8-9-2016

Implementation and Evaluation of a Charge Nurse Development Project Bundle

Kathy L. Rose
Bellarmine University, kathy.rose9@outlook.com

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Abstract

Charge nurses play pivotal roles in healthcare organizations. Yet, studies related to charge nurse development programs are presently limited. The purpose of this project bundle was to develop, implement, and evaluate interventions to enhance charge nurse leadership skills in a 250-bed acute care hospital. Although the interventions did not result in measurable changes in leadership practice ratings by the charge nurses, the manager and observer leadership practice ratings improved, which were statistically significant.

Background

The 2010 Institute of Medicine report on *The Future of Nursing: Leading Change, Advancing Health* (1) included a recommendation that nurses should be prepared to lead changes in order to advance healthcare in the United States. In addition, the American Organization of Nurse Executives (AONE) (2) supports the need for formalized developmental training for nurse leaders and has suggested competency areas that focus on knowledge, leadership, professionalism, and business skills. In a March 2015 publication (3), AONE President Dr. Bolton discussed the need for leadership development for all leaders, recognizing its value in producing nursing leaders who will influence communities, reaching beyond units and organizations. However, many leaders including charge nurses are promoted to their leadership roles based solely on their level of clinical experience and are rarely provided formal leadership training.

Significance

The importance of charge nurse leadership development in organizations has been the subject of numerous studies focusing on healthcare. Implementation of charge nurse development programs is associated with an increased awareness of personality types, increased ability to effectively utilize communication skills, increased confidence with conflict resolution and delegation skills, increased beliefs in ability to create a caring and healthy work environments (4), better preparation for moving to advanced leadership roles (5), more objective self-assessment skills (6), and increased ability to foster healthy work environments where positive patient outcomes can be achieved (7).

Creating healthy work environments has become increasingly important due to reimbursement and incentive payment programs being linked to clinical outcomes. Healthcare organizations reporting negative clinical outcomes are subject to penalties and decreases in reimbursement. Formalized leadership training can reduce negative clinical outcomes such as patient falls and hospital-acquired infections (7). Since charge nurses play pivotal roles in the promotion of improved clinical outcomes and the achievement of performance measures, they ultimately have the potential to influence the financial position of their organizations (8). Offering leadership training to charge nurses not only has the potential to increase reimbursements and reduce penalties, but also provides an opportunity to decrease costs associated with staff and charge nurse turnover.

Purpose

The purpose of this project was to develop, implement, and evaluate bundle interventions to enhance charge nurse leadership development in a 250-bed acute care hospital located in an urban area.

Literature Review

The Five Practices of Exemplary Leadership Model

Three decades ago, Kouzes and Posner conducted extensive research to determine what great leaders do or how they behave when they are performing at their highest level (9). Their data collection strategy included collecting stories from people about their best leadership experience encounters. The authors analyzed these stories to reveal consistent behavioral patterns or practices. Their findings motivated Kouzes and Posner to posit existence of common behaviors, actions, and practices that leaders engage in when they are performing at their best. The authors referred to these as The Five Practices of Exemplary Leadership they denoted as Model the Way, Inspire a Shared Vision, Challenge the Process, Enable Others to Act, and Encourage the Heart. They further posited that there are associated behaviors (see Table 1) that leaders consistently engage in for each of the Five Practices of Exemplary Leadership.

Leadership Practice Inventory (LPI) Tool
In order to evaluate the presence of The Five Practices, Kouzes and Posner developed the Leadership Practices Inventory (LPI) tool in 2002 to provide feedback from the perspectives of individuals who interact with leaders (9). The rating tool can be completed in paper format or electronically. It comprises 30 behavioral questions aiming to determine how frequently the leader being evaluated engages in The Five Practices of Exemplary Leadership. Each question is rated on a 10-point scale with higher scores indicating more ratings that are favorable. Total scores may range from 30 to 300. Typically, the LPI is completed by the leaders and observers, including their leader/supervisor and those they supervise. The goal is to measure leadership competencies and establish the degree to which the leaders are perceived to demonstrate the behaviors associated with exemplary leadership. The time required to complete the assessment tool is approximately 20 minutes.

In extant studies, the LPI assessment tool has demonstrated internal reliability coefficients between .75 and .87, whereby the observer scores ranged between .88 and .92 (9). In other studies, the self-reported LPI scores demonstrated test-retest reliability for the five leadership practices at the .90 level and above (9). Furthermore, the LPI has high and predictive validity for high, moderate, and low performing leaders.

Importance of Developing Leadership Skills for Charge Nurses
The importance of charge nurse development has been the subject of extensive research. In a study by Normand et al. (10), a formalized charge nurse-training program was implemented and job description created. The authors reported that, following the intervention, patient and physician satisfaction scores increased, prevalence of patient falls declined, and hospital-acquired pressure ulcer incidence rate decreased. In another study, conducted by Homer and Ryan (4), an interactive charge nurse education program resulted in charge nurses' perceptions of being better prepared to move to other leadership roles within the organization, improved job performance and greater satisfaction within their charge nurse roles.

Different approaches have been found to enhance charge nurse development. Theoretical instruction (11), training and mentoring programs (12), postgraduate education, business management training, on-going and supportive clinical supervision (6), and orientation courses that provide experiential opportunities for interaction (13) have all been proven successful in enhancing change nurse skills and contributing to their development.

In a study published in 2013, Krugman and Heggem (14) evaluated LPI ratings over time to measure permanent and relief charge nurse behaviors and outcomes of leadership development from 1996 to 2012 using Kouzes and Posner's conceptual model. The authors collected LPI assessment data in three phases: 1996 – 2000, 2001 – 2007, and 2008 – 2012. Results pertaining to the first phase indicated that average LPI scores increased for those charge nurses who held permanent positions. More specifically, self-ratings increased for Model the Way, Inspire a Shared Vision, and Challenge the Way, while the observer ratings for Encourage the Heart, Enable Others to Act, and Model the Way decreased. However, in the second phase, the post-LPI results decreased relative to those achieved at pre-intervention LPI tests. The final phase results indicated that the findings from the initial assessment were not sustained.

Project Questions
The purpose of this project bundle was to develop, implement, and evaluate interventions to enhance charge nurse leadership and measure perceived leadership behavior change using the LPI. Specifically, the following questions were addressed: (1) What effect does a charge nurse development program have on charge nurse LPI self-reported ratings before and after program attendance? (2) Is there a difference in charge nurse LPI self-reported ratings compared to the leaders' ratings? and (3) Is there a difference in charge nurse LPI self-reported ratings compared to the followers' ratings?

Project Methods
Design
A project facilitator led the four-month project designed to create a charge nurse role development project bundle the aim of which was to enhance the role and better prepare these nurses to lead. The Bellarmine University Institutional Review Board granted the final approval to implement the project as designed.

Setting
The project was conducted in a 250-bed acute care, not-for-profit hospital located in southern Indiana in 2016. Areas of practice for the charge nurses included the Critical Care Units, the Progressive Care Unit, the Neuro and Heart Unit, Medical-Surgical Units, Surgical and Perioperative Services, Cardiovascular Services, and the Emergency Department.

Subjects
Every hospital nurse manager and director submitted the names of at least two charge nurses they rated as high performing. Managers/ directors were instructed that the identified charge nurses should be dependable and respected by followers within their respective units as well as by other leaders. They should have also expressed an interest to grow in leadership and demonstrated positive outcomes in their leadership abilities. These characteristics were important, as the charge nurses identified would ultimately serve as the core working group for moving this project forward into its next phase. A total of 19 charge nurses were identified and all of them participated in the project.

Intervention
Self, Manager and Other LPI Evaluations
After agreeing to take part in the project, and before its commencement, each participating charge nurse was requested to complete a paper copy of the LPI self-rating tool. At the same time, each charge nurse was asked to identify at least seven staff members who directly observe their leadership behaviors while in their charge nurse roles. The charge nurses were provided packets to give to the seven identified staff members, containing the paper version of the LPI observer (staff) rating tool and a letter written by the project facilitator explaining the purpose of the project and providing instructions for completing the questionnaire. Electronic reminders were sent weekly to the charge nurses, encouraging them to follow up with the designated staff members in order to ensure that each completes the observer ratings. The project facilitator's name and contact information (telephone number and email address) were provided for questions that the observer and managers had. Utilizing the previously discussed methodology, the LPI assessment tool was administered again, six weeks after completing the leadership skills training sessions.

In addition, managers and directors were asked to complete LPI evaluations for the relevant charge nurse leaders and instructed to return the completed LPI no later than one week prior to the training session. The instructions for completing the LPI that were provided to staff members were used for the managers and directors.

In order to maintain confidentiality and protect the respondents' identity, self-addressed stamped envelopes were provided with all rating tools. The completed LPI rating tools were sent to an administrative assistant who entered the responses in an electronic database to generate individual profiles for charge nurses who attended the training sessions.

Leadership Skills Training Sessions
Upon completion of the LPI self-rating tool, each participating charge nurse took part in one four-hour leadership skills training session. The training sessions incorporated didactic instruction, self-reflection, and small group discussions. The project facilitator served as the leader for all developmental training sessions using the Leadership Practices Inventory 4th ed. Facilitator's Guide (15).

Each charge nurse received a copy of his/ her collated results based on the LPI staff and manager/ director ratings. These results were used to assist the charge nurses in identifying individual developmental areas at the start of their session. In addition to the individual developmental reports, each charge nurse was provided the LPI workbook (16) to use during the training session and for future reference.

Program Objectives and Content Outline.
 Program Objectives (15):
  1. Describe the Five Practices of Exemplary Leadership

2. Relate how The Five Practices apply to your leadership role
3. Identify your strengths and areas for improvement as a leader
4. Commit to actions you will take in the next three weeks to become a better leader
5. Create a plan for sharing your LPI feedback with your observers and connecting with your manager to discuss your development plan

Program Outline (15):
1. Welcome and introductions
2. What is the LPI?
3. Distribution of individual reports
4. Understanding feedback on the LPI reports
5. Analyzing your feedback
6. Focusing your developmental reports for going forward
7. What's next in your leadership journey?

At the completion of the training sessions, each participant completed a program evaluation tool, aiming to assess perceived teaching effectiveness and facilities, and to aid in the administration of future training sessions. The tool comprised of 10 items that participants scored using a 5-point Likert scale anchored at 1 (Excellent) and 5 (Poor), yielding a total possible score of 50.

Additional Bundle Components
Initiation of the Core Charge Nurse Working Group
After completion of their leadership skills training session, all participating charge nurses agreed to continue working on the project bundle components for an average of two hours of paid time per week. The specific objectives for the working group included:
1. Consolidating four separate charge nurse job descriptions into one
2. Developing a competency-based orientation session and a corresponding checklist
3. Developing a schedule and agenda framework, along with the identification of a charge nurse committee leader for routine meetings of the charge nurse peer group
4. Identifying topic areas for future developmental training
5. Developing and planning for a mentoring/ coaching program for charge nurses

Revision of Charge Nurse Job Descriptions
Four job descriptions for the charge nurse role existed within the organization and role responsibilities varied depending on the unit or department they worked in. The core charge nurse group met to review the existing job descriptions and combined the components from these job descriptions into one. Working on this project bundle component will help provide direction for charge nurses and ensure that they are functioning at the same level in their duties and responsibilities within the organization.

Development of a Competency-based Orientation and Checklist
The hospital utilizes a competency-based orientation framework and checklists for nurses, nursing assistants, educators, and other staff in clinical roles. However, no formalized process for charge nurse orientation existed and the need for one was evident. The purpose of a competency-based orientation checklist tool is to assist the charge nurses' preceptors in ensuring their orientees receive a comprehensive and consistent training. Furthermore, the competency-based orientation checklist guides the orientee. Although it is the responsibility of individual nurses to identify their practice parameters in accordance with the state's Nurse Practice Act, professional codes, professional practice standards and their own competency, the checklist tool guides the orientee in understanding the expectations of hospital and documents the orientation process received by new associates. It is also intended to assist with the individualization of the orientation.

Framework for Charge Nurse Orientation:

1. Assignment of charge nurse preceptor

2. Review dates/ times for charge nurse peer group meetings and structure
3. Review competency-based orientation checklist
4. Orientation with preceptor in unit/ department two to four weeks depending on prior experience and/ or specialty
5. Completion of any specialized training as required by the unit/ department

<u>Focus Areas of Competency-based Orientation Checklist Tool</u>:

1. Customer Service
2. Patient Safety
3. Communication
4. Information Coordination
5. Review of Policies
6. Quality Monitoring
7. Role-specific Duties
8. Professional Development

Development of a Schedule, Agenda Framework, and Identification of a Charge Nurse Leader for Routine Meetings for Charge Nurse Peer Group

The core charge nurse working group initially met to determine how often meetings should occur and establish their format, as well as specify standing agenda items and leadership. The charge nurse core-working group decided that the charge nurse peer group will meet quarterly for one hour immediately after the hospital's routine general Nursing Leadership meeting. In addition, standing agenda items will include: (1) Quieting electronic devices, (2) Welcome and introductions of new charge nurses, (3) Positive stories, (4) Charge nurse development updates, (5) Training/ development, Roundtable discussions, and (6) Next meeting date and time. Two charge nurses volunteered to co-lead the meetings for a year, with the project leader serving as the facilitator. Two meetings have been held to date.

Identification of Topic Areas for Future Development Training

The charge nurse core-working group identified their immediate training/ development needs, including effective coaching, disciplinary action policy/ counseling, relationship management, and risk management. The Human Resources/ Development staff presented Effective Coaching at the first meeting and reviewed the Disciplinary Policy and the role of the charge nurse at the second meeting.

Develop and Plan for Charge Nurse Mentoring/ Coaching Program

One aspect of the project bundle included developing and planning a formal mentoring/ coaching program for charge nurses, since no program exists within the organization. Charge nurses are future leaders within the organization and investment in providing a formal mentoring/ coaching program is necessary. The charge nurse core-working group decided after much discussion to delay work on this goal until 2017, as by that time the other project bundle components would be in place for at least a year.

Data Analysis

Demographic data were collected for all participants. SPSS version 22.0 was used to analyze data using descriptive statistics, and independent and paired samples *t*-tests, where appropriate.

Results

Demographics

The nineteen part-time and full-time practicing charge nurses who worked day and night shifts participated in the project. Majority of the participants were female, worked day shift, held a Bachelor of Science in Nursing degree and were certified (Table 2).

Pre and Post LPI Ratings

Pre and post LPI self-ratings were analyzed using paired *t*-tests (Table 3), while independent *t*-tests allowed comparing group scores. Higher LPI ratings are favorable and indicate a perceived increase or improvement in the charge nurse skills post-intervention. No statistically significant improvements were noted in the charge nurses' self-ratings on the LPI overall score or any sub-scores ($p > .05$). However, there were statistically significant higher ratings by the managers compared to the charge nurse self-ratings in the following subscales: Modeling the Way ($p = .001$), Inspiring a Shared Vision ($p = .005$), Challenging the Process ($p = .002$), and Enabling Others to Act ($p = .006$). There were also statistically significant higher ratings by the others/followers compared to the charge nurse self-reported ratings in four of the five sub-scales: Modeling the Way ($p = .010$), Inspiring a Shared Vision ($p = .037$), Enabling Others to Act ($p = .021$), and Encouraging the Heart ($p = .026$). Finally, there were statistically significant differences in the LPI overall scores between charge nurse self and manager ($p = .000$) ratings and LPI overall scores between charge nurse self and others' ($p = .016$) ratings.

Other Project Bundle Components
The project facilitator worked with the core charge nurse-working group and the following objectives were achieved: one charge nurse job description was developed, a competency-based orientation tool was reviewed and revised, and the first training session focusing on effective coaching was held. The core-working group decided to revisit the component for establishing a mentoring/preceptorship in 6–12 months.

Overall Evaluation of Program
The majority of the participating charge nurses were satisfied with the four-hour education program. Eighty-nine percent of the participants rated the program as excellent or very good. The feedback received from the overall evaluation of the program will aid in guiding future training sessions. Some of the feedback included: adding a requirement that all charge nurses attend a developmental training session, limiting class sizes to facilitate group discussions, and including additional real life scenarios to help participates apply the topic discussions to their practice.

In addition, many charge nurses were openly appreciative of the opportunity to participate and assist in the development of the charge nurse role within the organization. Participating charge nurses suggested that all new charge nurses be involved in the developmental training sessions using the 360-degree LPI rating tool.

Discussion
The lack of change in charge nurse LPI self-reported ratings after program attendance relative to those given prior to the intervention was an unexpected result by the project facilitator. There are a few possible reasons for the lack of improvement, including: (1) the short time interval between the two survey administrations which may have resulted in a decreased time for self-reflection, (2) empirical evidence indicates that a single intervention is often ineffective, and (3) a single four-hour education program was insufficient for prompting change in perceived behaviors.

However, significant improvements were noted in the manager and observer post-intervention survey ratings compared to the charge nurse self-ratings, with the majority of subscales reaching significance. Higher manager and observer ratings may possibly be a "halo" effect, as they knew that the charge nurses were participating in a leadership training program and in turn perceived improvement in their leadership behaviors. Alternatively, the interventions were successful, allowing the managers and observers to note changes within this short timeframe, even though the charge nurses themselves did not. One explanation for this finding is that overall the charge nurse group is less confident in their practices and may have judged their performance and skills more critically knowing that they were participating in the project.

Study Limitations
This project was implemented at one facility with a limited sample. Thus, the results may not reflect cultural or organizational aspects of other hospitals, thereby limiting their generalizability. In addition, there was a shortened timeframe for the project that did not allow long-term project questions regarding the effects on patient outcomes to be realized at the time of project completion.

Implications and Recommendations for the Future

The Five Practices of Exemplary Leadership Model and the LPI evaluation tool provide a reliable framework for leadership development programs. This project bundle could be replicated using a customizable approach, which is ideal for different organizations and leadership teams. However, the assessments for changes in leadership need to occur at longer intervals. In this project, repeating the assessment at a two-month interval was clearly inappropriate, as it did not allow sufficient time for changes to manifest. The plan is to repeat the survey process in one year. Patient outcomes and staff turnover also need to be measured over time as a part of a research study or pilot project evaluation plan to further demonstrate the value of charge nurse or leadership development.

Sustainability

To ensure long-term sustainability of leadership development training, all new charge nurses at the hospital will attend quarterly meetings with their peer group, will be provided copies of the approved new job description and the competency-based orientation checklist. They will also attend skill development training sessions throughout their employment and will be assigned a preceptor. In addition, managers, directors, the Vice President of Nursing, and the charge nurse core-working group will meet at least annually to review and discuss charge nurse development within the organization. Going forward, incorporating the four-hour LPI training session as a part of the on-going development will be allocated as a budgetary line item. Finally, all charge nurses who participated in the initial program development programs will be requested to complete the LPI assessment in one year to assess their perceptions of skills and identify any improvements or issues.

Conclusion

Charge nurses can serve pivotal leadership roles within organizations; however they are often promoted based on possessing clinical expertise. Promotion to charge nurse roles based on clinical expertise alone potentially leaves these nurses unprepared to lead. Charge nurses need opportunities to receive formal preparation for their new leadership responsibilities. They also need support from their own leaders. This project bundle addressed many of the lacking components in the process for preparing charge nurses to lead at the hospital. Developing and implementing this project bundle is the first step in establishing a standard practice to orient new charge nurses to their roles and develop the current charge nurses.

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Table 1. *LPI: The Five Practices of Exemplary Leadership and Associated Behaviors*

Model the Way	Inspire a Shared Vision	Challenge the Process	Enable Others to Act	Encourage the Heart
Sets a personal example of what he/ she expects	Talks about future trends that will influence how our work is done	Seeks out challenging opportunities that test his/ her skills and abilities	Develops cooperative relationships among the people he/ she works with	Praises colleagues for a job well done
Spends time and energy making certain that the people he/ she works with adhere to the principles/ standards that we have agreed on	Describes a compelling image of what our future could be like	Challenges people to try out new and innovative ways to do their work	Actively listens to diverse points of view	Makes others aware that he/ she has full confidence in their abilities
Follows through on promises and commitments he/ she makes	Appeals to others to share an exciting dream of the future	Searches outside the formal boundaries of his/ her organization for innovative ways to improve what we do	Treats others with dignity and respect	Makes sure that people are creatively rewarded for their contributions to the success of projects
Asks for feedback on how his/ her actions affect other people's performance	Shows others how their long-term interests can be realized by striving toward a common vision	Asks "What can we learn?" when things don't go as expected	Supports the decisions others make independently	Publicly recognizes people who exemplify commitment to shared values
Builds consensus around a common set of values for running our organization	Paints the "big picture" of what we aspire to accomplish	Ensures that we set achievable goals, make concrete plans, and establish measurable milestones for the projects and programs that we work on	Gives people considerable freedom and choice in deciding how to do their work	Finds ways to celebrate accomplishments
Clearly states and embodies his/ her philosophy of leadership	Speaks with genuine conviction about the higher meaning and purpose of our work	Experiments and takes risks, and treats each failure as a learning opportunity	Ensures that people grow in their jobs by learning new skills and developing themselves	Gives the members of the team ample appreciation and support for their contributions

Kouzes JM, Posner BZ. *Leadership practices inventory (LPI) 4th ed. facilitator' guide*. San Francisco, CA: Pfeiffer, an imprint of Wiley.www.pfeiffer.com.2013.

Table 2. *Sample Characteristics*

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		n	Range	Mean	SD
Age, years		19	4.0 - 41.0	40.84	9.89
Years of nursing experience		19	1.0 - 18.0	14.76	11.09
Years of charge nurse experience		19	0 - 15	4.61	3.82
Years of other leadership experience		19	26 - 61	3.68	4.99
		n	%		
Gender	Female	15	78.9		
	Male	4	21.1		
Shift worked	Day	11	57.9		
	Night	5	26.3		
	Other	3	15.8		
Highest degree earned	ASN	9	47.4		
	BSN	10	52.8		
Other degree earned	Yes	2	10.5		
	No	17	89.5		
Certified	Yes	13	68.4		
	No	6	31.6		

Table 3. *Paired Samples of t-test Results Pre and Post Leadership Practices Inventory (LPI) Scores*

Self/Manager/Others Subscales	*n*	Pre-LPI Mean	Post-LPI Mean	Mean Difference	t-value	*p*
Self						
Overall score		225.89	226.61	- .72	-.110	.75
Modeling the Way	18	41.61	42.50	0.89	-.487	.632
Inspiring a Shared Vision	18	40.67	42.11	1.44	-1.006	.328
Challenging the Process	18	49.89	49.22	-0.67	.540	.596
Enabling Others to Act	18	45.61	44.78	-0.83	.488	.632
Encouraging the Heart	18	48.11	48.00	-0.11	.082	.935
Manager						
Overall score		236.72	260.16	-23.44	-4.42	**< .000**
Modeling the Way	18	51.00	54.33	3.33	-3.812	**< .001**
Inspiring a Shared Vision	18	43.89	49.94	6.05	-3.243	**< .005**
Challenging the Process	18	43.94	50.89	6.95	-3.600	**< .002**
Enabling Others to Act	18	49.89	53.78	3.89	-3.145	**< .006**
Encouraging the Heart	18	48.00	51.22	3.22	-2.068	.054
Others						
Overall score		246.55	260.77	-14.22	-2.662	**.016**
Modeling the Way	18	50.83	53.39	2.56	-2.907	**.010**
Inspiring a Shared Vision	18	46.89	49.89	3.00	-2.258	**.037**
Challenging the Process	18	48.17	50.78	.61	-1.965	.066
Enabling Others to Act	18	51.94	54.67	2.73	-2.547	**.021**
Encouraging the Heart	18	48.72	52.06	3.34	-2.430	**.026**

Note. Bold indicates *p* value < .05.