Defender of Patients' Rights and Nurses": Perceptions of Charge Nurses about Competency

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ABSTRACT

Background

Charge nurses are considered as part of the front line managers in healthcare system. The aim of this study was to explore charge nurses' perceptions of competency.

Methods

This qualitative study with content analysis approach has been done with 17 semi-structured and deep interviews with 9 Charge Nurses (CNs), 2 matrons, 3 supervisors and 3 head nurses. The deep interview has been collected based on open-ended questions and if necessary, the exploratory questions and the ones extracted from the nurses' real experiences in the clinical setting. The content analysis has been done using Zhang (2009) Qualitative Content Analysis Method.

Results

The data analysis has resulted in extracting 5 themes, 10 categories, 30 subcategories and 166 main codes. Five themes include: self-management, others' management, clinical competency, professional-legal competency and perceptional-cognitive competency.

Conclusion

The present study derived results can be used by the on-job training planners so that to promote the CNs' competency as quickly as possible through executing the short-term training programs and prepare them better for management and clinical responsibilities.

Keywords

Charge Nurses; Competency; Qualitative Study; Content Analysis

INTRODUCTION

The health centers' nurses worldwide play diverse roles. One of these influencing roles is that played by a Charge Nurse. The nurses in this role are considered as part of the front line managers. They not only are in charge of the clinical leadership, but they also have to be responsive to the activities in their department round the clock. [1] While the Institute of Medicine (IOM) in their report in 2010 recommended all its nurses to turn into the leaders of transformation in health care and this won't be realized unless the nurses learn leadership skills. [2] Training leadership and management skills and paying attention to the CN's roles, needs and responsibilities are highly important since their performance has influence on the expenses cut down, patient's satisfaction and ultimately, the outcomes' improvement. [3-6]

Despite what mentioned above, the studies indicate that CNs are placed in this position without any formal training. [7, 8] Confusion and ambiguity involved in the role, [8, 9] and not being prepared for the role [7, 8] create some feelings such as despair, incompetency, lack of job

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satisfaction, lack of loyalty and consciousness in the organization. [5, 10]

Reviewing the literature on CNs suggests that there are few studies about them in the world. In Iran also the status of role, task description, responsibility and even the official and legal status of CNs aren't clear cut. Reviewing the literature in Iran also denote that merely one descriptive study has been done in Arak [11] and no qualitative study has been conducted about the CNs' experiences in the required competencies. Thus, the current research has been done pursuing the objective to determine charge nurses' experiences about their competencies, so that to take an action to boost their condition and in the long run, it increases the provided service quality to the clients in all health-medical centers. The objective of this research was to explore charge nurses' perceptions of competency.

METHODS

This was a qualitative descriptive research with conventional content analysis approach**.** Having gained the permit from the university through stating the study objective to the interviewees, the researcher interviewed the nurses willing to do the interview, in a suitable place, stressing the information being kept confidential, and after receiving the informed consent, the questions were posed. The study participants included 17 individuals: 9 CNs and 8 nursing managers (2 matron, 3 supervisors, 3 head nurses). The samples were picked up from diverse regions countrywide: Mazandaran, Fars, Tehran, North Khorasan, Hormozgan and Azerbaijan. Sampling was purposeful, done with the participants' informed consent until the data saturation. The interviews were done as face to face, deep non-structured and with open-ended questions. A sample of the questions follows:

"Describe one of your weekday routines. What are others' expectations from you? How and based on which criteria, did they select you as a CN? State memories and experiences when being in charge"? The nursing managers were also asked: "How and based on which criteria do they select CNs? Do they have any special criteria? What do they expect CNs? State their own experiences". Each interview session lasted 20-45 m depending on the participants' tolerance and willingness and having sufficient time.

At the beginning of the interview, the study objective, the interviewing procedure, the information confidentiality and optional participation in the study were explained to the participants and informed consent was taken from them. Also ahead of recording the interviews, the participants were asked for permission for doing so. The study has been approved by the institutional ethics committee (Code of ethics: 52/D/3254).

In this study, the Qualitative Content Analysis Method of Zhang (2009) and 32 item checklist for interviews (COREQ) has been employed. [12, 13] The interviews were recorded on a digital recorder and analyzed using the conventional qualitative content analysis: this manner that each interview was immediately written down on paper word by word and then it was read several times. Then the initial codes in the data were extracted and the additional questions were defined for the subsequent interviews. Following it, the initial codes were classified based on the similar and different cases and each category was titled. To prevent the researcher's prejudgment, the data collection and analysis was carried out concurrently. No new code was gained through the 17th interview analysis and the saturation of codes occurred. In order to increase the data validity, sampling was done with maximum variety and the Manuscripts' revision by the participants and the guides.

The data reliability was also provided by continuous recording of the activities related to data collection and analysis, and presenting the interviews' text extracted excerpt for each of the categories. The written text of some of the interviewees and a summary of the initial results was presented to several participants and their judgment on the similarity existing between the results of their research and those of their experiences was evaluated and then was given to two experts good at qualitative analysis, though not participating in the study, and the agreement over 90% was achieved.

RESULTS

The participants' demographics: the mean age as 45.95 years old, the mean work record of 15.77 years, 14 women3 men, as 6 undergraduate degrees, 5 with master degree, 3 Ph. D students, 3 Ph. D holders; in terms of the location: there were 9 ones from Mazandaran, 9 from Tehran, 3 from Fars, 2 from North Khorasan, 1 from Hormozgan, and 1 from Azerbaijan. The final research findings consisted of 5 themes, 10 categories, 30 sub-categories, and 166 main codes. Table 1 depicts an example of the analysis process.

Table 1: The process of forming a theme from the field (professional-legal competency)

Codes	Subcategories	Categories	Theme
• Helping nursing staff to perform tasks as soon as possible • Support and defense of nursing staff • Helping colleagues in Compensation for deficiencies	• Support for staff and nurses	Skills in protecting the rights of nurses	Professional-legal competency
• Mutual respect • Honoring nurses • Ignore nursing staff's mistakes if possible • Maintain the confidentiality of the wrong doing personnel • Compensation for errors	• Maintaining the respect and dignity of nurses		
• Protecting patients and their families • Protecting and preventing the rights of patients • Maintaining the rights of patients	• Defender of Patient Rights	Defending the rights of patients and patients' companions	
• Creating a relaxing atmosphere for patients • Create a safe environment for communication with patients • Prevention of accidents and hurting his patient • Control and maintain the safety of the patient's environment • Creates safe conditions for patients	• Create a comfortable and safe environment for patients		

According to the participants' statements, the CNs are required to have a range of capabilities and competencies to be able to provide the patients with better service, which it follows as:

Theme 1: Self-Management

Self-management encompasses 2 categories: "stress management skill and enthusiastic professional –moral care provider" and 3 subcategories: "enthusiastic care provider", "having the unique personal qualities" and "having the unique professional qualities".

Due to the nature of various duties and responsibilities at work environment, the CNs undergoes lots of pressures. They have to deal with all of the evolved problems in the shift. For this reason, they have to be equipped with stress management skills .CN no.8 with 16 years of work record states:

"That you could run a shift, shoulder responsibility and monitor other personnel, especially their tasks, is highly important, to correctly run is significant, to how you could, but well, it gets its own challenges, anyway, these put some strains on you. That order and discipline you'd like to utilize, during work, anyway might not be favored by the personnel, for example, when dealing with the grave patients."

About CN's personality traits and that how selected as Charge Nurse, CN no.7 says so:

" I myself bet that it was out of working accurately. I had high work precision. I got on time, and went, I didn't rush to leave, I didn't delay arriving, plus that I was honest, even if somewhere we had faults, we didn't slur over, we got it frankly reported to the head nurse where the problem lied and I did my best to prevent this problem by acting so."

Theme 2: Others' Management

Others' management involves two categories: "Directing the performance of the nursing staff", and three subcategories: "work quality assurance", "giving feedback" and "clinical supervision". The category known as "self- and coworkers' empowerment" includes three subcategories: "training nurses and students", "learning from coworkers" and "self-promotion." The CN with sufficient clinical supervision and proper and timely feedback will prevent loss incurring and promote the quality of work.

CN no.1 with 22 years of work record expresses this way: *"The due follow-ups have to be done, though the guys didn't manage to write down their own report, that is they didn't get the time, the reports have to be written down, you have to get around several times in the ward, the fellows' work has to be supervised, the personnel's task, as what to do, the nurse aid has to be supervised, drug administration has to be monitored."*

CN no.8 with 16 years of work record talks about self-

promotion morale among the nurses:

"... That means if someone wants to learn, they have to do it on their own, the conscientious and self-learning has to be there internally without being externally imposed for promoting the skill."

Theme 3: Clinical Competency

The theme, clinical competency also covers two categories: "workload management" , and "providing clinical cares". The category "workload management" consists of two subcategories as "having work management knowledge" and "workload evaluation". The CNs have to possess enough familiarity with the ward regulations in order to run and manage the ward and in addition, they have to be sufficiently familiar with work routines like drug administration, experiments, visit and follow-ups, reception and discharge … and be able to organize regarding the multiple duties and a wide variety of tasks.

Participant no:2 working as the Charge Nurse complained about the workload and the pressure incurred on a CN: *"...there are a wide variety of tasks; we have to do all this concurrently. If something even small goes wrong, no one is blamed except the Charge Nurse. You get home, the head nurse gives you a buzz and inquire," why you didn't follow it up?" Because of ample work given to the Charge Nurse and most of the fellows are under pressure in the clinic, too." I reply. In most shifts, there should be many ones."*

To acquire knowledge, in particular management knowledge is of the necessities for a CN.

CN no.1 with 22 years of work record this time emphasizes that:

"As I see it, the classes held for the head nurses as management course have to be held for the CNs, too. Since in the afternoon and night shifts when there isn't head nurse any more, the CN stands in and decides about the ward, then it is required to hold at least a small course for them."

The category "providing clinical care" covers the subcategories "providing direct care", "providing indirect care", "having clinical skill" and "training the patient". One of the critical duties of the CNs is to provide direct and indirect care. Without possessing the clinical skill and employing the appropriate techniques, they won't be able to correctly care the patient. It's even considered a privilege for the CNs to own clinical skill

.CN no.6 states this way about having clinical skill:

"We went with a practiced person with a long time work record to watch the wound dressing of a patient; in fact, she wanted to check if I got the hang of dressing. After the wound dressing, it was drug time. She filled me in on how to run the drug administration process. How to follow up the physician's directions, to record the physician's orders and cardex and drugs card, reporting, how to write down the report, how to take the patient to the operating room, they taught me how to be prepared for the operating room regarding the outfit, work stuff, the patient' file, the experiments, radiography and etc. Because the routine of hospital differs from that of other places. Every hospital has its own routine".

Theme 4: Professional-Legal Competency

The theme "professional competency" includes two categories "having the skill to protect nurses' rights" and "protecting patients' and attendants' rights."

The category "having the skill to protect nurses' rights" encompasses two subcategories "protecting the staff and nurses", and "honoring the staff's dignity and reputation".

About respecting the coworkers, CN no.7 with 25 years of work record expresses that: *"Under any circumstances, we tried to respect all, let's say even there was a service. I always took her as the authority figure of a family, so I didn't dare to look down on them. I always treated them with respect. This very matter made loads of them to enjoy working with me."*

The category "protecting patients' and attendants' rights" involves two subcategories "advocating patients' rights" and "creating a comfortable and safe environment for patients". About creating a comfortable and safe environment for the patients, CN no.5 states so:

"Sometimes in a room, a problem pops up for the patients, we get to speak with them. If they have a special visit, there is chair and table at the end of the ward; when a patient wants to be left alone, we make a private and safe sanctuary for them."

Theme 5: Perceptional-Cognitive Competency

The theme "Perceptional-Cognitive Competency" includes two categories "potential to create human relations" and "having a department management skill".

The category "potential to create human relations" also includes 4 subcategories "inter professional

communication", "communicating with patient and attendant", "empathetic communication", "creating an attractive work environment" for the nurses. Appropriate treatment and affability by participant no.4 with 16 years of work record has been stated this manner:

"I know the patient's attendant is agitated, their patient is in grave condition, maybe young, what should I say, I have to be at least affable, I have to do something as a CN and approach them and detect the patient's nurse and soothe the attendant".

The category "having a department management skill" also covers 6 sub-categories: "having problem solving and decision making skills", "the skills of planning, work environment and work equipment recognition", "coordinating capability" and "reporting".

Participant no.11 with 16 years of work record talks about the CNs' training demands: *"If it is due to hold a course for the CNs, one for problem solving, decision making, organizing the ward and manpower, that what management is? Also we can hold one for evaluation and monitoring."*

Participant no.4 as the CN with 27 years of work record states so about possessing coordinating potential and power: *"Along with these, there are the follow-ups related to outside of the ward about the patients, whether the out-of-center counseling, or the tasks like this, such as providing the stuff for the out-of-ward patient or the coordination with parts of the hospital, whether accepting the patients from the adjacent wards, such as the emergency and surgery room, and or coordination for discharging the patients in the ward, and have to leave the ward through the discharge channel".*

DISCUSSION

Analyzing the interviews revealed that the competencies required for the CNs include: self-management, others' management, clinical competency, professional-legal competency and perceptional-cognitive competency. Based on the present study findings," self-management" is highly significant for the CNs. Nurses generally work in stressful and tense environments. But when they are positioned as the CNs instead of the head nurses, due to the role change as merely clinical and the added management and leadership role, they have to tolerate the created pressures in the work setting and even manage the stress emerging among the staff and

managers. They have to be responsive to the patients for the undone duties (14)and manage the induced stress. [2, 14] Besides stress management, the CNs have to possess some unique personal features such as anger control, honesty, self-confidence, affection, and compassion [14] and also top-notch professional qualities such as "accountability, being a role model at work environment [14-16], and being an enthusiastic care provider. Act out being interested in work and work setting in practice and finally, try to win the patients' satisfaction. As the current study findings denoted, the CNs supplement "others' management "through "directing their performance "and also "empowering themselves and their coworkers". Guaranteeing others' work quality is done by clinical monitoring [1, 8, 14, 17], and working accurately and timely and giving feedback at the right time and place [17].

In managing others, the CNs help the nurses in doing their tasks and maintaining the clinical skills (14)and pave the ground for self-learning and self-regulation in learning, being up-to-date and promoting and enabling themselves and their coworkers; and these results are consistent with those found by some researchers. [2, 14, 18] The current research suggested that clinical competency is highly significant and vital for CNs. To provide direct and indirect care due to various multiple roles leads the CNs to take on diverse duties such as compensating personnel paucity, analyzing workload increase in addition to providing the routine cares. The above mentioned findings match with those of Thomas and Duffield. [18, 19]

In their role as the advocates, besides supporting the patients and their families, the CNs are in charge of protecting and preventing the patients' rights against getting violated and also have the responsibility to create a comfortable and safe environment for the patients, which are in agreement with the findings by some researchers. [2, 7, 14, 19, 20] Supporting the personnel and nurses and honoring their dignity and reputation is of the cases drawing the attention of the participants, aligned with the results gained by Duffield. [19]

In the present research, from the participants' perspective, the CN has to possess perceptual-cognitive competency and being equipped with the department management skills such as problem solving and decision making skill, which is complying with the studies extracted results of some researchers. [11, 18, 21] Owning the department management skill is of the necessities for a CN. The

cases such as organizing the department tasks and human force, dividing the right task among the nursing staff considering their working procedure and being aware of the patient's condition, which are in line with the studies derived results of Connelly and Duffield. [14, 19] To possess planning skill(14) ,the department's physical environment and equipment recognition in terms of the number and type , and owning coordination skill with various departments, the supervisor, the nursing staff and giving oral and written reports [14, 21, 22] are also of the cases in the present study considered as the essential parts of becoming a CN and the CNs have to strengthen the above skills .Creating professional communication and appropriately interacting with the nursing staff and others and affability and winning trust and establishing a good relationship with the care team are also of the cases emphasized by the participants, congruent with the findings of Connelly and Duffield. [14, 19]

Establishing relationship with the patient and the attendant and wining the patient's trust, creating a private and tranquilizing environment for communicating with the patient and having the knowledge and skill of relaying bad news to the attendants or the patients have also been dealt with in this study, being consistent with the findings obtained by some researchers. [6, 14, 16, 19, 23] Empathy with the patient, the nursing staff and the coworkers and creating a tranquilizing atmosphere for the personnel and preparing an intimate and agreeable environment and creating a teamwork spirit among the nursing staff and appreciating and acknowledging the service from the nursing staff are also part of the cases gained in the current research and are in accord with the findings by Sherman and Connelly. [2, 14]

CONCLUSION

If we consider the health of the society relying on the nursing service and the role of the front line managers, particularly the CNs, concerning this class of managers' influencing role, paying attention to their needs, duties, roles and finally, their competency, it can lead to the human societies service level getting promoted. Moreover, the planners at various levels of training, health and medicine have to pay more attention to the influencing role of the CNs. The results of this study are used for educational and health centers in the review and design of curriculum and in-service training programs, also to recruit and select CNs. The choice of enthusiastic CNs for organizations does not cost extra. But enthusiastic CNs conveys this good feeling to others the behavior of these nurses affects the work -place. The quiet and safe atmosphere in the work environment provides a platform for performance improvement. In fact, providing high quality care is a kind of defense of patients' rights.

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