

## Competencies of charge nurses: a systematic review and thematic synthesis

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### Abstract

**Objective:** To determine the competencies of charge nurses.

**Methods:** The systematic review and thematic synthesis study was done at Iran from 1 Apr 2018 to 31 Jul 2018. Five electronic bibliographic database (Science Direct, Pro Quest, Scopus, Pub-Med, Scientific Information Database) were systematically searched for relevant literature published from 1980 to 2018. Content analysis was done to categorise competency of charge nurses.

**Results:** Of the 1285 articles, 24(1.86%) were reviewed. Through thematic synthesis, six themes identified were self-management, others' management, clinical competency, conceptual-cognitive competency, professional-legal competency and competency in communication. There is need to improve knowledge and skills in the domains of management, leadership, communication and perceptual/cognitive competency.

**Conclusion:** The findings may help nurse administrators and nurse directors in designing training programmes for charge nurses who could improve their competencies.

**Keywords:** Competence charge nurse, Systematic review.

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### Introduction

Nurses have different roles in health centres around the world. One of these roles is that of charge nurses (CNs), and, according to the definition of the National Labour Relations Board, they are directly responsible for all duties and tasks of their unit staff and even assess the performance of nursing staff.<sup>1</sup>

Studies show that CNs as front-line leaders and the nursing staff are effective in improving patient outcomes and the satisfaction of health workers. Therefore, they must be trained and encouraged to improved their managerial competencies. Unfortunately, nurses without formal training are often found in the role of CN. The placement of nurses in roles without training will lead to a lack of

readiness for various roles, such as head nurse, nurse assistant, manager, supervisor, CN, and team leader.<sup>2</sup>

Lack of attention to the role of CNs cause confusion and ambiguity about their role. In most studies, ambiguity in the role of nurses has been reported.<sup>1,3</sup>

Despite the key role of nurses, organisations generally pay little attention to the issue. Current standards for educating and preparing nurses to take on the CN role are inadequate. Considering the importance of CNs in healthcare, it is necessary to understand their specific role. The current systematic review was planned to determine the competencies required to be an effective CN.

### Methods

The systematic review and thematic synthesis study was done at Iran from 1 Apr 2018 to 31 Jul 2018. Studies and dissertations that were peer-reviewed and published in academic journals from 1980 to 2018 in English or Persian languages were extracted from Science Direct, Pro Quest, Scopus, Pub-Med, Scientific Information Database (SID). The search strategy was the same for all databases. The search was conducted with the following terms: CN or front-line leader, CN needs, CN roles, CN and competency, CN and managerial competency, and CN and leadership competency. All authors independently reviewed relevant documents. Articles that were excluded from the study were those published prior to 1980, non-academic journals, not related to the research question and those where full text was not available.

PRISMA checklist was used for items and flow chart.<sup>4</sup> To increase the quality of the review for selected articles, two authors independently reviewed related documents to reduce any selection bias. Titles and abstracts of the articles were screened.

Each study was subsequently reviewed at least twice in the light of 27-item PRISMA checklist to include sections / topics covering title, abstract, introduction, methods, results, discussion and funding. Also noted were author, year, country of origin, purpose, methodology and sample.

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Data analysis and synthesis began after the extraction phase. Thematic synthesis was used for identifying and coding recurring issues from the selected texts. Finally, the themes were coded.

**Results**

Of the 1285 articles initially identified, 799(62.2%) were discarded for being unrelated. Subsequently, 422(32.8%) were discarded in line with the exclusion criteria, and 64(5%) were shortlisted for detailed review. The third screening discarded 23(1.78%) articles for being duplicates and 17(1.32%) for inappropriate content, leaving 24(1.86%) texts as the study sample (Figure-1).

Among these 24 papers, the majority were from the United States 14(58%); 11(45.8%) were qualitative; 7(29%) were quantitative; and the rest were mixed and reviewed (Table-1). Using thematic content analysis and in consultation with scholars, determinants of CN competencies were classified into 6 themes, 14 categories and 36 sub-categories (Table-2).

**Theme 1: Self-management**

Most studies emphasized the theme of self-management.<sup>5-9</sup>

**Theme 2: Others' management**

CNs with the skill to manage others, like nurses and

**Table-1:** Characteristics of studies.

Authors/year /country	Purpose	Methodology/ Subjects/Sample	Results
1-Smith (1983) USA	Develop leadership training program components for CN in nursing homes	Dissertation/Survey/ 268 CN 67 nursing homes	Leadership responsibility-Communication-Group effectiveness-Individual motivation-Decision making- Problem solving-Appraisal of personnel-Consultative process-Planning for change-Creativity-Self- Learning climate -development-Ethics-Authority and hierarchy-
2-Duffield et al (1994) Australia	To determine role of nursing unit managers.	Delphi /16 experts: nurse managers. Nurse Academics. Professional industrial nursing organization.	156 competencies were classified into technical - human and conceptual skills
3-Willmot (1998) Scotland	Explore the experiences one national health service trust in implementing this change in the CN role	Mix method /33 CN- questionnaire interview 3 nurse manager	Insufficient consultation during the change process, preparation and support were inadequate
4-Connelly et al (2003) USA	To determine the competencies CNCNs for that role	Exploratory /42 interviews:11 staff nurse -12 CN -10 head nurse-9 nursing supervisory	54 competencies were identified in 4 categories: 15 clinical/technical-13critical thinking-9 organizational- 17 human relations skills
5-Connelly et al (2003) USA	Describe a CN workshop based on a qualitative research	Qualitative study /head nurses, CN (both military and civilian),	Educational needs CN: leadership-human relations- team building skills
6-Allison (2008) Canada	Identifying what leadership abilities are required by a CN	Dissertation/action research /Six one-to-one interviews -a focus group by CN	three broad leadership categories: resources, relationships, capacity building
7-Nunn (2008) USA	Identify skills and behaviors that enhance the effectiveness of CN	Dissertation -grounded / 15 staff nurse, relief CN, CN, and former CN	Communication- Team leader- Lead by example -Able to delegate-. Dependable-Confident- Learning needs-Communication-Conflict resolution-Role delineation-stress management-People skills- Delegate
8-Mc Gilton et al (2009) Canada	Explores how registered nurses (RNs) in long-term care (LTC)understand their role as CNS	Grounded theory/16 (CNs in 8 facilities Audio tapings of interviews.	CNs experience their work as highly complex and unpredictable. Themes include:(a) against all odds, getting through the day(b) stepping in work(c) leading and supporting unregulated care workers
9-Sherman et al (2011) USA	Surveyed to gain insight into the experience of being a frontline leader	Exploratory descriptive /400 CNs convenience sample	Manages Communication- Acts as the Team Coach- Seen as Approachable- Works Like an Air Traffic- Viewed as a Professional
10-Z Ghamari-Zare et al (2011) Iran	To determine competencies necessary to be a successful CN	A descriptive study / 66 CNs, 20 head nurses - 10 supervisors	The items controlling/supervision and directing/leadership were evaluated more important than staffing, planning, organizing and clinical/technical items.
11-Elzabé Nel et al -(2011) South-Africa	To explore and describe the competencies of the shift leader in the intensive care unit setting	A quantitative, descriptive design/98 professional nurses working in ICU	approachability-motivating team members-creating a learning environment-promoting autonomy - managing conflict-communication skills

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**Table-1: Contd. from previous page >>>**

Authors/year /country	Purpose	Methodology/ Subjects/Sample	Results
12-Eggenberger (2012) USA	Describes the experience of being a CN in acute-care practice	Descriptive exploratory /20CNs from 4 acute-care facilities & hospitals	creating a safety net- monitoring for quality- showing the way-completing the puzzle-managing the flow-making a difference- putting out fires- keeping patients happy
13-Thomas (2012) USA	Developed and implemented a three-part educational program to reframe staff perceptions of the CN role	Intervention Pretest-posttest /65 CN	Delegation-Registered nurses' scope of practice and legal responsibilities-Decision making-Power-Conflict management-Negotiation and persuasion-Team building. Communication-Role transition
14-Heljä Lundgrén-Laine et al (2013) Finland	A general view of the most crucial multi-professional information needs of ICU shift leaders and information needs of CNs and intensivists	Descriptive/Online survey/ 257 CNs - 96 intensivists	Admission (10)- Organization & management (24) Allocation of staff resources (9)- Special treatments (5)- Allocation of material resources (3) Discharge (6)
15-Krugman et al (2013) USA	To examine longitudinal outcomes of a leadership program for permanent and relief CN from 1996 to 2012	Longitudinal /Data were collected over 6 time periods using Kouzes and Posner's The Leadership Practices Inventory (LPI)	Leading-Standards and accountability Planning and decision making-Communication-Talent management Managing relationships
16-Homer& Ryan (2013) USA	To determine if a comprehensive interactive CN education course would increase CN job performance and Job satisfaction.	Mix method/focus group& workshop / 57 CN in workshop focus group with CNs and the nurse leadership team	Conflict management - Feedback - Performance management - Customer service Communication - Prioritizing organization/ organizational skills delegation
17-Agnew & Flin (2014) Scotland	Identify the leadership behaviors' of senior CNs that are (a) typically used and, (b) that relate to safety outcomes	Mixed method /Semi-structured interviews with 15 senior CNs at an acute NHS hospital. using the Managerial Practices Survey- 82 staff nurses (SN) 15 SCNs	Senior CNs' leadership behaviors in relation to patient and staff safety outcomes. monitoring and recognizing education behaviors of the SCNs are positively related to safety compliance of staff and medium severity patient injuries
18-Sheets (2015) Pittsburgh-USA	Implementing the CN, Fellowship will the nurses' perception of their confidence	Dissertation /mixed method study /Focus group with 16 CN then implementing CN Fellowship- Questionnaires Survey Monkey	Leadership-Accountability/Delegation Crisis Management-Quality/Patient Safety Crucial Conversations-Critical Thinking Prioritization/Decision Making-Allocating Resources- Patient Experience Activity-Patient Relations-Patient Flow
19-Cathro (2015) USA	To explore the actions and processes CNs implement to keep patients safe	Grounded theory /11 interviews with CNs -Six observations on medical-surgical units	Navigating through Chaos-CNs balancing multiple roles-maintaining a watchful eye -working and leading the health care team to keep patients safe
20-Ferland-Jamali (2015) USA	To develop a toolkit to guide educators in developing CN	dissertation /literature review/an in-depth literature review to identify role definition, competencies, and educational needs of CNs	Toolkit topic included: role of the emergency department CNs, CN leadership, skills development, and understanding different parts of the whole organization
21-Rankin et al (2016) Scotland	To explore the experiences of senior CNs provided with 'increased supervisory hours	Exploratory descriptive / 60senior CNs - 12 Semi-structured interviews	The majority of senior CNs were unable to use their full allocation of supervisory time. Factors that facilitated the role included: preparation and support, adequate staff
22-Johnson et al (2017) Delhi	Determine the relationship of the leadership competencies of the frontline nurse leaders with the job satisfaction and performance of staff nurses	Descriptive /co relational study /19 nurse leaders 131 staff nurses	There was a significant positive correlation between the leadership competency of frontline nurse leaders and the job satisfaction of the staff nurses working under them
23-Bambao& Rillera (2017) USA	Identify important topics for a formalized CN program at this teaching hospital	Dissertation /descriptive, cross-sectional / A convenience sample of 76 CNs	Conflict management, communication skills, management/supervision
24-Gunawan et al (2018) Thailand	To determine the factors contributing to managerial competence of first-line nurse	Systematic review/ years 2000 to 2017	Eighteen influencing factors were examined and categorized into 3 themes-organizational factors, characteristics and personality traits of individual managers, and role factors.

CN: Charge Nurse.

**Table-2:** Determinants and components of charge nurse's (CN) competencies.

Determinates	Components	Citation
<b>Theme 1: Self-management</b>	Self-guided learning	(6-8, 17)
Empower self	self-promotion	(3, 7, 17)
Intelligent Professional caregiver	Having the characteristics of Personal excellence	(6, 7, 9, 11, 17, 25, 31)
	Having the characteristics of professional excellence	(6, 7, 9, 11, 17, 25, 31)
<b>Theme 2: Manage others</b>	Teaching nurses and nursing students	(10, 11)
Empowerment of nurses and students	Coaching staff based on clinical experience	(6, 11)
	Maintaining and enhancing the ability of nurses	(11, 12)
Directing the performance of staff and nurses	Evaluation of employee performance	(6, 11)
	Clinical supervision	(1, 3, 11, 17)
<b>Theme 3: Clinical Competency</b>	Assessing the workload of department staff	(6, 17)
Manage workload based on experience	Estimated workload of nurses	(6, 11, 17)
Provide evidence-based professional care	Standardization of care	(11, 21)
	Maintain the safety of the environment and work equipment	(11, 14, 17)
	Quality assurance of care	-7
	Provide direct care	(6, 11)
	Provide Indirect Care	(6, 11, 17)
<b>Theme 4: Cognitive / perceptual competency</b>	Having knowledge of car management	(11, 17)
Ability to cognition department management	Having Knowledge of personnel management	-11
	Having management knowledge	-11
Creative decision making	Problem Solving Ability	(3, 6, 11, 17)
	Having creative and critical thinking	(3, 6, 18)
	Having decision skills	(3, 6, 8, 9, 17, 21)
Management in hazardous situations	Patient Safety Management	(17, 36)
	Management in acute conditions	(7, 16, 17)
Compilation of the programme	Planning	(11, 17, 20)
	Time Management	(8, 17)
	Budgeting	(11, 17)
<b>Theme 5: Professional- legal competence</b>	Understanding and applying the laws and regulations of the hospital	(3, 6, 7, 11, 17)
Ability to apply organizational authority	Optimal use of organizational strength	(11, 17, 20)
Protection of the rights of patients and nurses	Protection of Nurses' Rights	(7, 11)
	Protection and defense of nurses' rights	(7, 11, 17, 20, 25, 31)
<b>Theme 6: Competency in communication</b>	Coordinator	(14, 17, 37)
Coordinating and leading the team	Team leadership	(6, 7, 17)
Having communication skills	Interpersonal and professional communication	(3, 7, 11, 17)
	Social interactions	(6, 8)
	Creating an attractive working environment	(11, 17, 22, 31)

students, are empowered by preparation and training preceptor-ship,<sup>10</sup> role of coaching,<sup>6,11</sup> maintaining and enhancing the ability of nurses staff and nurses,<sup>12,13</sup> and clinical supervision.<sup>1,3,11,14</sup>

### Theme 3: Clinical competency

The clinical competence of CNs has been emphasised by the authors in most of the reviewed articles. They are responsible for day-care patients,<sup>6</sup> write day-to-day programmes for departmental employees, and also get involved in short-term and long-term planning of the organisation.<sup>11</sup> Budgeting and cost control<sup>15,16</sup> patient care auditing<sup>8</sup> and considering cost-effective patient care<sup>11</sup> are part of the responsibilities of managerial and organisational CNs.

### Theme 4: Conceptual-cognitive competency

CNs are supposed to be equipped with the knowledge of personnel management<sup>11</sup> to make creative decisions with problem-solving skills<sup>3,6,11,14,17</sup> creative thinking<sup>16-18</sup>, and critical thinking.<sup>3,6</sup>

### Theme 5: Professional-legal competency

The ability to apply organizational authority through the recognition and application of laws and regulations<sup>6,11,14,19</sup> and optimal use of organizational power is achieved<sup>3,11,17,20</sup>

They advocate for nurses,<sup>19</sup> know the methods of litigation<sup>11</sup> and work to promote the organization.<sup>19</sup>

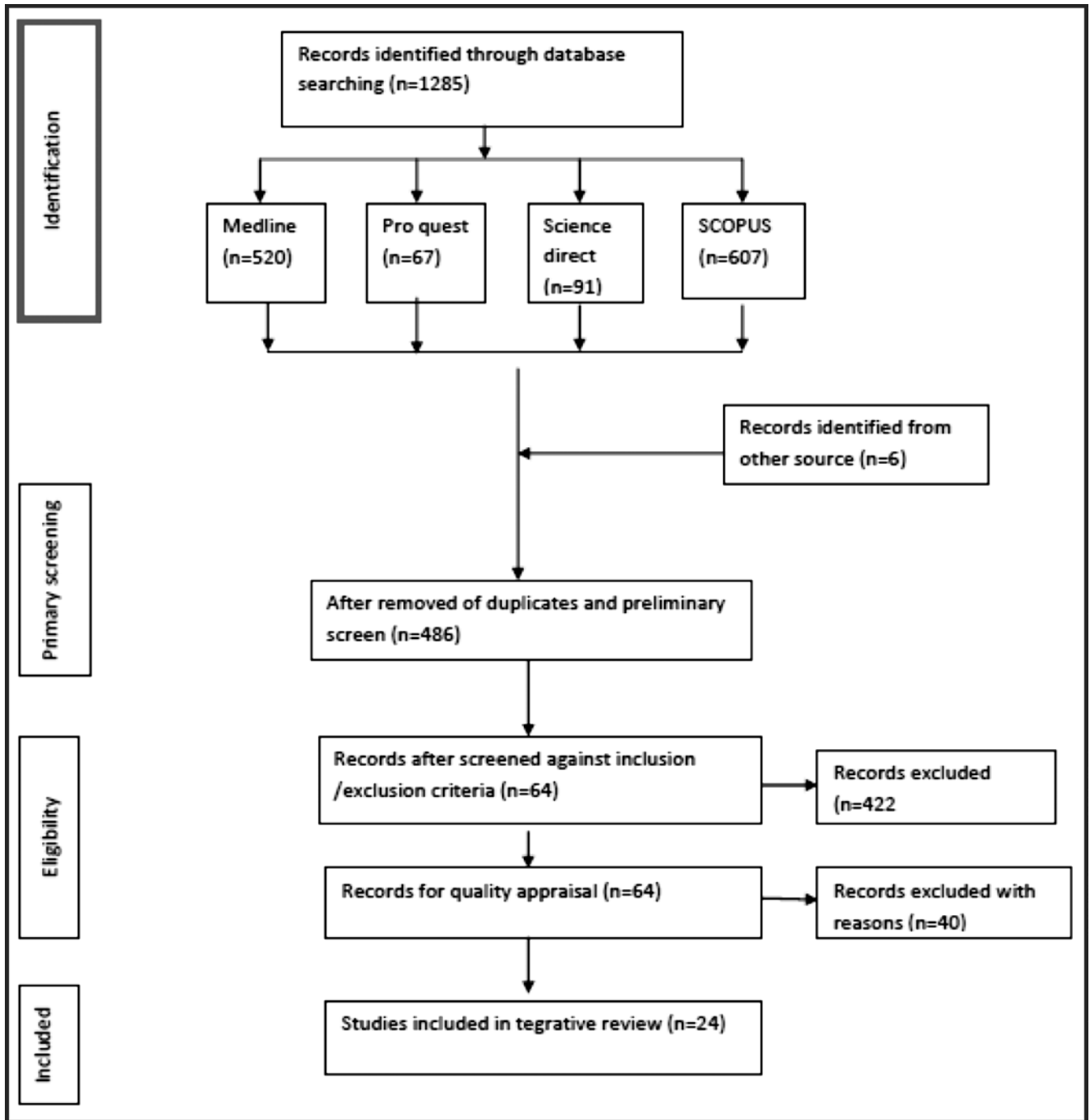


Figure: PRISMA flow diagram of the selection process.

**Theme 6: Competency in communication**

Communication skills as a requirement for CNs have been addressed by several studies<sup>7,10,11,14,17</sup> including the skill of building and leading teams, reporting to senior officials, participation in organisational meetings,

counselling, written and oral communication, excellent professional qualifications and being a model for the employees.<sup>7,11</sup>

The ability to coordinate and lead a team with leadership skills was also emphasised.<sup>11,13,14,19,21,22</sup>

## Discussion

Six themes were identified on the basis of studies that had been conducted to determine the needs and competencies<sup>1,8,11,14,17,20,22,23</sup> of CNs, or to define and determine their role<sup>1,8,11</sup> in terms of implementation workshop, fellowship and toolkit design,<sup>9,16</sup> or to qualitatively determine the perceptions and experiences of nurses<sup>8,11,18,24,25</sup>

CNs should have knowledge and skills such as planning, organising, monitoring, controlling, coordinating and evaluating themselves and their colleagues.<sup>1,3,6,11,12,13,14</sup>

The findings from recent studies indicated the key role of CNs in leading the nursing staff.<sup>8,12,18,19,22,26</sup>

On the other hand, according to the provision 5 of the American Nurses Association (ANA) Code of Ethics for Nurses issued in 2016, "The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth".<sup>27</sup> As such, these skills are vital for CNs. Studies in this area showed that nursing leadership is effective in staff retention, satisfaction and safety of patient outcomes.<sup>28-31</sup> These factors have encouraged researchers to design and implement educational programmes for CNs.<sup>7,16,24,32-36</sup>

This review found that having human-relationship skills is considered necessary for CN competence. Communication is the method by which information is transmitted and is the basis of organisational interactions. Relationships include those with patients, staff, doctors, head nurses, managers and patients' family.

CNCNs require learning the skills and techniques of communication.

The CN should be able to build and lead the team and use methods, such as preceptor-ship and mentorship, to provide satisfaction to patients and their families. Learning the skills of human relationships for CNs has been emphasised by several studies.<sup>7,11,13,14,19,21,22</sup>

Other findings relate to clinical competence. Duffield and Sheet believe that it is necessary for CNs to have clinical and technical skills and be able to apply it to provide standardised care.<sup>7,10</sup> Standards-based care enables CNs to design and update a guideline based on evidence.<sup>9,18</sup> Standard care enhances the safety and performance of the CNs in the clinic and ultimately improves the quality of care.

Having perceptual/cognitive competence enables CNs to

analyse problems, indulge in creative decision-making, opt for risk management, and to develop proper planning. In addition, they should be able to identify staff problems and solve them as well as to encourage the staff to make clinical decisions continuously and instantaneously with professionally critical thinking.<sup>3,6,9,11,16,17,18</sup>

Other findings relate to stress control and management. Assigning multiple roles and tasks, and ambiguity in task assignment create a tense and stressful environment. Managing one's own stress and that of the staff, management of the day-to-day operations, and crisis management are considered mandatory skills for CNs.<sup>7,11,17,32</sup>

And, finally, the CNs should have legal and professional competence to protect the rights of both the patients and the nurses.<sup>6, 7, 11, 17</sup>

## Conclusion

The role and competence of CNs are multidimensional in nature, and no single factor is more important than the rest. The findings are applicable to nursing organisations, hospitals and professional educational centres.

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