A Multi-Perspective Qualitative Study Exploring the Charge Nurse Role and Safety Practices

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The Problem

• Though acute care hospital charge nurses (CNs) have been recognized in the literature over the past 40 years as frontline nurse leaders, little is known about their role and safety practices.

• Literature claims that immediate supervisors, such as CNs, impact safety culture, but how CNs contribute to patient safety and quality care is unknown.
Literature Review

• Role of the CN
  • Multiple CN titles exist in the literature
  • CNs have oversight of the operations of a unit during a shift
  • They play a hybrid role with administrative and clinical components

• Safety Practices of the CN
  • Eggenberger (2012) and Cathro (2016) conducted qualitative studies
  • Eggenberger (2012) found themes--Monitoring for quality & creating a safety net
  • Cathro (2016) found an emerging theory--Navigating through Chaos with themes: balancing multiple roles, maintaining a watchful eye and working with and leading the healthcare team to keep patients safe
Theoretical Framework
Study Purposes

1. To explore the role of the hospital acute care CN from the perspectives of the CN, nurse managers and clinical nurses
2. To investigate how the hospital acute care CN contributes to keeping patients safe
3. To explore how the CN and nurse manager roles relate to each other within a unit based leadership team.

Questions

1. What are the role responsibilities of the hospital acute care CN?
2. How does the hospital acute care CN contribute to patient safety?
Focused Ethnography

• Focused ethnography (micro-ethnography) is the study of a specific subculture
• Researcher has familiarity with the culture being studied.
• Uses multiple types of data including, observation, interviews, analysis of documents, videos or recordings.
Two Study Phases

• Phase One:
  • CNs, Nurse managers, clinical nurses rated items on the AONE Nurse Manager Competencies as relevant to the CN role. (1=not applicable, 2=slightly applicable, 3=applicable, 4=very applicable, 5=extremely applicable).
  • Then individual informal interviews to clarify and verify ratings.
  • Information informed phase two.

• Phase Two:
  • Individual interviews with nurse managers and CNs
  • Focus groups with clinical nurses
  • Interview/focus group guides

• Rutgers, The State University IRB approval & hospital IRB approvals
• All participants signed informed consents & completed demographic forms
• Descriptive, process and analytical field notes and a journal maintained by researcher
Analysis

• Researcher transcribed audio recordings verbatim. Interviews continued until saturation.

• Thematic analysis

• Coded words, phrases using Nvivo software

• Mind maps and diagram drawings on paper

  • Analyzed between and across- CN, clinical nurse and nurse manager perspectives

• Compared data to the AONE Nurse Manager competencies

• Member check, triangulation, thick description and reflexivity used to ensure trustworthiness of data
## Results

<table>
<thead>
<tr>
<th>Demographics: PHASE ONE</th>
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<tbody>
<tr>
<td><strong>Participants</strong></td>
<td><strong>n=9</strong></td>
</tr>
<tr>
<td>Clinical Nurses n=3</td>
<td></td>
</tr>
<tr>
<td>Gender (%)</td>
<td>Female 100%</td>
</tr>
<tr>
<td>Age (Mean (SD))</td>
<td>40.3 (4.7)</td>
</tr>
<tr>
<td>Years Nursing Experience (Mean (SD))</td>
<td>14.6 (10)</td>
</tr>
<tr>
<td>Highest Nursing Degree (%)</td>
<td>Diploma 33% BSN 34% MSN 33%</td>
</tr>
<tr>
<td>Charge Nurses n=3</td>
<td></td>
</tr>
<tr>
<td>Gender (%)</td>
<td>Female 100%</td>
</tr>
<tr>
<td>Age (Mean (SD))</td>
<td>50.3 (7.5)</td>
</tr>
<tr>
<td>Years Nursing Experience (Mean (SD))</td>
<td>14 (5.1)</td>
</tr>
<tr>
<td>Highest Nursing Degree (%)</td>
<td>BSN 100%</td>
</tr>
<tr>
<td>Nurse Managers n=3</td>
<td></td>
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<tr>
<td>Gender (%)</td>
<td>Female 100%</td>
</tr>
<tr>
<td>Age (Mean (SD))</td>
<td>53.7 (4.2)</td>
</tr>
<tr>
<td>Years Nursing Experience (Mean (SD))</td>
<td>*6.7 (4.9)</td>
</tr>
<tr>
<td>Highest Nursing Degree (%)</td>
<td>BSN 66% MSN 34%</td>
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</table>

Note.*Shows Years Nurse Manager Experience (Mean(SD)).
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<tr>
<th>Participants</th>
<th>Gender (%)</th>
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<th>Years Nursing Experience (Mean(SD))</th>
<th>Highest Nursing Degree (%)</th>
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</thead>
<tbody>
<tr>
<td>Clinical Nurses n=13</td>
<td>Female 100%</td>
<td>31.7 (10.5)</td>
<td>7.5 (9.7)</td>
<td>Diploma 7.6% Associate 7.7% BSN 77% MSN 7.7%</td>
</tr>
<tr>
<td>Charge Nurses n=15</td>
<td>Female 87%</td>
<td>40 (11.8)</td>
<td>15.1 (11.4)</td>
<td>Diploma 6.7% BSN 67% MSN 20% DNP 6.7%</td>
</tr>
<tr>
<td>Nurse Managers n=11</td>
<td>Female 73%</td>
<td>43 (9.4)</td>
<td>*6.3 (4.4)</td>
<td>BSN 45% MSN 55%</td>
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</table>

Note. *Shows Years Nurse Manager Experience (Mean(SD)).*Four out of the nine participants with rotating charge nurse also had an assistant nurse manager.
Role and Safety Practices of the Charge Nurse

**PERMANENT CHARGE NURSE MODEL**
(Permanent Charge Nurse/Assistant Nurse Manager)

- **Shift Resource & Traffic Director**
  - Shift Resource:
    - Go to resource
  - Traffic Director:
    - Manage the flow
    - Safe patient assignment/staffing
    - Regulatory Readiness

**Unit Shift Leader**
- Extension of Nurse Manager
  - Manage information flow
  - Human Resource Management

**Safety Officer**

**ROTATING CHARGE NURSE MODEL**
(Rotating/Relief Charge Nurse)

**Clinical Nurse Plus (+)**

**Put Out Fires**

*Note: Shift Resource & Traffic Director applies to CNs in both models.*
## Overarching Theme: *Shift Resource and Traffic Director*

<table>
<thead>
<tr>
<th>Theme/Subtheme/Category/Subcategory</th>
<th>Supportive Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Subtheme: Shift Resource; Category: Go-to Resource</strong></td>
<td>“You are the one everyone comes to with questions. Everyone expects you to help them with their problems that they cannot troubleshoot on their own.” (CN)</td>
</tr>
<tr>
<td><strong>Subtheme: Traffic Director; Category: Manage the Flow</strong></td>
<td>As the traffic director, CNs manage “housekeeping” tasks like managing the flow of patients in and out of their units. “They’re out there, they’re directing traffic” (Nurse Manager); “We are always involved actually with bed control. We try to make beds for the right patients.” (CN)</td>
</tr>
<tr>
<td><strong>Category: Safe Patient Assignment/Staffing</strong></td>
<td>CNs make the patient assignment for the next shift based on patient acuity, staff competence and staffing. They manage the staffing and often call in staff if there is a sick call. “CNs know our grid...It’s at the nurses’ station. So they know we have this many patients, this is how many staff we should have.” (NM); “I do feel like the nurses...advocate or fight for staffing especially for the next shift coming on...and I do hear them on the phone with the [staffing office].” (Clinical Nurse)</td>
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<tr>
<td><strong>Category: Regulatory Readiness</strong></td>
<td>CNs complete environmental checks to ensure the unit is ready for regulatory visits. They check documentation for best practices. “We have to check foleys and central lines...the night shift is responsible for foleys. Day shift is responsible for the central lines...and that goes in the computer.” (CN)</td>
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*CNs are underprepared for the role, lacking orientation/training.*

*CNs also “establish the weather,” setting the tone for the unit.*
## Permanent CN Model

Includes CNs hired into the role and function in the role every shift worked.

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<tr>
<td><strong>Role</strong> Subtheme: <em>Unit Shift Leader</em>; Category: <em>Extension of Nurse Manager</em></td>
<td>CNs are leaders, part of the chain of command. “If something really big was happening, first I would call the hospital supervisor, then I would call the permanent CN. I would use the chain of command.” (Clinical Nurse) CNs share a close relationship with nurse managers, especially on the day shift, and act as the extension. “They’re like frick and frack, bosom buddies, one hand washes the other.” (CN)</td>
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<tr>
<td>Subcategories: <em>Manage Information Flow</em></td>
<td>CNs filter the information they receive from staff before bringing it to the nurse manager. They are the go-between the nurse manager and the staff. They also take information from the nurse manager and bring it to the staff. If a change needs to occur, the CN brings it to the staff, good or bad, like a trickle down effect. “[PCN/ANMs] are responsible to communicate information like a trickle down…the information I give them. They have to read their emails…if we change a process…that’s their job to inform the staff of everything.” (Nurse Manager)</td>
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<tr>
<td><strong>Subcategories: Human Resource Management</strong></td>
<td>CNs know their staff well and they counsel, handle conflict, performance appraisals of staff and interview new staff. They make recommendations to the nurse manager. “They are the ones who give me an idea of...who wants to be involved in certain things or who do they think has...potential, especially on the off-shifts.” (Nurse Manager)</td>
</tr>
<tr>
<td><strong>Safety</strong> Subtheme: <em>Safety Officer</em></td>
<td>CNs patrol the unit, scanning the environment like an “extra set of eyes” for potential safety risks to remove. They are knowledgeable about policies and enforce them on the unit. Proactive safety role- preventing errors and patient harm before it happens. “My role is to make sure that overall the nurses are scanning their meds, walking patients to the bathroom and not just leaving them there, that they’re assessing them properly for falls risk…I feel like my role in that is very vital to the drive of patient safety.” (CN) “I do a safety check to make sure like the IVs are not infiltrated, they’re dated…If it’s not labeled I usually do label it. But I will speak with the nurse later and say ‘Listen just make sure, when you do bedside report that you also review the IVs and the drips.” (CN)</td>
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Rotating CN Model

Includes CNs who rotate in and out of the role and relief CNs who fill-in for permanent CNs

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| **Role** Subtheme: Clinical Nurse Plus+ | • Almost always had patient assignment plus role of shift resource and traffic director without compensation. “We are not paid for it. That’s why on my floor we try not to do it.” (CN)  
• Nurses were not hired into the position. The role was not desired. They are “volunteered” into the role because “its almost like its expected.”  
• They are not leaders; they are peers. “So even when there are questions and there’s a designated CN on the unit, the staff will come to the manager or director for a question as opposed to go to the CN because I think perhaps maybe they’re still seen as a peer even when they wear the CN hat.” (Nurse Manager)  
• Clinical nurses felt that the environment was different when a relief CN was there instead of the permanent CN. “I also feel like sometimes it’s a different attitude on the unit when it’s not your normal permanent charge nurse…it’s like, well it’s one of us in charge [relief CN] so maybe I can get away with something.” (Clinical Nurse) |
| **Safety** Subtheme: Put Out Fires | • Rotating/Relief CNs would “fix the problems of the day” if notified about problems/concerns. “They help put out some fires...if myself or the assistant isn’t around. They’ll play that role... like intervening.” (Nurse Manager)  
• Because they had their own patient assignment it was difficult for them to assist when needed. “So because I have my own patients, they understand. Sometimes, it’s hard for them to come to me because they understand. They have five patients, I have five patients. So sometimes they are hesitant.” (CN) |
Strengths, Limitations & Future Research

**Strengths**
- Multiple perspectives, including permanent and rotating CN models
- Participants from different types of New Jersey hospitals

**Limitations**
- Lack of participants from unionized hospitals so conclusions could not be made
- Lack of non-Magnet® designated hospitals because 36% of hospitals in New Jersey are Magnet® designated.
- Cannot apply these findings outside of New Jersey

**Future Research**
- Opportunity exists to compare CNs in Magnet® and non-Magnet® designated hospitals with a more robust sample
- Future research may apply this research to states outside of New Jersey
- Opportunity for instrumentation development to measure CN practices
- Opportunity to develop CN orientation curriculum especially for the Permanent CN model nurses