have been a number of nurses who have been oriented as a charge nurse and then subsequently removed from the role due to managerial concerns or have asked to be removed from the position themselves due to increased stress related to the numerous responsibilities. Therefore ED nurses, who are new to the charge nurse role, should be better supported as they transition into this integral position.

Dr. Watson's Theory of Transpersonal Caring

Dr. Jean Watson's Theory of Transpersonal Caring is used as a basis for this project. Dr. Watson (2005) writes, "caring forces us as individuals and professions to *face our relation* of infinite responsibility of *belonging* to other human beings as well as to a unitary field of all-our-relations" (p. 63). Dr. Watson's 10 *Caritas Processes* provide the structure for her Theory of Transpersonal Caring (see Table 1). According to Dr. Watson (2005), the word *Caritas* is a Latin word which means to cherish, to appreciate, and to give special attention. Nurses can utilize these 10 *Caritas Processes* as guidelines to help meet the needs of the patient during the caring/healing process. Dr. Watson (2005) states:

These factors [processes] were referred to as the "core" for professional practice, which are timeless and enduring, transcending new knowledge, skills, technology, specialty and subspecialty practices, which are referred to as the "trim" in that (nursing or health-healing) profession cannot be defined and guided philosophically and ethically by its trim alone, as this is always changing. (p. 3)

The *Caritas Processes* remain constant as the technologies that nurses utilize to care for patients are constantly changing.

Dr. Watson (2008b) encourages relational caring where the nurse uses caring as a means of healing, however, she was clear to point out that caring does not always lead to a cure because not everything can be cured. Dr. Watson believes nurses should take pause before entering into a caring space/moment because they are working with the life force of another person (Watson, 2008b). Dr. Watson (2008b) further states that nurses must be aware of their consciousness before entering into a caring field because their

consciousness has energy which can positively or negatively affect patients' ability to connect with their own inner sources of healing. Nurses must remember that everything they and their patients have experienced in their lives is brought with them as they enter a caring space/moment (Watson, 2008b). However, the patient also comes into the relationship with fears, vulnerabilities, and unknowns (Watson, 2008b). Application of Dr. Watson's theory is not limited to patients as it can also be applied to the relationships nurses have with patients' families and with other healthcare professionals.

Table 1
Watson's 10 Caritas Processes

-
1. Embrace altruistic values and practice loving kindness with self and others.
 2. Instill faith and hope and honor others.
 3. Be sensitive to self and others by nurturing individual beliefs and practices.
 4. Develop helping – trusting- caring relationships.
 5. Promote and accept positive and negative feelings as you authentically listen to another's story.
 6. Use creative scientific problem-solving methods for caring decision making.
 7. Share teaching and learning that addresses the individual needs and comprehension styles.
 8. Create a healing environment for the physical and spiritual self which respects human dignity.
 9. Assist with basic physical, emotional, and spiritual human needs.
 10. Open to mystery and allow miracles to enter.
-

Watson (2007)

Dr. Watson's Theory of Transpersonal Caring will be used as the theoretical framework that guides the development of an educational module for novice ED charge nurses in a level 1 trauma center ED. This theory can be applied to interactions with patients, patient's families, and ED staff. Also Dr. Watson's theory can be applied to the important work of self-care in order to prevent problems such as burnout and compassion fatigue. Providing a caring/healing environment within a busy ED can be a difficult task but it is important that even during times of chaos, the *Caritas Processes* are not neglected. It is in these times that these processes can be most beneficial.

Leadership Conceptual Support

Another theoretical framework that will be used to supplement this project is the Transformational Leadership Theory which was developed by Dr. James McGregor Burns. Dr. Burns believes that a transformational leader "rejects the use of naked power and instead attempts to motivate and mobilize followers by persuading them to take ownership of their roles in a more grand mission that is shared by all members of the organization" (Phillips, 1992, p. 172). Matusak (1997) went further in saying "we must not confuse leadership with power. Leaders always have some measure of power, rooted in their capacity to persuade, but many people with power are without leadership gifts" (p. 118).

Leadership is not about who has the power in the relationship, but about the leader's ability to motivate followers to help them realize their vision for the future. This vision must be shared by the followers because as Matusak (1997) so eloquently states "this vision will be a powerful force for change only if the individuals involved in the organization enthusiastically believe in the vision and see their own personal goals and

dreams integrally woven into the fabric of the plan” (p. 57). Developing a shared vision is not only the responsibility of the leader but also a fundamental skill needed for effective transformational leadership. Great leaders have a vision for the future that is driven by a passion which guides their actions as they motivate others to help them realize their vision.

The ED charge nurse is looked to as a leader within the department. They must have a clear vision to maintain a safe, healing environment for the patients, patients’ families, and staff members. They play an essential role in motivating staff to remain positive during times of great stress which, in turn, affects the care provided to patients. A charge nurse without a clear vision can quickly become overwhelmed by the pressures of this role and patient care, staff satisfaction, and morale will suffer.

Conclusion

The charge nurse, in a level 1 trauma center ED, plays an integral role in ensuring the success of the department. The pressures of being a charge nurse can be overwhelming and many feel unprepared to do the job. Often ED charge nurses receive little formal education about their new role, but they are expected to be able to effectively carry out all of the charge nurse responsibilities. Often novice ED charge nurses lack an understanding of how to lead, communicate priorities, manage conflict, and care for themselves, patients’ families, and staff members. Novice charge nurses should be better prepared for the challenges they will encounter in their new role. This can be accomplished through the development of an educational module which integrates the theories of Dr. Watson’s Transpersonal Caring and Dr. Burns’ Transformational Leadership. This educational module, which can be used to train novice charge nurses on

how to successfully transition into their new role within a level 1 trauma center ED, will focus on the care of patients, patients' families, ED staff and self, leadership, communication, and conflict management.

This chapter has introduced the complicated role of the charge nurse in a level 1 trauma center ED and the need for a formal education process for novice ED charge nurses. Chapter Two will include a discussion of the relevant literature which supports the need to include the identified key components of this educational module and how the theories of Dr. Watson and Dr. Burns can be incorporated.

Chapter Two: Literature Review

The role of the charge nurse in a level 1 trauma center ED is a demanding and stressful position which requires a nurse who is able to effectively lead, communicate, manage conflict, and care for patients, patients' families, staff, and self. However, the orientation process for this role has, historically, been lacking. This project focuses on the development of an educational module that would better prepare novice ED charge nurses for the responsibilities of this integral role. Little has been written on the development of a formal charge nurse training program and even less literature is found specific to the needs of a novice ED charge nurse in a level 1 trauma center.

The sometimes chaotic ED environment comes with its own set of challenges that are unique to this area of the hospital. A skilled charge nurse, who has the knowledge to accurately and effectively develop solutions, is needed to address these challenges. A nurse in this leadership role should be adequately prepared to meet the needs of the department in order to maintain a safe, healing environment for patients, patients' families, and staff members. This chapter will focus on a review of the relevant literature that addresses the key components of this educational module including Dr. Watson's Theory of Transpersonal Caring, identification and prevention of compassion fatigue and burnout, Dr. Burns' Transformational Leadership Theory, communication, and conflict management.

Charge Nurse Training

Personal knowledge and experience surrounding the need for more charge nurse education is the impetus for developing this educational module, but a literature review reveals that there is growing support to increase the formal education provided to nurses

in leadership roles. Sherman, Schwarzkopf, and Kiger (2011) state “in the current environment, often nurses are placed in leadership situations without the needed competencies and skills” (p. 1). According to Sherman et al. (2011), the charge nurse is expected to lead staff while also managing the needs of both the department and the patients. The duality of this role becomes “a skillful balancing act and not all organizations provide the type of leadership training that the charge nurse may need” (p. 2). Kennedy (2008) states that management recruits charge nurses “from a pool of very capable clinical nurses and throw them, virtually unaided, into an entirely new role with an uneven chance of survival, let alone success” (p. 943). Furthermore, Kennedy (2008) believes that novice charge nurses should be given more support and development prior to being placed in these leadership roles.

Cartier (1995) writes that a formal education process is needed for charge nurses in order to develop effective leaders who are ready to face the realities of today’s changing healthcare environment. According to Cartier (1995), charge nurses who are not adequately trained can create problems in their department because they lack the skills necessary to supervise staff. Specifically, Cartier (1995) states this lack of education can affect the quality of care patients receive, especially in the areas that care for the most acutely ill patients; because level 1 trauma center EDs care for acutely ill patients this is certainly an area of concern.

Level 1 trauma centers are verified by the American College of Surgeons (ACS) as being able to provide care to the most critically injured patients (American College of Surgeons, 2012). Level 1 trauma center EDs and hospitals must meet stringent guidelines to be verified and they must undergo site inspections by the ACS every three

years to maintain this designation. A level 1 trauma center must have 24 hour availability of trauma surgeons, operating room staff, ED physicians, and nurses, and they must have the equipment necessary to resuscitate the most critically injured patients. Because level 1 trauma center EDs receive such high acuity patients, the ED charge nurse must be prepared to provide care for these patients, their families, and the ED staff. The stress of caring for these types of patients can be extreme and the ED charge nurse should have the knowledge to monitor staff and themselves for potential stress related concerns such as burnout and compassion fatigue.

Connelly and Yoder (2003) found that charge nurses, especially novice charge nurses, would benefit from an education program focusing on the specific needs of a leadership role. Furthermore, they found that these programs should include both a didactic and experiential style of teaching to facilitate the learning of charge nurses. Wojciechowski, Ritze-Cullen, and Tyrrell (2011) completed research which looked at the learning needs of charge nurses and they found that many charge nurses wanted “official charge nurse classes” to help prepare them for their responsibilities (p. E15). The limited numbers of articles found on charge nurse training do support the need for formal education modules to train novice charge nurses and with the responsibilities that come with working in a level 1 trauma center ED, this need is significant.

A review of the literature on training programs specific to the needs of an ED charge nurse turned up only two short articles which address this topic. After realizing a need for a charge nurse training program, Arzoomanian and Keys (2008) developed an ED charge nurse workshop that focuses on the development of more cohesive management styles for their permanent charge nurses. Like this author, Arzoomanian

and Keys (2008) were surprised by the lack of information written on the education of ED charge nurses and they found that they would have to develop an original model for their workshop. The workshop was designed for ED charge nurses who were already practicing in this role, therefore Arzoomanian and Keys (2010) did not address the needs specific to a novice ED charge nurse. Arzoomanian and Keys (2008) did observe improvements in communication and patient satisfactions scores immediately after ED charge nurses participated in this workshop.

Also Assid (2010) writes about the need for the development and implementation of an ED charge nurse training program. Assid (2010) found that “75% of [ED] charge nurses felt unprepared to do their job and didn’t even know their job description” (p. 49). After implementing the training program, Assid (2010) found a decrease in patients who had left the ED without being seen by a medical provider, a decrease in length of patients’ stays, an increase in patient satisfaction scores, and a decrease in staff turnover rates.

Like Arzoomanian and Keys (2008), the training program developed by Assid (2010) focuses on developing the skills of permanent ED charge nurses already in this role. No articles were found on the importance of or how to address the specific needs of novice ED charge nurses. Both Arzoomanian and Keys (2008) and Assid (2010) determined that it was important to address leadership, communication, and conflict management in their training programs. Arzoomanian and Keys (2008) and Assid (2010) report significant benefits after implementing training programs for nurses who were experienced ED charge nurses which leads this author to believe that the development of an educational module specific to the needs of a novice ED charge nurse would be as, if

not more, beneficial. Because caring is fundamental to the nursing profession, Dr. Watson's Theory of Transpersonal Caring was chosen as a theoretical support in the development of this educational module for novice ED charge nurses.

Dr. Watson's Theory of Transpersonal Caring

Dr. Jean Watson's Theory of Transpersonal Caring will be utilized as the theoretical framework for this project. Her theory has guided the practice of other authors who also strive to develop leaders within the nursing profession. Williams, McDowell, and Kautz (2011) looked to develop a program that would incorporate Dr. Watson's theory with the principles of leadership in order to change the culture of their organization at Wake Forest University Baptist Medical Center (WFUBMC). The authors of this study realized that Dr. Watson's theory can "seem complex and difficult to understand," but they felt her *Caritas Processes* could be used to transform both nurses and those they serve (Williams et al., 2011, p. 31). Williams et al. (2011) developed brief descriptions of Dr. Watson's 10 *Caritas Processes* and these descriptions provide nurse leaders with examples of practical applications of how these processes can be used in their daily practice (see Appendix A). Often nurses can have a difficult time putting theoretical concepts into practice, so these examples can provide nurse leaders with excellent ideas of how to apply this theory to the actual care of patients, patients' families, staff members, and themselves.

Several of these practical examples provided by Williams et al. (2011) are particularly applicable to the role of an ED charge nurse. Dr. Watson's first *Caritas Process* states "embrace altruistic values and practice loving kindness with self and others" (Watson, 2007). Williams et al. (2011) suggest a practical application of this

Caritas Process is to “take a breath and ask, ‘why am I here?’ Pause in chaos and go back to your core values and repattern yourself” (p. 32). The ED can be very chaotic and the ED charge nurse must be able to focus themselves back to the things that are important in order to move ahead towards their goals of caring.

Dr. Watson’s fourth *Caritas Process* states “develop helping – trusting – caring relationships” (Watson, 2007). Williams et al. (2011) suggests that a practical application of this *Caritas Process* is “building caring relationships requires deepening our humanity: being compassionate, aware, and awake to others’ dilemmas” (p. 32). This is an important skill that the ED charge nurse must master in order to identify needs in patients, patients’ families, and the ED staff. The charge nurse can play a critical role in identify needs in these groups of people before they become overwhelmed with their dilemmas.

Dr. Watson’s tenth *Caritas Process* states “open to mystery and allow miracles to enter” (Watson, 2007). Williams et al (2011) suggest that the nurse’s practical application of this *Caritas Process* is “recognize we do not have all the answers. Allow for miracles” (p. 32). This can be a particularly difficult skill for charge nurse working in a level I trauma center ED. Sometimes nurses can forget that patients and their families need to remain hopeful despite being faced with terminal medical prognoses. Often the ED charge nurse must provide families with devastating facts about their loved one’s illness or injury, but they should allow the family to maintain some hope because nurses never know when a miracle may happen.

The practical applications of Dr. Watson’s *Caritas Processes* provided by Williams et al. (2011) can provide ED charge nurses with ways to take theory directly

into practice. Dr. Watson's Theory of Transpersonal Caring offers a great framework of what caring should look like within nursing and how it can be applied to the caring done by ED charge nurses in a level 1 trauma center.

Dr. Watson's theory focuses not only on the care of other, but also on the importance of caring for self. According to Dr. Watson (2005):

There are human self-care knowledge and practices that are necessary for us to honor for our re-patterning. This re-patterning is especially true if we are to engage in caring-healing work more fully and undertake the complexity of exploring human experiential phenomena for Caring Science. (p. 114)

Dr. Watson emphasizes that if we are not caring for ourselves we can be destructive to the relationships we enter into with other people. According to Dr. Watson (2005), the care of self should focus on forgiveness, gratitude, surrender, and compassionate human service.

Dr. Watson (2005) believes that forgiveness is a task that is necessary if we are to cleanse our "psychic soul for evolving toward Love and Caring" (p. 115). One may need to focus on the forgiveness of others but also on forgiving ourselves in order to let go of any resentment or anger that we are holding onto. Dr. Watson emphasizes that when we hold onto these feelings we limit our ability to engage in true healing. Gratitude involves acknowledging life and all of its blessings even when we are faced with pain, despair, turmoil, change, and the unknowns. According to Dr. Watson (2005), when we practice gratitude we open ourselves up to new energy and life forces.

Dr. Watson (2005) writes that one of the most difficult self-care tasks is surrendering control. As nurses we are oriented to control and domination because we

feel we are responsible for making things happen, however, if we are able to let go of control we allow for new possibilities to unfold. Lastly, Dr. Watson (2005) writes about compassionate human service as a self care task which involves knowing that we have used our talents, gifts, skills, and abilities to serve others and to make a difference even if it is a small difference. Dr. Watson writes:

To practice engaged caring through compassionate service, we become more mindful of our actions and work from an intentionality to be present to others during their vulnerability and needs. It does not require perfection; it involves being and becoming more human, more humane, more open, more willing to accept the positive and negative realities of humanity with loving-kindness and equanimity, without blame or condemnation but with an open heart that unites us human to human. (p. 121)

Caring through compassionate service is a task that every ED charge nurse should learn because as they are pulled from crisis to crisis they must maintain an intentionality to be present in the situation even if it can be for only a moment. Dr. Watson believes it is these small acts of loving-kindness and compassion that truly make a difference in the world.

Pipe and Bortz (2008) use Dr. Watson's theory to guide their work on developing *Caritas*-guided leaders whose "practice involves a body-mind spirit approach to the art and practice of influencing others for positive, enduring change (p. 38). The authors write about leaders' ability to bring about healing through transpersonal caring relationships when they are guided by Dr. Watson's theory. However, Pipe and Bortz (2009) believe that leaders must focus on nurturing self before they can enter into caring

relationships with others. They point to Dr. Watson (2008) who writes about how nurses can become overwhelmed because they are continually caring for the needs of others and they forget that it is essential that they care for themselves as well. Dr. Watson's theory invites nurses to attend to self-caring practices in order to make their lives and work more fulfilling.

Pipe and Bortz (2009) describe how leaders can be affected by stress and burnout if they are not taking time to purposefully connect to the sources from which they find meaning, motivation, and inspiration. The authors write about how important it is for leaders to present their authentic selves to those they lead, but this can only be done by using self-reflection to understand their own perspectives, values, strengths, and limitations.

Pipe and Bortz (2009) also discuss the importance of being mindful leaders which means being able to focus on the present moment instead of dwelling on the past or the future. When leaders are mindful of the moment they are able to better appreciate and understand the current situation and it allows them to have a full and conscious experience. The ideas provided by Pipe and Bortz (2009) can be utilized when training novice ED charge nurses about the importance of self-care to prevent the negative effects of stress, such as burnout and compassion fatigue, that they will face in a level 1 trauma center ED.

Compassion Fatigue and Burnout

Compassion fatigue and burnout are two similar but distinct phenomena that can occur within the field of nursing. According to Boyle (2011), "compassion fatigue...emanates from relational connections nurses have with their patients or their

patients' families...It stems from emotional engagement and interpersonal intensity associated with witnessing tragedy within the work setting" (p. 4). However, burnout occurs when nurses have conflict within the work setting, such as, conflict with co-workers, inadequate working conditions, and dissatisfaction with salary (Boyle, 2011, p. 4).

Johnson (1992) was one of the first authors to write an article which addresses compassion fatigue in nurses. According to Johnson (1992), compassion fatigue is a unique form of burnout which affects care giving professionals and it can cause them to "become angry, ineffective, apathetic, and depressed" (p. 116). The onset of compassion fatigue can be acute rather than gradual like the onset typically seen with burnout (Sabo, 2006). Nurses are at great risk of suffering from compassion fatigue because of their ongoing relationships with patients and patients' families. In addition, nurses are unable to remove themselves from the traumatic situation because of the need to provide continuous care for their patients (Boyle, 2011). For example, nurses may be unable to remove themselves from caring for a patient or their family after having been given bad news or notified of a death.

ED charge nurses, especially in a level 1 trauma center, are faced with these types of situations on a regular basis so they must be able to identify the signs of compassion fatigue in both themselves and ED staff. According to Hooper et al. (2010), 82% of ED nurses had moderate to high levels of burnout and 86% had moderate to high levels of compassion fatigue (p. 420). Because of the prevalence of these phenomena in the ED, novice ED charge nurses should be taught awareness of the signs of compassion fatigue and burnout. ED charge nurses should have an understanding of what signs to look for in

order to identify compassion fatigue. These signs can include, frequent headaches, stomachaches, exhaustion, forgetfulness, avoidance of patients, emotional numbing, intrusive thoughts, short attentions span, insomnia, depression, and anger (Boyle, 2011; Dominguez-Gomez & Rutledge, 2009; Johnson, 1992).

As previously mentioned, burnout has more to do with conflicts within the work setting than with a response to caring for people who are suffering. Burnout occurs when nurses have a work environment that is toxic (Sabo, 2006). Sabo (2006) states that burnout occurs when there is a gradual wearing down of an individual provider because of an imbalance between expected and actual work experiences. The affects of burnout include emotional exhaustion, depersonalization, and reduced accomplishment (as cited in Dominguez-Gomez & Rutledge, 2009).

Vahey et al. (2004) completed a study that looked at how nurse burnout affected patient satisfaction. They found that nurses who reported an increase in burnout symptoms, specifically feelings of emotional exhaustion and lack of personal accomplishment, had decreased patient satisfaction scores. A study by Kanste, Kyngas, and Nikkila, (2007) looked at the role the nurse leaders have in preventing burnout. The authors found that a transformational leadership style protects nurses from burnout by increasing personal accomplishment, protecting staff from depersonalization, and protecting staff from emotional exhaustion.

Resilience is a coping method that has been suggested for dealing with the effects of compassion fatigue and burnout. Resilience is defined as “the individuals capacity for coping successfully and functioning competently despite experiencing chronic stress and/or adversity or following exposure to prolonged severe trauma” (as cited in Rivers,

Pesata, Beasley, & Dietrich, 2011). Edward and Hercelinskyj (2006) suggest that resilient characteristics include optimism, intelligence, higher levels of education, wide-ranging interests, goal orientation, humor, and ability to articulate future goals. Furthermore, Edward and Hercelinskyj (2007) believe that these resilience behaviors have the ability to improve clinical outcomes for both nurses and their patients. Mealer et al. (2011) completed a large nationwide survey which looked at the resiliency of intensive care unit (ICU) nurses. They found that ICU nurses who were highly resilient had a lower prevalence of burnout symptoms. Mealer et al. (2011) concluded that highly resilient nurses were psychologically healthier, but that more research needed to be conducted to understand what coping mechanisms were utilized to increase resilience.

Despite the need to complete more research on how to increase personal resilience, ED charge nurses should have an understanding of the concepts surrounding this coping mechanism. Hooper et al. (2010) emphasized that it is important to remember that “burnout and compassion fatigue experienced by individuals affects not only individual performance but also that of the work group” (p. 426). Because compassion fatigue and burnout can have such negative effects on both patient care and nurses’ personal well being, it is important to increase resilient behaviors. According to Hooper et al. (2010) “nurses have the responsibility to intervene, support, and help each other in recognizing and addressing the signs and symptoms of burnout and compassion fatigue” (p. 426). Novice ED charge nurses would benefit from education surrounding signs and symptoms of burnout and compassion fatigue and what resilient behaviors look like.

Transformational Leadership Theory

As previously mentioned in Chapter One, Dr. James McGregor Burns' Transformational Leadership Theory will be used to support the theoretical framework of this project. A transformational leader is one who wants to motivate and mobilize their followers to strive towards the leader's vision (Phillips, 1992). The leader does not use their power to force followers to do what they want but instead motivates them to work towards a shared vision. Kouzes & Posner (2007) write about how the leader and the follower's purposes may start out separate but related, but a transformational leader is able to fuse together these purposes into one shared vision that they can both work towards realizing. Rolfe (2011) believes that allowing the followers to have input into the vision will enhance the relationship they have with their leader. In addition, the followers feel valued which energizes and motivates them to work towards realizing that shared vision. Further, Rolfe (2011) writes "including followers into decisions empowers them to achieve the vision and become leaders themselves" (p. 56). As transformational leaders work toward actualizing their vision they inspire others to take up leadership roles within the organization as well.

Wheatley (2006) discusses that leaders cannot hope to lead an organization without realizing the importance of relationships within that organization. She believes that leaders will not be able to successfully realize their vision without having followers that are willing to be led. Furthermore, Wheatley (2006) writes that a leader who involves their followers in creating a shared vision will find that the vision will be "far more powerful and ingenious than any individual could have possibly imagined" (p. 68). Novice ED charge nurses would benefit from understanding that the use of leadership

power will only get them so far towards accomplishing their vision for the department. Relationship building within the department is an important key towards the charge nurse's ability to motivate others to strive towards a shared vision.

In order to develop leadership characteristics, Kouzes and Posner (2007) developed the Five Practices of Exemplary Leadership which are consistent with the principles of Transformational Leadership Theory. The first of these practices is "model the way" which encourages leaders to set personal examples of what is expected from their followers and to follow through on their promises and commitments. "Inspire a shared vision" is the second of these practices, which reminds leaders to include their followers' aspirations into the development of an exciting shared vision for their organizations.

Kouzes and Posner's (2007) third practice of exemplary leaders is "challenge the process" which encourages leaders to continuously look for ways to improve and challenge themselves. The fourth practice is "enable others to act" which speaks to the need for leaders to develop collaborative, trusting relationships with their followers and to enable their followers to make decisions about their personal work. Kouzes and Posner's (2007) fifth practice of exemplary leaders is "encourage the heart" which reminds leaders of the importance of showing appreciation to followers and celebrating their accomplishments. Kouzes and Posner's (2007) practices can be used to guide new leaders as they strive to develop characteristics of a transformational leader.

According to Murphy (2005), in order to be an effective transformational leader that leader must pursue training and development opportunities. This type of leadership is not necessarily inherent so the leader must work on developing the characteristics of a

transformational leader. Novice ED charge nurses may have limited leadership experience and they need to be given opportunities to learn what qualities make a good leader.

Communication

Whenever something goes wrong, poor communication is frequently identified as one of the reasons. According to Schneider (2005), The Joint Commission identified that, in fact, communication was one of the main causes of adverse events. Effective communication is a skill that an ED charge nurse must master in order to ensure that the ED staff has all the needed information to provide safe, efficient, and quality patient care. Fairbanks et al. (2007) completed an observational study that looks at the communication patterns among staff members in an ED and they found that the charge nurse was the “hub of communication” (p. 396). This study confirmed that the ED charge nurse role is central to communication.

The ability to effectively communicate does not always come naturally, but there are methods that can be taught to increase one’s communication skills. Because the role of the ED charge nurse is so important to communication within the ED, nurses new to this role should be given proper support to master these skills. Woodhall, Vertacnik, and McLaughlin (2008) state “emergency nurses are one of the health care provider groups most in need of clear, concise handoffs, and physician communication techniques because of the urgency of emergency health care” (p. 316). Because of the need for a better communication technique Woodhall et al. (2008) implemented the use of SBAR in two east coast EDs. SBAR, a tool that has been used in the military, is now being taught to healthcare providers in order to improve communication efforts (Schneider, 2005).

SBAR is an acronym that reminds staff how to effectively communicate their concerns. SBAR stands for situation, background, assessment, and recommendation. The SBAR method facilitates clear communication of exactly what the problem is and what the communicator believes needs to be done to rectify the problem. After implementation in the ED, Woodhall et al. (2008) concluded that the use of the SBAR method in these two east coast EDs offers clear, concise communication which could prevent adverse patient outcomes or medical errors.

Beckett and Kipnis (2009) studied the effectiveness of SBAR communication within the pediatric and perinatal departments of an academic hospital. After the implementation of SBAR, the authors found that staff and physicians “reported significant improvements in satisfaction and collaboration” (Beckett & Kipnis, 2009, p. 26). In addition, they found that patients felt there was an enhanced climate of patient safety. Beckett and Kipnis (2009) reported that teaching nurses to use SBAR was a re-learning process. They established a team of mentors who were able to provide support to the nurses during this re-learning process which they felt was critical to the success of the process. Despite the difficulties of implementing a new communication method, Beckett and Kipnis (2009) felt that the long-term outcomes were significant.

Ludikhuize, De Jonge, and Goosens (2011) also looked at the use of the SBAR method of communication, but they found that despite specific training there was poor compliance with the use of this tool. Because of lack of compliance with SBAR, they concluded that the lack of structure and subsequent loss of information did negatively affect communication. Despite the poor compliance with the use of the SBAR tool, Ludikhuize et al. (2011) still believe that patient safety would be improved with the use

of this communication method, but efforts must be focused on new and more effective implementation strategies.

Because communication is such an important part of healthcare and because ineffective communication can have devastating consequences, novice ED charge nurses should be taught ways to improve their communication skills. The SBAR communication method has been shown to be an effective way of ensuring that all the needed information is relayed. The chaotic environment of the ED needs a form of communication that is structured to ensure that all the needed information is being provided. SBAR fits with these goals and should be taught to novice ED charge nurse.

Conflict Management

Conflict in the ED can occur between a variety of people including patients and staff, patients' families and staff, and of course amongst staff members. Conflict can arise from disagreements about treatment plans, nurses' work schedules, differing values or goals, not keeping the patient and family informed about the patient's condition, and lack of privacy/crowded space (Kelly, 2005; Trossman, 2011). Trossman (2011) believes that poor communication is often at the heart of conflict. Conflict can break down teamwork and communication which has a significant impact on the healthcare professional's ability to provide high-quality patient care (Scott & Gerardi, 2011). Often the ED charge nurse is called in to mediate these episodes of conflict. Conflict management is an important skill for a charge nurse to learn because conflict puts "patients at risk, teamwork at risk, and joy at risk" (Trossman, 2011, p. 1).

Because The Joint Commission believes that conflict can have such a significant impact on relational dynamics and, in turn, on patient safety and quality of care, Scott and

Gerardi (2011) published a two part article on the importance of conflict management within hospitals. The authors of this article write, “unaddressed conflict can divert attention, energy, and resources away from a hospital’s efforts to ensure safe, high-quality patient care (Scott & Gerardi, 2011, p. 60). They went further to say that conflict management is more than just being able to resolve disputes among individuals, but actually the foundation of providing safe, high-quality care to patients.

According to Trossman (2011), often nurses do not want to address conflict and would rather modify their work routine in order to avoid that conflict. Sherman, Schwarzkopf, and Kiger (2011) found that charge nurses identified conflict management as their most significant challenge and that they had difficulty finding the time and the skill to work through these conflicts. Conflict management is not necessarily a skill that is intuitive to all nurses, so nurses should be taught methods to effectively address conflict when it arises. Because conflict management is such an important skill, the American Nurses Association (ANA) has developed a two part online conflict management tool to meet the educational needs of nurses (Trossman, 2011). This educational tool provides both didactic and experiential learning opportunities so that nurses can build their conflict management skills.

Conflict management can be intimidating for the most experienced nurses, let alone for nurses new to the leadership role; but it plays such an important role in maintaining the delivery of safe, high-quality patient care that it must be done. Because of the high stress, sometimes chaotic environment, the ED may be prone to experience more conflict. Novice ED charge nurses must be provided with the right tools and education to effectively manage conflict when it arises.

Summary

This literature review confirmed the need to focus this educational module, for novice ED charge nurses, on effective forms of leadership, communication, and conflict management. Because of the critical nature of level 1 trauma center patients, it is important that novice ED charge nurses understand how to identify signs of burnout and compassion fatigue in both themselves and their staff. Dr. Watson's Theory of Transpersonal Caring and Dr. Burns' Transformational Leadership Theory both provide an excellent theoretical framework for this educational module. Dr. Watson's theory provides a good basis for understanding concepts of self-care in nurses and the care of patients, patients' families, and ED staff members. In addition, the tenets of Transformational Leadership Theory fit well with the ED charge nurse's responsibility of ensuring safe patient care. Furthermore, transformational leadership focuses on relationship building which allows the ED charge nurse to better motivate staff towards a shared vision and allows them to better manage conflict and identify staff members who may be experiencing burnout or compassion fatigue.

In this chapter a review of the literature has confirmed the need to address the identified key components of this educational module in a formal process which focuses on the specific learning needs of novice charge nurses in a level 1 trauma center ED. Chapter Three will include a discussion of how the knowledge gleaned from this literature review will be used to develop a description/outline of this educational module and a project metaphor.

Chapter Three: Developing an Educational Module

The role of the charge nurse is an integral part of the success of any level 1 trauma center ED, making it of utmost importance that novice ED charge nurses are provided with a fundamental framework before being placed in this pivotal position. Formal education using both a didactic and experiential style of teaching can be used to provide novice ED charge nurses with the needed framework to guide their practice. The focus of this chapter is to present the educational module that was developed for this project. This educational module was designed after an extensive literature review and through the incorporation of Dr. Watson's Theory of Transpersonal Caring and Dr. Burns' Transformational Leadership Theory. In addition, a project metaphor will be presented which will aid learners in understanding how the components of this educational module will support the novice ED charge nurse.

Development Process

The purpose of this project is to develop an educational module for novice charge nurses in a level 1 trauma center ED. Personal knowledge and experience is the impetus for this project and an extensive literature review confirmed the need for this type of education. According to Donnelly and Fitzmaurice (2005), an educational module is "a self-contained, formally structured learning experience with a coherent and explicit set of learning outcomes and assessment" (p. 99). In order to develop an educational module, Donnelly and Fitzmaurice (2005) emphasize that the "key is to forge educationally sound and logical links between learner needs, aims, learning outcomes, resources, learning and teaching strategies, assessment criteria, and evaluation" (p. 100). An educational module

should not only increase a student's knowledge base but should encourage a deep approach to learning (Donnelly & Fitzmaurice, 2005).

According to Tuazon (1992), if there is a large amount of content to be covered in an educational module, then it is helpful to the learner if the content is divided into several smaller sections. The information presented in an educational module can either be an original composition, that meets the specific needs of the targeted audience, or material that is already in existence (Tuazon, 1992). The educational module content should be presented in a variety of ways in order to keep the learning interesting and effective. The content can be presented using printed materials, lecture with a variety of audiovisual aids, group discussion, and experiential learning including simulation.

Adult learning theory. Concepts in how adults learn were reviewed during the development of this educational module in order to ensure that the proposed content meets the needs of the targeted adult audience. Cheren (2002) writes that Malcolm Knowles, a pioneer in adult education, believes that there are five fundamental assumptions about adult learners which include:

The adult learner has an independent self-concept and can direct his/her own learning, has accumulated a reservoir of life experiences that is a rich resource for learning, has learning needs closely related to changing social roles, is problem centered and interested in immediate application of knowledge, and is motivated to learn by internal rather than external factors. (p. 190)

Knowles encourages teachers to draw on adult learners' lived experiences in the educational setting in order to aid in their understanding of new concepts (Merriam, 2008).

Adult learning theory has provided some conceptual understanding of how to approach the adult learner. According to Merriam (2008), “adult learning theory is a complex phenomenon that can never be reduced to a single, simple explanation” (p. 93). An important concept of the adult learning theory is to understand the context of the learner. Merriam (2008) writes that the “linking of the individual’s learning process to his or her context makes for a richer, more holistic understanding of learning in adulthood” (p. 95).

Adult learning theory emphasizes that learning is a multidimensional phenomenon. Learning is not only a function of the mind but it also involves emotions, the body, and the spirit (Merriam, 2008). Merriam (2008) discusses that learning needs to incorporate physical, embodied experiences because without these experiences, which are stored as memories within the brain, there is no basis for constructing meaning (Merriam, 2008). Another dimension of adult learning is found in the use of narratives. Narrative learning includes learning from the stories of others but also through the story the learner creates from what they have previously learned from past experiences. Merriam (2008) writes “when we’re learning something, what we’re essentially doing is trying to make sense of it, discern its internal logic, and figure out how it’s related to what we already know” (p. 96). Merriam (2008) believes that it is important for educators to understand that the body, the spirit, and the creation of narratives from our experiences are all essential parts of learning.

Merriam (2008) provides some helpful ideas on how to incorporate some of the concepts from the adult learning theory into practical application. One suggestion is to include a period of time for reflection and dialogue during the learning experience. This

reflection and dialogue can be individualized between a student and teacher or completed within a group setting. Merriam (2008) also suggests connecting new learning material with the students' previous experiences. When learning is connected to previous experiences the brain is able to better retain this new information. Narrative learning or story telling also can help learners make meaningful connections to new information. Finally, Merriam (2008) suggests that learning should incorporate more creative and artistic methods. Merriam (2008) points out that in non-Western and indigenous communities, stories, folklore, myths, symbols, music, dance, and dreams act as sources to share knowledge.

This educational module was developed to meet the needs of the novice ED charge nurse in a level 1 trauma center. The target audience is staff nurses at level 1 trauma center ED who have never worked in the charge nurse role. The educational module will introduce them to some of the important topics and skills needed before transitioning into this important role. This education module is divided into four sections, Dr. Watson's Theory of Transpersonal Caring which includes a discussion of compassion fatigue, burnout, and resilient behaviors, Dr. Burns' Transformational Leadership Theory, effective communication using SBAR, and conflict management (see Appendix B). The module has been designed to include a variety of teaching and learning methods in order to keep participants interested and active in the learning process.

Dr. Watson's Theory of Transpersonal Caring. The first section of this module will introduce the participants to Dr. Jean Watson's Theory of Transpersonal Caring. This nursing theory was chosen as the theoretical framework of this project

because of its emphasis on caring which can easily be applied to the role of the ED charge nurse in a level 1 trauma center. The ED charge nurse has the opportunity to care for a variety of people while working in this role. The charge nurse must not only ensure that the needs of patients are being met but also the needs of patients' families and the department staff who can be an overwhelming responsibility because of the number of critically ill and injured patients who are seen in a level 1 trauma center. Using Dr. Watson's theory as a framework, this section of the module will provide a lecture that explores the concept of caring and how it can be applied to the role of an ED charge nurse (see Appendix C).

This section of the module will introduce novice ED charge nurses to Dr. Watson's 10 *Caritas Processes* and will seek to explore how they can apply them to their new role. Dr. Watson's theory also emphasizes the need for nurses to focus on self-care. Without this emphasis on self-care, nurses leave themselves open to the negative side effects of caring for critically ill and injured patients on a regular basis. The module will include a lecture and literature discussion which will address the need for self-care and what this looks like according to Dr. Watson's theory.

This section of the module will also include an introduction to compassion fatigue and burnout. Because ED nurses are at particularly high risk for experiencing signs and symptoms of compassion fatigue and burnout, it is crucial that novice ED charge nurses have an understanding of how they present. The ED charge nurse is responsible for identifying staff members who may be experiencing compassion fatigue and burnout because compassion fatigue and burnout can affect staff members' ability to provide care to patients. Through the use of lecture and literature, the participants will be exposed to

how compassion fatigue and burnout presents in nurses (see Appendix D). Strategies for minimizing the risk and effects of these problems will also be shared. Specifically, this section will include a discussion and literature review on resilience and what resilient characteristics look like. An instructor led group discussion will be included so participants can consider ways to increase resilient behaviors.

Transformational Leadership Theory. The second section of this educational module will focus on introducing novice ED charge nurses to Dr. Burns' Transformational Leadership Theory. The tenets of Transformational Leadership Theory support the theoretical framework for this educational module. The role of the charge nurse is a leadership role within the ED, therefore it is important that novice ED charge nurses have an understanding of some leadership principles. The participants will initially take an assessment which will look at their motivation to lead (see Appendix E). This assessment, which was developed by DuBrin (1998), will help novice ED charge nurses identify whether or not they have a desire to work within a leadership role. The results of this assessment will be discussed in a group setting in order for the participants to verbalize any concerns they may have about undertaking this new leadership role. Through the use of lecture and a literature review, this section will educate the participants on the importance of a shared vision and how they can motivate their followers to strive towards realizing that vision (see Appendix F).

Participants will be given the opportunity to take the Leadership Practices Inventory – Self, which is a personal assessment tool, developed by Kouzes & Posner (2007). This assessment tool looks at whether the participants have the characteristics of the Five Practices of Exemplary Leadership. These practices are consistent with the

principles of Transformational Leadership Theory and the results of this self assessment can be utilized by the participants to identify ways to improve their leadership characteristics. An instructor led group discussion of the participants' results will be included so that the participants can discuss ways to increase their transformational leadership skills.

Effective communication. The third section of this educational module will address the importance of effective communication within the ED. Since the charge nurse role is central to communication within the ED, it is of utmost importance that novice charge nurses learn methods to improve communication. Because poor communication can have detrimental effects on patients, novice ED charge nurses should utilize methods such as SBAR to improve communication within the ED. A lecture which introduces the importance of effective communication and the SBAR tool will be included in this section (see Appendix G). An instructor led literature discussion will be conducted in a group setting. Participants will also be given an opportunity to practice using the SBAR tool with real life scenarios in order to enhance learning.

Conflict management. The fourth and final section of this educational module will introduce the novice ED charge nurse to conflict management. The stressful environment of a level 1 trauma center ED can lead to the potential for increased conflict. The ED charge nurse is often the first person called in to resolve conflict between a wide variety of people. Many nurses are uncomfortable dealing with conflict and would prefer to ignore the problem instead of finding a way to confront and resolve the problem. This section will seek to increase the comfort level of the novice ED charge nurse when faced with the need for conflict management.

The ANA has created a two part online learning tool, titled “Conflict Competence” to introduce nurses to conflict management. This online learning tool has been designed to teach students how to effectively address conflict in the workplace. The participants will independently complete this online training tool during class time. After which an instructor led literature discussion of an assigned article will also be conducted in a group setting. Finally in order to increase confidence with conflict management skills, participants will be given an opportunity to utilize learned conflict management strategies for real life conflict experiences in the workplace through the use of scenarios.

This educational module has been designed to meet the needs of the adult learner by incorporating different learning experiences. Experiential learning techniques have been included in order to increase the novice ED charge nurses confidence in their new role. Participants will be encouraged to draw on narrative and storytelling to increase their understanding of these topics. The goal of this educational module is to provide novice ED charge nurses with a basic understanding of these topics in order to develop a framework for their new role. It is not an expectation that these novice ED charge nurses will be proficient in the skills taught in this module, but will rather have increased awareness of these topics as they grow into their new role.

Metaphor

Metaphors have been a powerful and effective use of language to convey meaning for a long time (Czechmeister, 1994). According to Czechmeister (1994), a metaphor does not add any new facts to a description, but rather it adds depth of meaning; in fact, the word metaphor comes from a Greek word which means to go beyond. Metaphors allow the reader to understand something in the terms of something else (Gaydos, 2005).

The metaphor presented in this paper will be used to aid the reader in understanding the framework and expected outcomes for this educational module.

The metaphor presented in this project is that of a fruit tree which represents the development of a novice ED charge nurse (see Appendix H). The trunk of the fruit tree represents the theoretical framework for this educational module. Like the trunk of a tree provides the support for all of the branches that will bear fruit, the tenets of Dr. Watson's Theory of Transpersonal Caring and Dr. Burns' Transformational Leadership Theory provide novice ED charge nurses with a strong theoretical basis for their new role within the ED. The concepts of these theories have been interwoven throughout the components of this educational module. Without the strength of the trunk the tree's branches would collapse as would this educational module without that strong theoretical framework provided by these two theories. The theoretical framework is represented by the body of the tree because both the branches which represent growth and the root system which represents nourishment grow out from it. A strong theoretical framework is needed for both nourishment and growth of a novice ED charge nurse.

A tree must have a strong root system to provide nourishment for growth. In this tree metaphor the roots represent those things novice ED charge nurses need for personal and professional nourishment and growth. One of the roots represents the need for novice charge nurses to focus on self-care. Dr. Watson (2005) writes that without self-care, nurses can actually be destructive to the relationships that they enter in with people. The tasks of self-care can prepare the novice ED charge nurses for their role of caring for patients, patients' families, and staff members. Dr. Watson's theory supports the idea that without self-care novice ED charge nurses can become overwhelmed with the many

responsibilities of their new role and may even experience burnout and compassion fatigue.

The roots also represent resilience which is a coping method that novice ED charge nurses can learn to help them prevent the effects of burnout and compassion fatigue. Resilient characteristics can be developed by novice ED charge nurses as a self-care measure to prevent the negative effects of working in the highly stressful environment of a level 1 trauma center ED.

In this metaphor, the roots also represent the need for the novice charge nurse to have a vision. Vision is a tenet of Dr. Burns' Transformational Leadership Theory. By developing a shared vision, which is meaningful to both the leader and the followers, a transformational leader is able to motivate their followers to realize that vision. Novice ED charge nurses also must have a strong vision in order to continually motivate those they lead within the ED. This vision, like the roots of a tree, provides novice ED charge nurses with the stability to withstand the stresses of their new role and with nourishment to continue to strive towards that vision. The root systems of fruit trees are essential components for nourishment and growth as well as the educational module's concepts of self-care, resilience, and vision which are a required for the nourishment and growth of novice ED charge nurses.

Finally, in this metaphor, the fruits of this tree represent effective communication, conflict management, and care of patients, patients' families, and staff. These fruits represent those important skills novice ED charge nurses must be competent in to complete. It is these skills that can grow after novice ED charge nurses have spent time nourishing themselves through self-care and the development of resilient characteristics

and a vision. However without the other supporting parts of the tree, it is impossible to bear fruit. Like this fruit tree, novice ED charge nurses cannot grow fruits without a strong support structure which in this educational module is provided by Dr. Watson and Dr. Burns' theories. This educational module will nourish and support the growth of the novice ED charge nurse in a level 1 trauma center by providing them with a strong theoretical framework and an understanding of some of the important skills needed to work in this integral role.

This educational module was developed after an extensive literature review which looked at the critical skills needed by an ED charge nurse in a level 1 trauma center. Dr. Watson's Theory of Transpersonal Caring and Dr. Burns' Transformational Leadership Theory were utilized as the theoretical framework. The emphasis on caring and vision in these theories fits well into the role of the ED charge nurse. The skills taught in this educational module will better prepare novice ED charge nurses as they transition into this integral role. Historically, novice ED charge nurses have received little to no formal education before being placed in this role. This educational module seeks to develop the necessary skills of a novice ED charge nurse prior to placement in this role. The goal of this training is to increase the comfort level of these nurses as they become leaders within the ED.

Chapter Three has laid out the content of the educational module developed for this project. A metaphor was introduced and described in order to aid the reader in understanding the framework and expected outcomes of this educational module. Chapter Four will include a discussion of how this educational module would be evaluated after implementation.

Chapter Four: Discussion and Evaluation

The role of the charge nurse in a level 1 trauma center ED can be overwhelming to a nurse who has never worked in this type of intense leadership role. The nurses chosen for this role are typically well respected and experienced staff nurses who have shown leadership potential, but often this is their first formal leadership role. Yet despite the importance of this role, novice ED charge nurses are given little to no formal training before beginning to work as an ED charge nurse. Because of this lack of training and education, novice ED charge nurses quickly become inundated with new responsibilities which prevents them from thriving in this role.

The goal of this project is to use concepts from Dr. Watson's Theory of Transpersonal Caring and Dr. Burns' Transformational Leadership Theory to provide novice ED charge nurses with a strong fundamental understanding of what caring and transformational leadership looks like within this role. In addition, this educational module will focus on increasing comfort with communication and conflict management skills.

As previously mentioned in Chapter Three, this educational module was not designed to make proficient ED charge nurses upon its completion but rather was designed to increase the comfort level of these novice charge nurses as they begin practicing in their new role. The hope is that by introducing novice ED charge nurses to the concepts of these theories and skills they will start with a strong foundation on which to build their practice.

Evaluation Process

The evaluation process is an important part of any project. This process helps determine if the educational module has provided the knowledge and training to meet the course objectives. This project's proposed evaluation process would look at the educational module's effects on participants' comfort level with the ED charge nurse responsibilities in addition to patient satisfaction and staff satisfaction. In order to evaluate the success of this educational module for novice charge nurses in a level 1 trauma center ED, both qualitative and quantitative data could be collected.

The evaluation process would initially focus on whether this educational module increases novice ED charge nurses comfort level with their new leadership role. A qualitative self survey could be conducted which would assess novice ED charge nurses' comfort level with their new responsibilities. Before implementation of the educational module a pre-test could be administered to evaluate the participants' knowledge of the specific module components. Immediately after the implementation of the educational module, a qualitative and quantitative post-educational module survey could be conducted; this would assess whether there were changes in the novice ED charge nurses' comfort level with their new responsibilities, whether the course objectives were met, and whether there were any other topics that the participants felt should have been addressed. Further evaluations could be conducted after six months and again after one year of working in the new role to determine if these novice ED charge nurses felt they benefited from and were able to utilize the education and skills learned in this educational module.

As previously mentioned in Chapter Two, two articles were found which specifically looked at the development of training programs for experienced ED charge

nurses. These programs had similar concepts to the ones that are covered in this educational module, such as leadership, communication, and conflict management. Arzoomanian and Keys (2008) and Assid (2010) shared the results of the post-training program surveys they conducted. Specifically, Assid (2010) found that patient satisfaction improved by 17% within one month of the implementation of their charge nurse training program. In addition, Arzoomanian and Keys (2008) noted that their EDs patients' satisfaction scores increased to the highest level ever recorded after they implemented an ED charge nurse training program.

Because both Arzoomanian and Keys (2008) and Assid (2010) found that patients' satisfaction scores improved after the implementation of their ED charge nurse training programs, this would be a good quantitative measurement to evaluate before and after the implementation of this educational module. It is an expectation that the ED charge nurses who complete this educational module will bring more intentionality to their caring after learning and applying the principles of Dr. Watson's Theory of Transpersonal Caring. This theory has an emphasis on caring that can be easily applied to the caring an ED charge nurse provides not only to patients, but to patients' families, staff members, and themselves as well.

Staff satisfaction is also an important measure of the success of this project. Assid (2010) found that staff satisfaction improved due to staff realizing that the charge nurses were there to support them. Arzoomanian and Keys (2008) also found that staff members believed that charge nurse communication and troubleshooting skills improved after attending their training program. A survey could be conducted which looks at staff satisfaction before and after the implementation of this project. Questions could

specifically focus on charge nurse behaviors such as communication, conflict management, leadership qualities, and caring in order to evaluate if staff members believe that these behaviors have improved since attending this educational module. As a leader, the department staff looks to the ED charge nurse for guidance, support, and reassurance so it is hoped that participants of this educational module will be able to incorporate the caring, transformational leadership, communication, and conflict management skills learned in this education module into their practice in order to improve staff satisfaction.

Theoretical Framework

Dr. Watson's Theory of Transpersonal Caring was chosen as the theoretical framework for this project because of the theory's emphasis on caring. This theory can be hard to understand at times and it has taken much thought and reflection on how this theory could be applied to the fast paced environment of the ED. Because ED nurses have a limited amount of time with each patient it can be difficult to make the connections needed to provide the type of caring that Dr. Watson encourages. Although ED patients and their families are often experiencing one of the worst days of their lives, the time constraints of the ED do not allow for nurses to spend a great deal of time holding patient's hands or having a lengthy conversations about their concerns. However, ED nurses must be aware of the need to take a moment, even if brief, to connect with their patients and their patients' families. Dr. Watson's theory reminds nurses of the importance of connecting to their patients. Dr. Watson (2005) writes "it is when we include caring and love in our science, we discover caring-healing professions and disciplines are much more than a detached scientific endeavor, but a life-giving and life-receiving endeavor for humanity" (p. 3).

While the technical portion of the ED nursing role is critically important, the caring-healing portion is just as, if not more important, especially when caring for critically ill or injured patients and their families. There are times that the only thing ED nurses can do for patients and their families is to offer loving kindness because medical science has nothing left to offer them. These are the moments that ED nurses can make a huge difference by providing their patients and their patients' families with a caring and loving environment. Level 1 trauma center EDs receive the most critically injured and ill patients and ED charge nurses would benefit from having a strong nursing theory such as Dr. Watson's Theory of Transpersonal Caring to support their practice.

Dr. Watson's theory compliments this educational module because of her emphasis on self-care. As previously mentioned in Chapter Two, ED nurses have a high risk for compassion fatigue and burnout because of the stress of their work. Focusing on self-care can help ED charge nurses remain energized for the important work that they do. Without self-care ED charge nurses may be unable to bring the needed intentionality to their caring practice.

Dr. Watson's 10 *Caritas Processes* offer ways to connect to and care for patients, but ED nurses may find it difficult to find practical applications to all of these processes. It is important that practical applications of this theory for the context of the ED be included in this project in order that ED nurses can better relate to it within their practice. It can be hard to ensure that acute life threatening injuries and illnesses are being treated as well as incorporate a nursing theory into practice, but the reward for doing this can be great for both the nurse and the patient.

Dr. Burns' Transformational Leadership Theory was chosen to support this project because of the focus on creating a leader who energizes and motivates their followers towards a shared vision instead of through the use of power. Other forms of leadership, such as transactional leadership, demand compliance of followers. The followers are rewarded and punished depending on if the leader's goal is met. Transactional leadership does lead to some success, but it is through the use of power not motivation. The tenets of Transformational Leadership Theory fit better with the relationship an ED charge nurse has with staff members, such as other nurses and physicians, than does that of transactional leadership. These relationships are more of a collaborative one than one of hierarchical power. Therefore, Transformational Leadership Theory was chosen for this project.

The ED charge nurse is looked to as a leader, but it is often the first leadership role ED nurses work in. It is important that novice ED charge nurses have an understanding of what makes an effective leader before being placed in this role and Dr. Burns' Transformational Leadership Theory supports this need very well.

Personal Reflection

This project was developed in response to an identified need to provide a formal education process to novice ED charge nurses in a level 1 trauma center. It was surprising to find that little to no literature has been written about the development of novice ED charge nurses. Only two brief articles were found that looked at the development of a training program for ED charge nurses, but none specifically looked at level 1 trauma centers or novice ED charge nurses. However, from personal experience as a former novice ED charge nurse, there is a need to provide a formal education process

for novice ED charge nurses in order to ensure that they are successful within this new role.

The current orientation process at Regions Hospital in Saint Paul, Minnesota provides novice ED charge nurses with an adequate understanding of the policies and procedures of the department, but it does not provide them with the nursing and leadership theoretical framework needed to thrive in this role. The hope is that this educational module will provide the theoretical framework needed, so that novice ED charge nurses can build a strong, caring, transformational leadership practice right from the beginning.

Working for more than seven years in the role of the charge nurse at Regions Hospital, a level 1 trauma center ED, has offered some insights into the needs of novice ED charge nurses. Personal experience of working side by side with novice charge nurses who have struggled in their new role supports the need for this type of educational module. Some novice ED charge nurses have struggled with being able to maintain calm within the department when they were under the stress of caring for multiple critically ill or injured patients and their families. This inability to maintain calm, caring leadership has led to the increase in the stress level of staff members. Staff members have reported that when charge nurses are overwhelmed with their responsibilities they also begin to feel out of control because of the lack of leadership being provided by those charge nurses. Novice ED charge nurses have also shown difficulty managing staff conflict which has led to a decrease in teamwork because of unresolved conflict among staff members. It is personal experiences like these that were drawn upon when initiating

this project. In addition, the literature review confirmed the need to better prepare these novice ED charge nurses before placing them in this integral role.

The vision of this project has not significantly changed throughout its development. There were specific priority topics that were identified early on in the development process and the literature supported the inclusion of them into this educational module. However, in order to develop an educational module that was manageable within the scope of this type of Master's project, a few topics that were initially identified were removed. After the implementation of this educational module, the evaluation process will help establish if there is a need to expand, revise, or remove any components of this project. The possibility of the expansion of this project will be discussed in Chapter Five.

The development of this educational module for novice ED charge nurses in a level 1 trauma center has been a challenging, yet enjoyable process. It has been exciting to take an idea and develop it into a complete educational module that supports the learning needs of the novice ED charge nurse. The evaluation process will hopefully support not only personal benefits for the participants, but organizational benefits such as increased patient and staff satisfaction as well.

As previously mentioned, Chapter Five will include a discussion of the potential for expanding this project in the future. It will also include a discussion of the implications of a project like this on advanced nursing practice specifically related to Transformational Leadership Nursing.

Chapter Five: Conclusion and Recommendations

It has been said that nurses eat their young. This harsh statement originates from some people's belief that experienced nurses do not support novice nurses as they begin to work in the nursing profession. At times novice nurses flounder and fail as they attempt to grow within their role because they have not received the needed training or support. Over the last seven years of working as a charge nurse in a level 1 trauma center ED, I have had personal experience with several struggling novice ED charge nurses. These nurses received little to no formal education before being placed into this role. These novice ED charge nurses had difficulty with communicating the department needs, struggled with conflict management, and were easily overwhelmed by the constant demands of this role. Many of these novice ED charge nurses removed themselves from this role and some were removed from this role by management.

Nurses who are chosen to work in this role are typically the nurses in the department who have shown good leadership potential along with strong nursing skills. But without the needed support, from department leaders, some novice ED charge nurses struggle as they attempt to transition into this new role. These experiences make it clear that there is a need to develop an educational module that will support the needs of novice ED charge nurses. The hope for this educational module is that it builds a strong theoretical foundation for these nurses as they grow into their new role. This educational module will support their learning needs and help them understand what is expected of them as they transition into this leadership role.

This project was chosen as the capstone of my Master's of Art in Nursing degree because of its implications for my emphasis in Transformational Leadership and

Management. Nursing leaders must be aware of the stereotype cast on how nurses treat their novice colleagues if they are going to provide a healthy, nurturing environment for not only staff but for patients and patients' families as well. It is sad to see promising nurse leaders fail to successfully transition into a new role as it can be a direct reflection on the support they receive from other nurse leaders. There are certain innate qualities that make a good leader, but there are many more that must be learned. It is the responsibility of transformational leaders to provide the needed training and support to develop successful ED charge nurse leaders.

The ED charge nurse role is so integral to the success of a level I trauma center that it is essential to develop a clear, well-designed orientation process for novice charge nurses. The literature review has shown that the existing orientation process has led to a majority of ED charge nurses who do not feel comfortable with their many responsibilities. The educational module developed in this project is one piece of what I believe should be included in an orientation plan to better prepare novice ED charge nurses in a level I trauma center.

In the future this project could be expanded to include additional components for the educational module. There were a couple of additional components that were initially going to be included in this project but were removed in order to devote the needed attention to the topics included here. A specific topic that would compliment this educational module is a discussion of EMTALA. EMTALA is an act that governs the EDs and the labor and delivery units of hospitals. This act was established to ensure that no person, who presented to an ED or a labor and delivery unit, would be turned away without an evaluation and treatment of a medical emergency by a healthcare provider in

spite of their ability to pay. Failure to operate under EMTALA guidelines can lead to very large fines or penalties for the hospital. Because the ED charge nurse is responsible for the flow of patients into the department, it is essential that they understand this complicated government regulation.

Another topic that could be included as a component in this educational module would be delegation. ED charge nurses must be able to effectively delegate. Nurses who have never worked within a leadership role may be uncomfortable delegating to other nurses. Most nurses have experience delegating to unlicensed assistive personnel, such as nursing assistants and emergency medical technicians, but if they have never worked as a charge nurse they may not be comfortable delegating to nurses. However, the charge nurse must be able to communicate the patient and department needs to other nurses which includes delegating patient assignments. Once the patient assignments have been delegated to the nurses, it is the charge nurse's responsibility to ensure that the nurses have the needed resources to be able to successfully care for their assigned patients.

In addition to a variety of other topics that could be included as components in an educational module I believe it would be helpful to design an orientation manual that could be referred to during a novice ED charge nurse's orientation. Often a novice ED charge nurse has more than one preceptor and it can be difficult to ensure that all needed policies, procedures, competencies, and responsibilities are covered during the orientation process. This orientation manual could include a list of the policies, procedures, competencies, and responsibilities that need to be discussed prior to completion of orientation. This would ensure that all novice ED charge nurses receive the same basic information before being expected to work independently within this role.

This educational module was designed with the hope that it would be implemented in the ED at Regions Hospital in Saint Paul, Minnesota. My ED nurse manager has supported the development of this project and has shown interest in implementing the educational module once it has been completed. It would be exciting to see the hard work put into this project be utilized as part of the orientation process of the future nurse leaders of Regions Hospital's ED.

In my past four charge nurse shifts at Regions Hospital I have cared for numerous critically ill and injured patients and their families including four patients in cardiac arrest and two patients who arrested after traumatic injury. These shifts have not only been trying for me but for the department staff members working with these patients, as we all struggle to make sense of the tragedy we have seen. It is days like these that make me grateful that I have amazing colleagues to work along side with, but it also makes me aware of my responsibilities, as the charge nurse, to ensure that I am providing these colleagues with the needed support and care to get through these difficult shifts.

As the literature review has shown, ED nurses are at significantly high risk for compassion fatigue and burnout because of the stress of this environment and it is important that ED charge nurses monitor for signs and symptoms of these problems. Being so deeply embedded in this project has made me more aware of how I, as an ED charge nurse, can support the department staff when we care for patients such as these. Just this past weekend, I initiated an informal defusing immediately after the death of a pediatric patient which allowed staff an opportunity to discuss how caring for this patient had made them feel. This defusing included a discussion of some of the signs and symptoms of compassion fatigue that staff members needed to monitor for in themselves.

The knowledge I learned through the research of this project, helped me to identify staff who were struggling with strong emotions over this death. This weekend was very difficult for both myself and my colleagues, but the support we provided to each other made us a stronger and closer team. The responsibilities of the ED charge nurses are great but there are many rewards that come along with those responsibilities.

ED charge nurses are expected to maintain the department flow, effectively communicate needs, and manage conflict all while ensuring that patients, patients' families, and staff are being cared for. Too often the ED charge nurse gets wrapped up in the care of everyone else and overlooks self-care. It is essential that novice ED charge nurses be given the training and skills to develop their practice so that when they experience a weekend like the one described above, they are able to effectively manage the department. This educational module has been designed to build that strong foundation novice charge nurses in a level 1 trauma center ED need to thrive in their new role.

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Appendix A

Wake Forest University Baptist Medical Center's Conceptualization of Watson's 10

Caritas Processes

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1. Practice of loving-kindness and equanimity within the context of caring consciousness. Take a breath and ask, "Why am I here?" Pause in chaos, go back to your core values and repattern yourself.
 2. Being authentically present and sustaining the deep belief system and subjective life world of self and one-being-cared for. Be present in the moment. Be mindful of what you are doing and do it with the intention to care. Your very presence may be the difference between hope and despair.
 3. Cultivation of one's own spiritual practices and transpersonal self, going beyond the ego self. Become more self-aware. Honor and offer loving-kindness to self, even those aspects we fear or dislike. Commitment to caring-healing requires focusing on our personal professional growth.
 4. Developing and sustaining a helping-trusting, authentic caring relationship. Building caring relationships requires deepening our humanity: being compassionate, aware, and awake to others' dilemmas.
 5. Being present to and supportive of the expression of positive and negative feelings as a connection with deeper spirit of self and the one-being cared for. Choose how to be in relationships and encounters with others. We have a responsibility to transform patterns of toxicity in our organization.

6. Creative use of self and all ways of knowing as part of the caring process, to engage in the artistry of caring-healing practices. Caring involves all ways of knowing, including understanding, insight, reflection, and wisdom.
7. Engage in genuine teaching-learning experiences that attend to unity being and meaning attempting to stay within other's frame of reference. Learning involves a meaningful and trusting relationship, honoring the whole person.
8. Creating healing environment at all levels, physical as well as non-physical, subtle environment of energy and consciousness, whereby wholeness, beauty, comfort, dignity, and peace are potentiated.
9. Assisting with basic needs, with an intentional caring consciousness, administering "human caring essentials," which potentiate alignment of mind-body-spirit, wholeness, and unity of being in all aspects of care. When touching another body, we are also touching the mind, the heart, and the soul. Meeting the basic needs of the body is a sacred act.
10. Opening and attending to spiritual, mysterious, and existential dimensions of one's own life and death; soul care for self and one-being-cared for. Be open to mysteries. Recognize we do not have all the answers. Allow for miracles.

(Williams et al., 2011, p. 32)

*Appendix B***Educational Module Outline****Educational Module Description**

This educational module has been designed to provide novice ED charge nurses with the basic skills necessary to transition into their new role in a level I trauma center. The educational module will be divided into four sections including an introduction to Dr. Watson's Theory of Transpersonal Caring, Dr. Burns' Transformational Leadership Theory, effective communication, and conflict management.

I. Dr. Watson's Theory of Transpersonal Caring**A. Objectives**

1. The student will have an introductory knowledge of Dr. Watson's Theory of Transpersonal Caring and how it can be applied to the role of ED charge nurse.
2. The student will be able to identify signs and symptoms of compassion fatigue and burnout.
3. The student will understand the importance of self care and resilience.

B. Class Preparation: Prior to class the student will read:

1. Chapters 1, 2, & 17 in *Caring Science as Sacred Science* by Jean Watson (2005).
2. "A Caring Leadership Model for Nursing's Future" by Williams, McDowell, & Kautz (2011).
3. "Mindful Leadership as Healing Practice: Nurturing Self to Serve Others" by Pipe & Bortz (2009)

4. "The Presence of Resilience is Associated with a Healthier

Psychological Profile in Intensive Care Unit (ICU) Nurses: Results of a

National Study" by Mealer, Jones, Newman, McFann, Rothbaum, & Moss

(2011).

CLASSROOM TIME	~ 3.5 HOURS	
Introduction	5 Minutes	
Lecture	45 Minutes	Dr. Watson's Theory on Transpersonal Caring PowerPoint Presentation
Break	15 Minutes	
Literature Discussion	30 Minutes	Watson (2005) chapters and articles by Williams et al. (2011) and Pipe & Bortz (2009)
Lecture	30 Minutes	Compassion Fatigue and Burnout PowerPoint Presentation
Break	15 Minutes	
Literature Discussion	15 Minutes	Article by Mealer et al. (2011)
General Discussion	45 Minutes	Group discussion of real life experiences with compassion fatigue and burnout. Discuss self care strategies and methods for increasing resilience characteristics.
Closing	10 Minutes	

II. Dr. Burns' Transformational Leadership Theory

A. Objectives

1. The student will have an introductory knowledge of Dr. Burns' Transformational Leadership Theory and how it can be applied to the role of ED charge nurse.
2. The student will critically look at his/her personal leadership style and willingness to lead.

B. Class Preparation: Prior to class the student will read:

1. "Transformational Leadership Theory: What Every Leader Needs to Know" by Rolfe (2011).

CLASSROOM TIME	~ 3 HOURS	
Introduction	10 Minutes	
Self Evaluation and Discussion	25 Minutes	Motivation to Lead Assessment by DuBrin
Break	15 Minutes	
Lecture	45 Minutes	Transformational Leadership Theory PowerPoint Presentation
Literature Discussion	15 Minutes	Article by Rolfe (2011)
Break	15 Minutes	
Self Evaluation and Discussion	50 Minutes	Leadership Practices Inventory – Self by Kouzes & Posner
Closing	10 Minutes	

III. Effective Communication

A. Objectives

1. The student will understand the importance of effective communication.
2. The student will demonstrate the use of SBAR communication.

B. Class Preparation: Prior to class the student will read:

1. "Implementation of the SBAR Communication Technique in a Tertiary Center" by Woodhall, Vertacnik, & McLaughlin (2008)

CLASSROOM TIME	~ 2.5 HOURS	
Introduction	10 Minutes	
Lecture	50 Minutes	Communication and SBAR PowerPoint Presentation
Break	15 Minutes	
Literature Discussion	15 Minutes	Article by Woodhall et al. (2008)
SBAR Practice	45 Minutes	Student experience using SBAR
Closing	15 Minutes	

IV. Conflict Management

A. Objectives

1. The student will understand the importance of conflict management.
2. The student will demonstrate effective conflict management strategies.

B. Class Preparation: Prior to class the student will read:

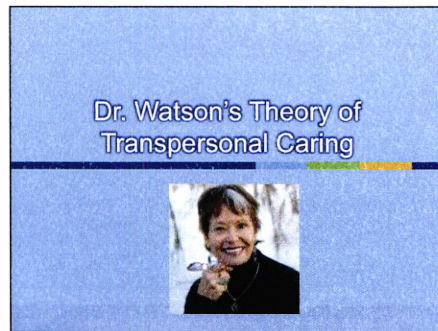
1. "Relationships in Emergency Care: Communication and Impact" by Kelly (2005)

CLASSROOM TIME	~ 3.5 HOURS	
Online Education	50 Minutes	“Why Does Conflict Competence Matter?” by ANA
Break	15 Minutes	
Online Education	50 Minutes	“It is Worth Saying Again: Conflict is Inevitable” by ANA
Break	15 Minutes	
Literature Discussion	15 Minutes	Article by Kelly (2005)
Conflict Management Practice	45 Minutes	Practice using conflict management techniques applied to students’ personal experiences of conflict in the workplace.
Closing	10 Minutes	

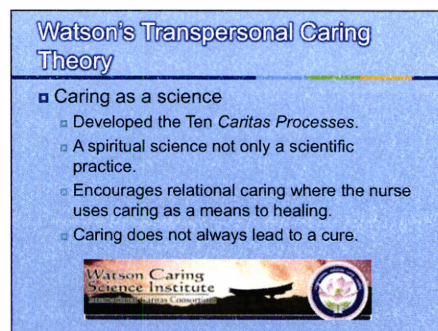
Appendix C

Transpersonal Caring PowerPoint

Slide 1




Slide 2



Slide 3

Ten Caritas Processes

- ❑ Embrace altruistic values and practice loving kindness with self and others.
- ❑ Instill faith and hope and honor others.
- ❑ Be sensitive to self and others by nurturing individual beliefs and practices.
- ❑ Develop helping-trusting-caring relationships.



Slide 4



Ten Caritas Processes

- ❑ Promote and accept positive and negative feelings as you authentically listen to another's story.
- ❑ Use creative scientific problem-solving methods for caring decision making.
- ❑ Share teaching and learning that addresses the individual needs and comprehension styles.

Slide 5

Ten Caritas Processes


- ❑ Create a healing environment for the physical and spiritual self which respects human dignity.
- ❑ Assist with basic physical, emotional, and spiritual needs.
- ❑ Open to mystery and allow miracles to enter.



Slide 6

Intentionality and Consciousness

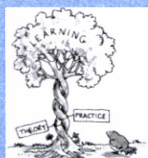
- ❑ Nurse must take pause before entering into a caring space/moment.
- ❑ Consciousness is energy and it can affect our patients as we enter into a caring field.
- ❑ Energy can positively or negatively affect our patient's ability to connect with their inner sources of healing.



Slide 7

Practical Application of Theory


- ❑ Theory can seem complex and difficult to understand.
- ❑ Can be difficult to transition theoretical concepts into practice.



Slide 8

Application of *Caritas* One

- ❑ Embrace altruistic values and practice loving kindness with self and others.
- ❑ Practical application: Take a deep breath and ask "why am I here?" Pause in chaos and go back to your core values and repattern yourself.



Slide 9

Application of *Caritas Four*


- ▣ Develop helping-trusting-caring relationships.
 - ▣ Practical application: Building caring relationships requires deepening our humanity: being compassionate, aware, and awake to others' dilemmas.



Slide 10

Application of *Caritas Ten*

- ▣ Open to mystery and allow miracles to enter.
 - ▣ Practical application: Recognize we do not have all the answers. Allow for miracles.



Slide 11

Self-Care

- ▣ There are human self-care knowledge and practices that are necessary for us to honor for our re-patterning. This re-patterning is especially true if we are to engage in caring-healing work more fully and undertake the complexity of exploring human experiential phenomena for Caring Science.

Dr. Jean Watson

Slide 12

Self-Care - Forgiveness


- ▣ Forgiveness
 - ▣ Others
 - ▣ Self
- ▣ When we hold onto anger or resentment we limit our ability to engage in true healing.



Slide 13

Self-Care - Gratitude


- ▣ Gratitude
 - ▣ Acknowledge life and all of its blessings even when faced with pain, despair, turmoil, change, and the unknowns
- ▣ Allows us to open ourselves up to new energy and life forces.



Slide 14

Self-Care - Surrender

- ▣ Surrender
 - ▣ Nurses are oriented to control and domination because we feel we are responsible for making things happen
 - ▣ If we are able to let go of control we allow for new possibilities to unfold.



Slide 15


Self-Care - Compassionate Human Service

- Compassionate Human Service
 - Acknowledge that we have used our talents, gifts, skills, and abilities to serve others and make a difference even if it is a small difference.
 - Small acts of loving-kindness and compassion can make a difference in the world.



Slide 16

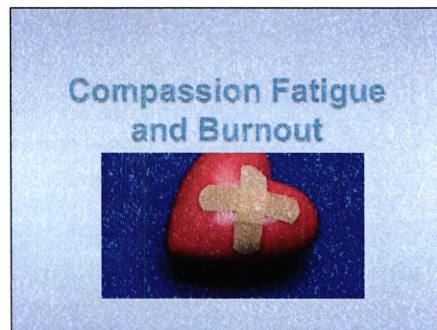
Questions



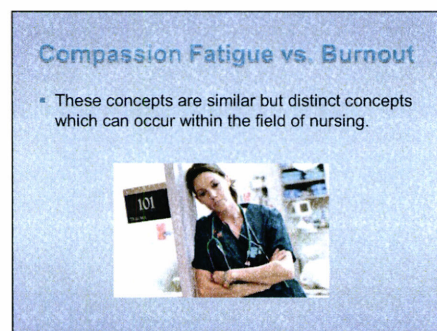
Appendix D

Compassion Fatigue and Burnout PowerPoint

Slide 1




Slide 2



Slide 3

Compassion Fatigue


- Emanates from relational connections nurses have with their patients or their patient's families.
- It stems from emotional engagement and interpersonal intensity associated with witnessing tragedy in the work setting.
- Can have an acute onset.



Slide 4

Signs and Symptoms


- Frequent headaches
- Stomachaches
- Exhaustion
- Forgetfulness
- Avoidance of patients
- Emotional numbing
- Intrusive thoughts
- Short attention spans
- Insomnia
- Depression
- Anger



Slide 5

Burnout

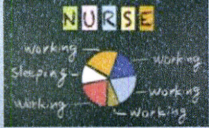
- Occurs when there is conflict within the work setting
 - Dissatisfaction with salary
 - Inadequate working conditions
 - Conflict with co-workers.
- Gradual onset



Slide 6

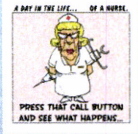
Signs and Symptoms

- Emotional exhaustion
- Depersonalization
- Reduced accomplishment



Slide 7


- In a 2010 study, 82% of ED nurses had moderate to high levels of burnout and 86% had moderate to high levels of compassion fatigue.



Slide 8


Resilience

- A coping method that has been shown to help nurses deal with effects of compassion fatigue and burnout



Slide 9


- Defined as the individual's capacity for coping successfully and functioning competently despite experiencing chronic stress and/or adversity or following exposure to prolonged severe trauma.
- Nurses with resilient characteristics were found to be psychologically healthier.



Slide 10


Resilience Characteristics

- Optimism
- Intelligence
- Higher levels of education
- Wide-ranging interests
- Goal orientation
- Humor
- Ability to articulate future goals

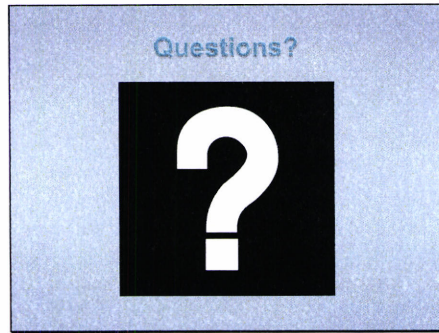


Slide 11

- Nurses have the responsibility to intervene, support, and help each other in recognizing and addressing the signs and symptoms of burnout and compassion fatigue.



Slide 12



Appendix E

Motivation to Lead Assessment Tool

To us this tool, show the extent to which you agree or disagree with each of the following statements on a scale running from 1 (Strongly Disagree) to 5 (Strongly Agree). For each question, check the button in the column that most applies. Add up your score and check your results using the scoring table underneath.

# Question	1.	2.	3.	4.	5.
1. I am energized when people count on me for ideas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. As a practice, I ask people challenging questions when we are working on projects together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I take delight in complimenting people that I work with when progress is made.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I find it easy to be the cheerleader for others, when times are good and when times are bad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Team accomplishment is more important to me than my own personal accomplishments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. People often take my ideas and run with them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. When involved in group projects, building Team cohesiveness is important to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. When involved in group projects, coaching others is an activity that I gravitate toward.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I find pleasure in recognizing and celebrating the accomplishments of others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. When involved in group projects, my team members' problems are my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Resolving interpersonal conflict is an activity that I enjoy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. When involved in group projects, I frequently find myself to be an "idea generator."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. When involved in group projects, I am inclined to let my ideas be known.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I find pleasure in being a convincing person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Total =					

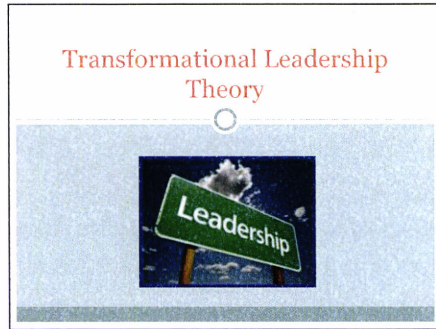
Score	Comment
14-27	This implies a low motivation to lead.
28-55	This implies some uncertainty over your motivation to lead.
56-70	This implies a strong motivation to lead.

Dubrin (1998)

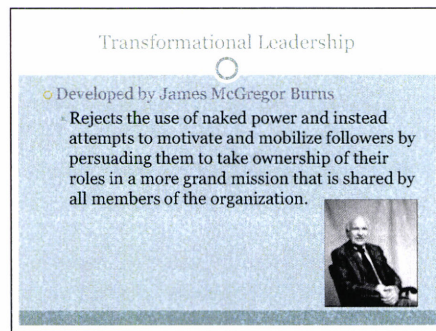
Appendix F

Transformational Leadership Theory PowerPoint

Slide 1




Slide 2



Slide 3

Definition of Leadership


- The ability to motivate one's followers to work towards a shared vision.
- Not accomplished through the use of force but through effective communication.
- The leader is focused on serving their followers in order to motivate them to continue to strive towards their shared vision.



Slide 4

Developing a Vision


- Think first about your past
- Determine what you want
- Write a short vision statement
- Act on your intuition
- Test your assumptions
- Become a futurist
- Rehearse with visualizations and affirmations



Slide 5

Creating a Shared Vision

- Leaders will not be able to lead without followers that are willing to be led.
- Shared visions are far more powerful and ingenious than any individual could possibly imagine.
- Including followers into decisions empowers them to achieve the shared vision and become leaders themselves.



Slide 6


Traits of Leaders & Followers

<p>Leaders:</p> <ul style="list-style-type: none"> • Study and create new ideas • Make decisions • Assign appropriate responsibilities • Create environments of trust, resulting in freedom • Take risks • Are reliable • Are loyal to the followers • Are self-confident • Assume the leadership position 	<p>Followers:</p> <ul style="list-style-type: none"> • Test new ideas • Challenge decisions as needed • Know when to accept responsibility and do so • Use freedom responsibly • Risk following • Are trustworthy and respectful • Are loyal to the leader • Know themselves • Follow when appropriate
--	--

Slide 7

Effective Followers


- Effective followers are far from being invisible and clones of the leaders.
- They stimulate and inspire leaders
- They challenge their leader's creativity, collaborate with them, give them feedback, and support them.
- Leaders may inspire vision, but it is the followers who supply much of the energy to achieve that vision.



Slide 8

Kouzes and Posner

- Developed the five practices of exemplary leadership
 - Consistent with the principles of Transformational Leadership Theory




Slide 9

Model the Way

- Clarify values by finding your voice and affirming shared ideas.
- Set the example by aligning actions with shared values.

Examples:
 Follow through on promises and commitments.
 Ask for feedback on how your actions affect people's performances.
 Set personal example of what is expected.




Slide 10

Inspire a Shared Vision

- Envision the future by imagining exciting and ennobling possibilities.
- Enlist others in a common vision by appealing to shared aspirations

Examples
 Speak with conviction about meaning of work.
 Show others how their interests can be realized.
 Talk about future trends influencing work.




Slide 11

Challenge the Process

- Search for opportunities by seizing the initiative and by looking outward for innovative ways to improve.
- Experiment and take risks by constantly generating small wins and learning from experience.

Examples
 Seek challenging opportunities to test skills
 Ask "what can we learn?"
 Search outside the organization for innovative ways to improve.




Slide 12

Enable Others to Act

- Foster collaboration by building trust and facilitating relationships.
- Strengthen others by increasing self-determination and developing competence.

Examples

- Actively listen to diverse points of view.
- Treat people with dignity and respect.
- Support decisions other people make.
- Give people choices about how to do their work.




Slide 13

Encourage the Heart

- Recognize contributions by showing appreciation for individual excellence.
- Celebrate the values and victories by creating a spirit of community.

Examples


- Praise people for a job well done.
- Express confidence in people's abilities.
- Give Team members appreciation and support.
- Recognize people for commitment to shared values.



Slide 14

Leadership Practices Inventory


- Allows leaders to evaluate their leadership behaviors in relationship to Kouzes and Posner's five practices of exemplary leaders.



Slide 15


Conclusion

- Having a dream is critical, but it is not enough. Each of us needs to be able to articulate that dream clearly, express it to others, and entice others to work with us to make it become reality. This is the essence of leadership



Slide 16

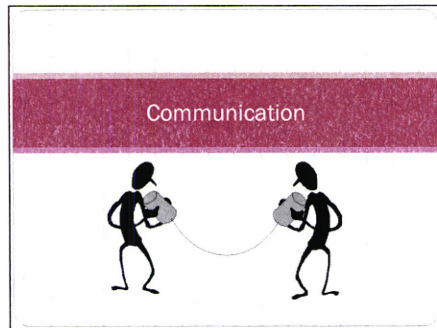
Questions?



Appendix G


Communication PowerPoint

Slide 1



Slide 2


- The Joint Commission has identified poor communication as one of the main causes of adverse events.
- Most communications do not have life or death consequences, but in the ED every conversation has that potential impact.

A cartoon illustration of a hospital conference table. Three people in blue scrubs are seated around the table. A sign on the table reads "COMMUNICATION". A speech bubble from one of the people says, "... AND THE ... OF ...".

Slide 3

Communication in the ED

- An observational study that looked at the communication patterns among ED staff members found that the charge nurse is the "hub of communication." Fairbanks et al. (2007)
- Emergency nurses are one of the healthcare provider groups most in need of clear, concise handoffs and physician communication techniques because of the urgency of emergency health care.



Slide 4

ED Charge Nurse


- On a busy 8 hour shift at Regions, the ED charge nurse can:
 - Receive over 50 phone calls
 - Receive over 25 Vocera calls
 - Address numerous patient and staff concerns
 - Manage the flow of 100+ patients in and out of the ED.

The ED charge nurse is truly central to communication!

Slide 5


SBAR Communication

- A tool used by the military which is now being taught to health care providers in order to improve communication efforts.



Slide 6

- S: Situation
- B: Background
- A: Assessment
- R: Recommendation




Slide 7

- **Situation:** What is happening at the present time?
- **Background:** What are the circumstances leading up to this situation?
- **Assessment:** What do I think the problem is?
- **Recommendation:** What should we do to correct the problem?

Slide 8

SBAR Example


- S: Mr. Jones arrived approximately 10 minutes ago with symptoms of a severe asthma attack.
- B: He presented in acute respiratory distress with an oxygen saturation of 88%. I started an Albuterol nebulizer, which is almost complete.
- A: Mr. Jones is now extremely agitated with an oxygen saturation of 80%.
- R: He may need to be intubated, and I need you to examine him immediately.



Slide 9

SBAR Example

- S: Susie Jones is complaining of 8/10 pain in her right arm
- B: She fell off her bike ~ 30 minutes ago and she just arrived into triage with her parents.
- A: She has an obvious deformity to her left wrist. CMS is intact. Capillary refill is <3 seconds. No other obvious injuries.
- R: I would like an order for pain medication and an x ray to evaluate for a fracture.



Slide 10

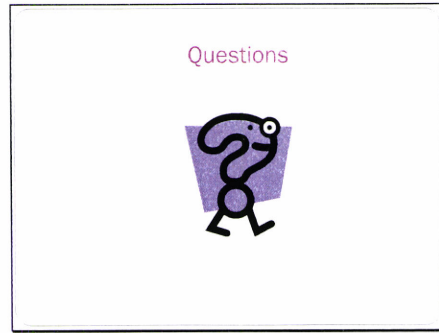
Effectiveness of SBAR

- Woodhall et al. (2008) found that the SBAR method in the ED offers clear, concise communication which could prevent adverse patient outcomes or medical errors.
- Beckett & Kipnis (2009) found that after implementation of SBAR, staff and physicians reported significant improvement in satisfaction and collaboration.
- Beckett & Kipnis (2009) also found that patients felt there was an enhanced climate of patient safety.

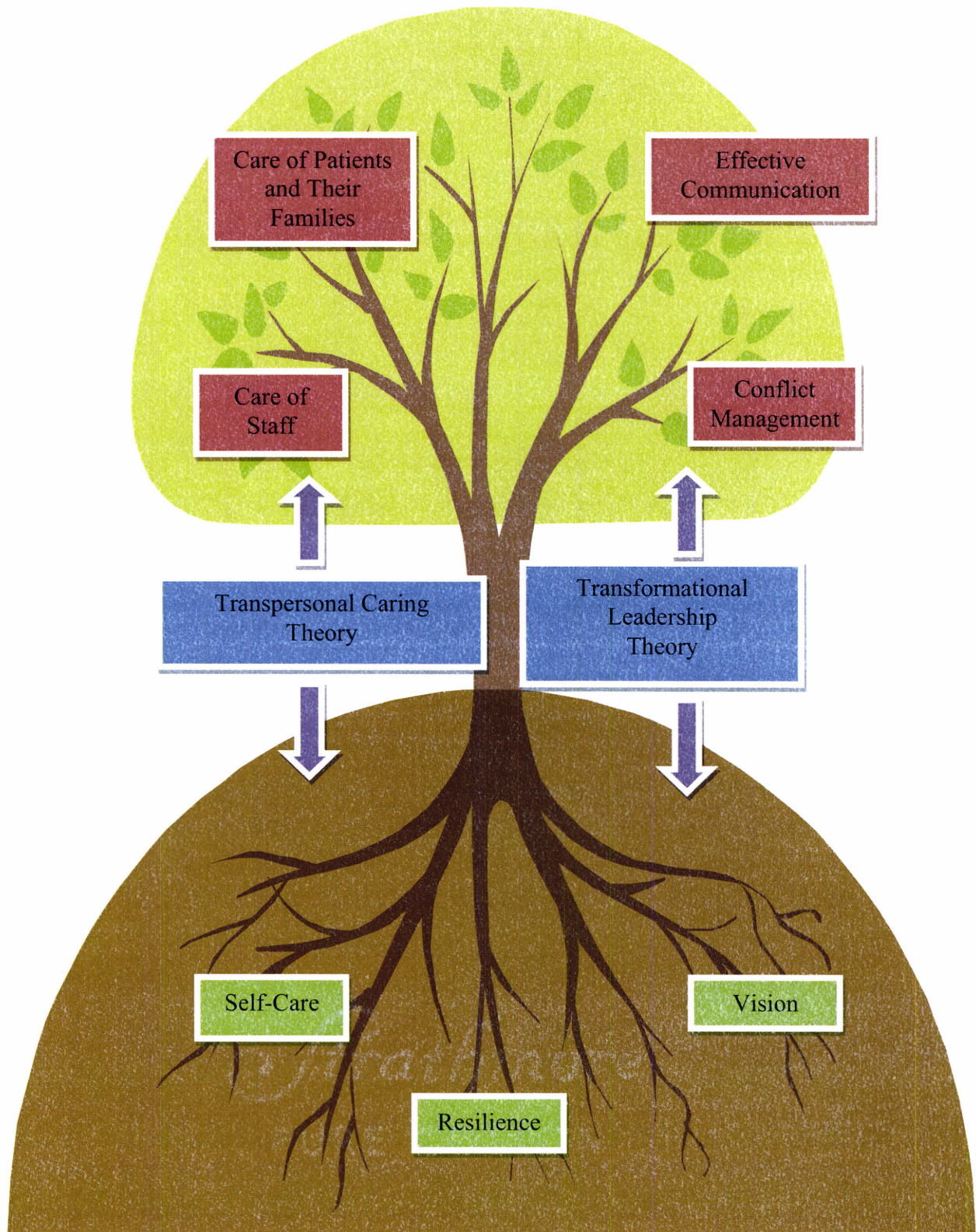
Slide 11



Slide 12



Appendix H: The Education of a Novice ED Charge Nurse Metaphor



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