

THE CHARGE NURSE MANAGER ROLE

BY

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ATTESTATION OF AUTHORSHIP OF THIS DISSERTATION

“I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person nor material which, to a substantial extent has been accepted for the qualification of any other degree or diploma of a university or institution of higher learning, except where due acknowledgement is made in the acknowledgements”

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ABSTRACT

The aim of this study is to understand the experiences of charge nurse managers (CNMs) and the broad influences that impact them in their role where nurses are expected to be managers and leaders. The research began with an assumption that the complexity of the role was such that the role was problematic. If charge nurse managers are not prepared for the role there is potential for role confusion, role limitation or role overload. This is a qualitative exploratory descriptive study situated within the interpretive paradigm. Interpretivism focuses on how people make sense of reality in their everyday setting.

The purpose of the study is to explore what enables, restricts or limits charge nurse managers to function as effective managers and leaders within a public health organization. Twelve participants, charge nurse managers working in a District Health Board, were interviewed. Data were analysed using thematic analysis.

Research findings suggest that role clarity, business management skills and the level of expectation were an issue. These three themes suggest that because the guidelines to the role were unclear, role complexity resulted, because of the lack of business management skills, role limitation occurred and because a level of expectation was at times high, sometimes unrealistic, role overload resulted. The research findings support the assumption at the beginning of the research that the complexity of the charge nurse manager role was such that the role was problematic. The assumption was further supported in this study in which it was evident that the role complexity caused role confusion, role overload and role limitation. It was also clear that there was an anomaly regarding job satisfaction. While the charge nurse managers were challenged in the role it was evident that they loved the work they did and reported significant job satisfaction, despite difficult working conditions. While role issues remain critical in this research the new knowledge generated will provide information for charge nurse manager professional leadership development.

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LIST OF ABBREVIATIONS

CNM – Charge Nurse Manager

RN – Registered Nurse

DHB – District Health Board

PDRP – Professional Development Recognition Programme

NZNC – New Zealand Nursing Council

APC – Annual Practicing Certificate

MDT – Multidisciplinary Team

Chapter One

Introduction

This is a small qualitative exploratory descriptive study. The research focus is understanding the experiences of charge nurse managers (CNMs) and the broad influences that impact them in their role in a public health organization where managers are expected to be leaders. For the purpose of this research, a charge nurse manager is defined as a senior nurse who is responsible for the resourcing of a ward. This involves ensuring that every health professional who works in the area has the right equipment, information and training to complete their work with patients, families and colleagues in an efficient and safe manner.

My assumption is that the charge nurse manager role as manager as well as leader may be unrealistic and potentially detrimental to the individual as well as the work environment. If charge nurse managers are not prepared for the role there is likelihood for role confusion, role overload or role incompetency (Tulgan, 2007). This research has its philosophical underpinnings in the interpretive paradigm (Crotty, 1998). Interpretivism focuses on human beings and how they interpret and make sense of reality in their natural setting (Holloway, 1997). This chapter introduces the research with the changing context, the researcher's position, the aim of the research, the design and the significance of the research. The structure of the dissertation is outlined.

Background

While the charge nurse manager role is supposedly management oriented in a public health organization, it encompasses leadership as well. Within nursing, effective management and leadership have been identified as essential building blocks in successful health care design (Kitson, 2004). Connaughton and Hassinger (2007) note that despite the tremendous gains nurse leaders have made changing and reorganizing the environment of care, there is an observable, dysfunctional

dynamic resulting in fatigue that threatens the sustainability of individuals, roles and the organization. Constant change and restructuring have had a significant impact on all levels of nursing leadership and management.

One example of this change which impacted senior nurse roles occurred when the clinical charge nurse role and the nurse manager role were combined into a charge nurse manager role. Connaughton and Hassinger (2007) suggest that this resulted in exhaustion, fatigue, diminished decision making and the reluctance of nurses to assume formal leadership roles. This has serious implications as the charge nurse manager role is pivotal not only to the organization but for the nursing profession. It also raises questions. What constitutes successful management and leadership in today's health care environment? How can an organization support charge nurse managers? These questions are not easy when boundaries between management and leadership are blurred.

Sometime leadership and management overlap and are evaluated under an umbrella of leadership effectiveness. Leadership effectiveness is linked to having access to opportunities, resources and information and power in the work setting (Upenieks, 2002). Upenieks suggests that charge nurse managers with access to these structures are more likely to be successful. Access to such structures influences the charge nurse manager role. However, although they are responsible for the operation of business units, charge nurse managers are often less prepared to manage business activities. Part of the reason is the nursing knowledge explosion that has impacted nurses' roles and scope of practice (Kleinman, 2003). Kleinman argues that the role of the charge nurse manager has evolved significantly in response to changes within health care.

However, if charge nurse managers do not have the role skill or role competency they may struggle as managers who are also expected to be leaders. Shirey, Ebright and McDaniel (2008) for example, argue that unrealistic expectations increase charge nurse managers' perceptions of stress, making coping more difficult and potentially causing harm in the wider health care environment. This is important because charge nurse managers are internal stakeholders in an organization who play a vital role in managing change, integrating culture and directing staff towards changing healthcare structures (Mathena, 2002). The challenges facing them are significant. Mathena

illustrates this point by emphasising that charge nurse managers are frequently expected to take on expanded roles and responsibilities without the adequate education, resources and support. These issues are important as the complexity of the challenges facing the public health workforce suggests that there are insufficient resources devoted to the preparation of its leaders, particularly the charge nurse managers (Wright et al. 2000).

The changing context

What is important for this study is that management in nursing has become increasingly complex and demanding since the end of the 1990's (Hyrkas, Appelqvist-Schmidlechner & Kivimaki, 2005). Hyrkas et al. suggest that this includes the management and leadership of people as well as resources. For instance, developments in western society have raised questions about traditional leadership structures. The examination of management and leadership in nursing suggests that current values and ethics increases the pressure placed on charge nurse managers. Hyrkas et al. believe that broad resource management, which includes ethical issues and people all create internal and external conflict, resulting in contradictory and sometimes inconsistent situations. As the context of care changes, people's health needs become more complex and social needs change, technology advances and public expectations rise (Morgan, 2005). In this changing context the charge nurse management role may need to change.

The roles of first line managers, the charge nurse managers have undergone enormous change with administrative tasks shifted from higher level management to charge nurse manager level. At the same time charge nurse managers are expected to partake in direct patient care and deliver a health service that is increasingly complex and stressful (Hyrkas et al. 2005). Health care, one of the most complex industries, has broadened the responsibilities of charge nurse managers in the restructuring environment (Meyer, 2008). For example, Meyer notes that the delayering of health care management structures is an economic strategy, a response to the new public management paradigm characterized by target setting, performance monitoring and management through influence. Meyer also argues that in some settings, management functions related to supporting and teaching staff and improving quality of care have

been redistributed to advanced nursing roles and middle management such as charge nurse managers.

At the same time, charge nurse managers have moved from an authoritarian style of management to the current autonomous style of nursing management and leadership (McMurray & Williams, 2004). As hospital managers pursue new reforms for providing high quality care in financially restricted environments, they often conclude that developing managerial nursing roles is essential (Goldblatt, Granot, Admi & Drach-Zahavy, 2008). This is problematic though because, in the 1990s middle management positions were disestablished in the health sector, and, in many instances middle management simply disappeared (Hewison, 2006).

While middle nurse managers still exist, their role has changed somewhat. Hewison (2006) suggests that today charge nurse managers have a much more active role in strategy development, serve as key players in bringing about organizational change and work in an environment that remains extremely challenging. Hewison also argues that the role is exacerbated by the fact that charge nurse managers must achieve more and more demanding targets. This is further complicated if the boundaries of structure, process, responsibility and purpose are in a state of flux during restructuring. Charge nurse managers tend to get caught in the middle of tensions of change and the questioning of traditional values and systems.

Under the traditional management system, charge nurse managers had limited opportunity to be heard, exercise power, express a sense of purpose, manage change and clarify their roles (Barbour & Dodd, 2007). According to Barbour and Dodd, the role has since changed, in the United Kingdom at least. Paliadelis, Cruickshank and Sheridan (2007) argue that being a modern-day charge nurse manager is quite complicated because rigid hierarchical staff structures cause tensions between professional groups and within administrative structures. (Upenieks and Carney as cited in Paliadelis et al. 2007) indicate that further research is long overdue. Overall, it appears that charge nurse managers are poorly prepared and unsupported in an expanding role. If charge nurse managers are not prepared for the increasingly complicated role there is potential for role confusion, role overload, role ambiguity or role incompetency. My assumption is that the charge nurse manager role as manager

as well as leader may be unrealistic, potentially undermining to the individual, the profession and the organization.

Researcher's position

I come to the research as a charge nurse manager studying my own community. However, having stepped out of the role temporarily and into a recruitment role, I have been able to view the role from the outside. It has been important to make sure that participant issues are addressed and not the researcher's expectations (Roberts, 2007). Indeed, Bonner and Tolhurst (2002) argue that personal experience of a situation might allow the researcher to have a greater understanding of the phenomenon under study because an established intimacy exists between participants and researcher (Roberts, 2007). Theoretically, I may have been a charge nurse manager but for the purpose of this project, I have been in the position of researcher.

Aim of the research

The aim of this study is to explore the experiences of charge nurse managers and the broad influences that impact them in their role where managers are expected to be leaders.

The research design

This qualitative research is a descriptive exploratory study. The assumptions of qualitative research are best described by Davidson and Tolich (2003) as encompassing:

- an understanding and description of meaningful social action;
- a definition of a situation created in human interaction by social beings that constantly make sense of their worlds;
- powerful everyday theories used by everyday people which resonates for those being studied; and
- evidence that is embedded in the fluid social interactions where no values are wrong, only different.

It is expected that qualitative research will generate rich, descriptive data that will help us understand the role of the charge nurse manager (Lo-Biondo-Wood & Haber, 1994). The purpose of this study is to explore the viewpoints of charge nurse managers regarding their role and gain perspective on the management and leadership expectation and competency requirements to fulfil the role. The design is useful to examine the charge nurse manager role and the issues associated with that (Brink & Wood, 1988). As indicated, this research is situated within the interpretive paradigm that looks through the eyes of those involved in everyday situations in their natural environment (Weaver & Olson, 2006). It is hoped that the interpretive approach will increase understanding of the various dimensions that impact the role (Johnstone, 1999). In this respect, descriptive research is useful to describe, observe and document different aspects of a situation (Polit & Hungler, 1997).

Significance of the research

Nursing has anecdotally adapted and adopted managerial and leadership styles from other disciplines. To date, there is little evidence of a management and leadership role style that is nursing specific. Therein may lie the problem; that other discipline styles may not suit the needs of nursing and that it may be time for nursing to look at achieving what befits the nursing profession. There is a call for more exploration of the role of middle managers to increase understanding in this area. Therefore, research consideration of the current situation for charge nurse managers is timely and important (Hewison, 2006). The findings may help explain what a realistic expectation of the role is and how the charge nurse managers might be best prepared for the role. This new knowledge will inform a charge nurse manager professional leadership development programme.

Structure of the dissertation

This first chapter has outlined the various perspectives that have shaped the research problem. The research design has been discussed and the researcher's position and assumptions influencing the study were explained.

The next chapter, **Chapter Two**, provides the reader with an overview of the literature relating to the charge nurse manager role within an acute hospital setting.

The concepts of management and leadership are defined. The dimensions of the role resulting in role complexity, role problems and role blurring are analysed. The role reviewed, and a critique of the study and recommendations for practice are proposed.

Chapter Three discusses the qualitative descriptive research methodology. The research methodology, ethics, sample, description of the study, data collection, and data analysis and rigour, are discussed.

Chapter Four presents the research findings. Three themes: role clarity, business management skills and a level of expectation in the charge nurse manager role are discussed. A thematic analysis is outlined supporting the interpretation of data collected.

Chapter Five analyses the findings of the study and examines these in relation to the wider nursing literature. This chapter includes the strengths and limitations of the study, the implications for practice and the recommendations for further research on the role of the charge nurse manager.

Chapter Two

Literature Review

Introduction

The purpose of this chapter is to provide the reader with an overview of the literature relating to the charge nurse manager role within an acute hospital setting where much of the literature is anecdotal. The concepts of management and leadership as they are associated with the role are defined. The literature analysing the dimensions of the role in relation to complexity, role problems and role blurring is reviewed. In the final section current research on the topic is critiqued. The chapter opens with definitions of the key concepts.

Defining the concepts

The skills of a charge nurse manager have their origins in nursing practice. According to the International Council of Nurses (as cited in Shaw, 2007), nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy in patient and health systems management and education are key nursing roles (Crowther, 2004). The virtues and specifications of nursing are broad and are also essential for an effective charge nurse manager.

Starting at the very beginning, to be in 'charge' means to impose an obligation or responsibility on; to hold liable; to command; to instruct or urge authoritatively; to direct; to assign a duty or task; to be in a position of leadership and supervision and to entrust to another's care or management (Hawkins, Weston & Swannell, 1996). Another view is articulated in the position description outlined by the District Health Board, in which it is stated that the role of charge nurse manager entails a management as well as a leadership component. This definition embraces the concepts of management as well as leadership which we know are required when one is 'in charge'. However, these are two distinctively different concepts but are often intertwined and confused as one and the same.

What do we mean by the term management? Leddy and Pepper (1993) define management as the executive function that embraces staffing, planning, organising, coordinating, directing, controlling, decision-making and supervising. Management is an assigned, legitimate, designated responsibility associated with a position or role. Management is about mobilising human and material resources so that objectives are met. Leddy and Pepper argue that management is a process that is used to accomplish organizational goals. Managers are the people to whom this management task is assigned.

If this is management, what do we mean by the term leadership? Shaw (2007) argues that leadership is difficult to define; it does not have a beginning or an end. Simplistically, leadership involves having a vision for the future. Leadership is about inspiring confidence and motivating others, so that they share the vision and will work together to accomplish that. Leadership is about passion and commitment. Leadership requires the leader to have a strong belief in self and the vision or 'cause.' It is also hard work. It might mean risk or sacrifice but it can be immensely rewarding (Shaw, 2007). The challenges are intense, especially when leadership and management roles overlap.

Charge nurse managers are front-line managers, expected to lead and link the organizational vision and the strategic plan with clinical practice (Sherman, Bishop, Eggenberger & Karden, 2007). Modern charge nurse managers are also professional leaders. McKay (2005, p.2) for example argues that: "Controlling and problem solving is the job of management whilst leadership focuses on motivating and enabling others to work towards goals". Management focuses on controlling complex processes, creating and managing structures and coping with complexity. Leadership is about initiating, coping with change, challenging, setting new directions and inspiring people to work in a new direction. In other words, management is about doing things right, whereas leadership is about doing the right thing (McKay, 2005).

Role complexities

So, what are some of the complexities of the role of the charge nurse associated with management in an acute hospital setting? Charge nurse managers have a multitude of

skills that are very different to the advanced clinical expertise they have developed (see Appendix A). For example, the human resource management of staff, budgeting and risk analysis, as well as education are just some of the requirements (Crowther, 2004). The role also entails staff recruitment, retention, performance management, appraisals, annual reviews, and staff development. The role requires budget, roster, patient and bed management, patient care, doctors' rounds and family, multidisciplinary and senior nurses' meetings. A charge nurse manager is a teacher, coach, mentor, supervisor and counsellor. A charge nurse manager manages compliance and professional regulatory rules and organizational policies and procedures. A charge nurse manager is responsible for achieving organizational strategic goals, environmental physical maintenance management as well as organising her own professional development, post graduate studies and port folio presentation (Sherman et al. 2007). Other competencies that are ranked highly include: effective staffing strategies, performance evaluation, team building, delegation, conflict resolution, change management and problem solving (Mathena, 2002). In addition, charge nurse managers liaise with doctors, pharmacists, administrators and many other health professionals and services in an increasingly complex health care system (Hassmiller, 2006). Not to mention the quality assurance aspect to the role, the maintenance of health and safety requirements within the workplace, and the implementation of infection control standards.

In some instances, the charge nurse manager serves as a primary point of contact for employees, linking day-to-day operations with the rest of the organization (Freed & Dawson, 2006). Freed and Dawson observe that it is at this level that efforts towards efficiency and production make the organization successful. Charge nurse managers have earned the title of 'the glue' that holds the organization together. Operationally, charge nurse managers are responsible for collecting and reporting quality and financial data and managing bed flow and quality goals. As middle managers charge nurse managers are responsible for improving job satisfaction for their staff, ensuring adequate staff and resources, promoting interprofessional collaboration and strengthening unit-based leadership. No wonder they are referred to as the company's 'engine' as they set the pace for executing the strategic plan operationally (Freed & Dawson, 2006).

The role is complex and constantly changing. The rate of change means that many in the position are unsure of what is expected of them. The organization though, expects a charge nurse manager to be a strategic planner, human resource expert, quasi-business manager, financial analyst, risk manager, operational manager, quality expert and a clinical expert (Crowther, 2004). Overall, Shirey, Ebright and McDaniel (2008) suggest that charge nurse managers play a pivotal role in creating a healthy work environment that engages and retains staff. The breadth of the role raises questions. Are the expectations perhaps unrealistic? Crowther (2004) believes that the charge nurse manager is unprepared for this multiplicity of roles. Mathena (2002) summarises the issues suggesting that traditional charge nurse manager skills and competencies are simply not adequate to assume complex expectations in restructuring healthcare environments.

Role problems

It has been shown so far that the charge nurse manager role is problematic. “While authors in the early 1990s were forecasting increased charge nurse manager responsibilities and the need for graduate education, it is evident that current literature lacks critical reevaluation of charge nurse manager role status and educational preparation within today’s healthcare organizations” (Kleinman, 2003, p. 452). For instance, Shirey et al. (2008) report the historical evolution of the role and the stress that goes with role changes. Continual role changes may have contributed to role conflict, role ambiguity, role incongruity and possibly, even role incompetency resulting in role strain (Leddy & Pepper, 1993). McBride (as cited in Leddy and Pepper, 1993) has highlighted that role strain can be influenced by the structure of the social support network, the individual’s coping skills, the centrality of the role to the self as well as self-esteem. Although role problems decrease with experience, role conflict is more common as experience increases (Leddy & Pepper, 1993). As a result of these issues, it is not surprising that many charge nurse managers experience ongoing role problems. (Connaughton & Hassinger, 2007).

When problems combine with a profound lack of guidance, it is hardly surprising that the role has its difficulties. Research suggests that most managers simply do not spend the time with charge nurse managers setting expectations, tracking

performance, correcting failure and rewarding success (Tulgan, 2007). Tulgan states that once appointed, new charge nurse managers receive very little management training. The terrain consists of goals that are not clearly delegated, unclear guidelines and inconsistent communication where the appropriate standards and expectation in managing and leading remain unclear. Some charge nurse managers activate collegial support, networking to make up for the organizational support that is lacking. The inability to access formal organizational support means that managers are left to manage problems by learning by trial and error (Paliadelis et al. 2007).

Role blurring

Does role blurring between a manager and a leader matter? Managers and leaders differ in their worldviews. They differ in their assessment and goal orientation, the way they work, their human relations and themselves, which are all quite different (Zaleznik, 1981). Zaleznik, a seminal writer and an expert in this field, states that managers balance operations. Managers tend to adopt impersonal attitudes towards goals. These goals arise out of necessity rather than desire and are organizationally located. Where managers act to limit choices, leaders develop fresh approaches to long-standing problems and open issues for new ones. However, Zaleznik goes on to say that to be effective, leaders project their ideas into images that excite people and only then develop choices that give the projected images substance. Leaders create excitement in work.

Managerial leadership, however, a combination of the two, which is typical of the charge nurse manager role, is about influencing others, making decisions that move the organization, promoting new direction, challenging the status quo and changing thinking (Kouzes & Posner, 2007). Leadership and managerial roles are blurred and terms are employed synonymously. When a leadership style, such as transactional leadership or transformational leadership, is introduced into the equation, it is not surprising that those new to the role are confused. For example, transactional leaders clarify expectations and offer recognition and reward for exceptional performance (Bass, Avolio, Jung & Berson, 2003). Transformational leaders are recognisable for

their charisma, intellectual stimulation and individual consideration. They are viewed as visionary, futuristic and active catalysts for change (Murphy, 2005). While it may be argued that transactional leadership forms the basis for transformational leadership and that each has an equally important place in leadership, it is about understanding the different styles and how they are used effectively, that matters.

Role blurring is perpetuated if charge nurse managers are unprepared (Crowther, 2004). A charge nurse manager more fortunate than others might have been groomed for the role by a process of succession planning but this is not usually the case. More often than not nurses' clinical duties thrust them into leadership roles where on-the-job experience is just one pathway to leadership (Hassmiller, 2006). Often there is the expectation that a new nurse manager knows what to do and how to do it without any assistance (Crowther, 2004). The lack of preparation, education and organizational support is indicative of how much an organization values or devalues the role of a charge nurse manager (Paliadelis et al. 2007). Paliadelis et al. state that having to learn on the job, without the benefit of formal training or education and the lack of feedback on performance, creates stress, job dissatisfaction, feelings of powerlessness and eventually burnout.

Crowther (2004) argues that lack of preparation is unacceptable if role blurring is to be avoided. Charge nurse managers have a right to preparation for the role and the employer has an obligation to provide it. "Management preparation without clinical knowledge is an inadequate basis for managing clinical services just as clinical knowledge, on its own, is...inadequate preparation for the management role" (Crowther, 2004, p.10). Opportunities to sharpen nurse leadership skills often exist outside the traditional pathways; the tough part is finding the ideal pathway and drive to take up the challenge (Hassmiller, 2006). Managerial partnerships that exist in health organizations are common but there is very little literature available displaying a concrete methodology ensuring the success of this partnership of which the charge nurse manager may be a part (Manion, Sieg & Watson, 1998).

Current research

The research that does exist on this topic has shown that the role is complicated. Lindholm and Uden (1999) evaluated the changing role of the charge nurse manager. Despite management training, role problems included: the lack of authority and control, role conflict, role ambiguity, lack of support, lack of management skills and ill-defined educational requirements. Lindholm and Uden concluded that there are tensions between the concepts of responsibility and authority; that adjustment and development are prerequisites for new management positions; that charge nurse managers are recognized for their managerial capacity and that managerial identity must be strengthened.

Antrobus and Kitson (1999) critically examined contemporary nurse leadership. Research findings indicate that participants who were stronger clinical leaders were also influenced by academic, political or executive leadership activities. The charge nurse managers rarely focused on one aspect of leadership in isolation.

In another study, Foster (2000) studied management development. Foster argued that the development of nurses as managers was unstructured. However, by promoting a preferred style of development, charge nurse managers were motivated to develop, even though they worked in an organization where management development was absent.

Mathena (2002) examined charge nurse manager competencies. Competencies identified as important were communication, negotiation, critical thinking, balance between work and home and conflict management. Areas for further development included situational analysis, data management, cost benefit analysis, financial projections and financial analysis. Mathena et al. conclude that education and development of charge nurse managers is crucial, in preparation for a rapidly changing role.

Upenieks (2002) investigated leadership and organizational supports for the charge nurse manager. Understanding power, opportunity, participation, structure, value systems, business orientation, collaborative teamwork and management support were

important predictors of success. Business astuteness is apparently vital in today's economically oriented environment. Nurse leaders require guidance in empowerment and leadership effectiveness.

More recently, Sherman, Eggenberger, Bishop and Karden (2007) examined the critical leadership skills and competencies required for the nursing leadership role. Six competency categories were identified. These were personal mastery, interpersonal effectiveness, financial management, human resource management, caring and systems thinking. It is clear that there was a lack of career planning to become a nurse manager. There was a need for formal orientation, mentorship and self care strategies to promote retention.

Shirey, Ebright and McDaniel (2008) interviewed several charge nurse managers working in an acute hospital setting. The highest educational qualification was a Baccalaureate degree in nursing and two charge nurse managers held degrees in management. Key findings related to the overwhelming nature of the role. Sources of stress, mixed emotions, value conflicts, coping strategies, social support, relationships, communication and personal health outcomes all impacted role management significantly. These researchers concluded that, given the profound effect that charge nurse managers have in creating and sustaining a healthy work environment for practice, their role should be better understood, effectively supported and more realistically configured.

As these research studies show, many middle management positions are occupied by nurses. However, middle management can be an easy target for senior managers and politicians to deflect responsibility and organizational failings. Middle management is an untapped resource and that organizations would benefit from capitalising on and demonstrating appreciation of the work charge nurse managers do (Hewison, 2006). Hewison argued that the charge nurse manager role was often 'hidden' within middle management structures and that more research is required to uncover their contribution. Helmstadter (as cited in Hewison and Wildman, 2008) identified key themes that were relevant in the 19th century that are still important today. These include the importance of leadership, the need to motivate the workforce, clinical experience as a foundation for nurse management, the need to

develop political skills and, the central requirement for success which is garnering the support of the management board. Hewison and Wildman state that although circumstances have changed, the challenges for charge nurse managers remain the same: community participation, resource management and public-private partnership but more importantly having the ability to exert political, economic and clinical influence in health care.

Antrobus and Kitson (as cited in Stanley, 2008) observed that, although clinical leadership is mentioned, it is rarely the subject of research because it is considered of low status when compared to academic, political and management domains. As a result, the uniqueness of clinical leadership remains unrecognised and under-valued. Lett (as cited in Stanley, 2008) found research on clinical leadership to be sparse and the term used interchangeably and inappropriately in conjunction with 'nurse management' or 'nurse leadership'. As a result, Stanley suggested that the literature and research was used to support one concept and accepted as transferable, when clearly, clinical management and leadership are two different concepts.

Conclusion

The literature suggests that the role of the charge nurse manager has many problems and difficulties. Research undertaken on the topic highlights the areas of concern and makes suggestions about where changes can be made to overcome these problems and difficulties. While some research about management and leadership associated with the role exists, there is little knowledge about clinical leadership itself. It may be that the ongoing nature of structural changes to nurse management and leadership in the last decade has led to a new concept of clinical leadership that exists in its own right. Research highlights that the role of the charge nurse manager is indeed complex. Problems seem to remain the same and similar issues continue to come up in the literature. This suggests that the charge nurse manager role continues to be poorly understood. More research is needed.

Chapter Three

The Research Process

Introduction

This chapter outlines the research process in terms of preparation, data collection and data analysis. The chapter begins with a brief explanation of the research methodology. Ethics and sampling are discussed. A description of the study which includes the preparatory phase and interview process follows. Data collection and data analysis are described. The rigour of the study, in relation to credibility, transferability, dependability and confirmability is discussed. Strengths and weaknesses of the study are recognised in this chapter.

The research methodology

According to Crotty (1998), the methodology is best described as the plan of action that links the choice and use of method to the desired outcome. I have chosen a qualitative exploratory descriptive research design situated within the interpretive paradigm for this study. According to Uys and Basson (1991), an exploratory descriptive research design has the following characteristics:

- It is a flexible research design that provides opportunity to examine all aspects of the problem being studied.
- It strives to develop new knowledge.
- The data may lead to suggestions of hypotheses for future studies.
- It is a field study in a natural setting.

The focus of this study was on exploration of the everyday experience, on the words and actions that represent the situation as experienced by the charge nurse managers (Maykut & Morehouse, 1994). The study was conducted in a naturalistic setting, an acute care hospital. The research involved close contact in the form of interviews

between the researcher and the research participants (Schneider, Elliott, LoBiondo-Wood & Haber, 2003).

Schneider, Elliott, LoBiondo-Wood and Haber (2003) viewed the participants as 'knowers' that had first hand knowledge of the situation as a charge nurse manager. As a previous charge nurse manager I also have knowledge of the situation. However, as a researcher, I was searching for accurate information about the characteristics of the charge nurse manager role because little exploration of the topic has occurred (Schneider et al. 2003). My understanding of the role helped me design the study.

Ethical issues

A range of ethical issues were considered and integrated into the study design. Permission to undertake the study was sought and granted by the appropriate heads of department within the District Health Board where the research took place. Initially, Maori Health at the District Health Board was consulted. Maori Health clarified that there were no Maori Charge Nurse Managers within the potential sample group. Ethical approval was granted by AUT University Ethics Committee prior to the commencement of the study (see Appendix B). Part of the ethical preparation involved thinking about the following ethical principles.

Beneficence

This principle encompasses freedom from harm and exploitation (Polit & Hungler, 1999). Beneficence also requires that the researcher ensures that the participant is treated in an ethical manner (Lobiondo-Wood & Haber, 1994). No physical harm came to the participants during the interview process and the ethical principles were integrated into the study design. My contact details were made available to participants who may have wished to discuss any aspect of the research.

Human respect

This ethical principle includes the right to self determination and to full disclosure (Polit & Hungler, 1999). This right was honoured as the respondents were able to

decide, voluntarily and without coercion, whether or not they should participate in the study. The decision to join the study was made after full information about the study was presented in a written participant information sheet (see Appendix C). During each interview the charge nurse managers were respected in that they had the right not to answer any question if it caused discomfort; to disclose or not disclose any personal information; to seek clarification of any aspect of the study, and to withdraw from the study without consequence.

Justice

The third ethical principle concerns the participant's right to be treated fairly and equally (Lobiondo-Wood & Haber, 1994). Each participant was treated the same as the other, given the same rights and the same information regarding the study. While the aim was to keep the sample small with no more than ten subjects, no individual was turned away. Twelve charge nurse managers who were interested in taking part were included in the study.

Human rights

An additional ethical principle was maintaining the human rights of the participants who were protected by ensuring that the right to confidentiality and anonymity were followed. Maintaining the anonymity of the participants was ensured by initially referring to participants using pseudonyms. For further protection and the prevention of identification of any participant, direct quotes had no identification, in the write-up. Confidentiality was maintained particularly when information was shared with the District Health Board that later decided to compile a management and leadership development programme for charge nurse managers. For example, research interview notes and correspondence were not available to anyone other than the researcher. These were stored in a locked file in the researcher's supervisor's office where they will continue to be stored for a period of ten years. Documents will then be shredded to maintain the long term anonymity of the participants.

Ethical issues during the interview process

To ensure that I remained ethically sound in the interview process, I asked myself the following questions before I embarked on the data collection process:

- How far is my own interview practice and style ethical?
- On what basis am I judging what is ethical and what is not?
- What justifications can I offer for the ethics of my interview practice and style?
- On what basis are these acceptable?
- Have I gained the informed consent of my participants? (Mason, 1996).

To ensure that I was ethical in my practice, at the beginning of the interview meeting I offered participants a further opportunity to read the information sheet and go through the interview questions. These strategies were helpful in setting up a trusting relationship with the participants who willingly shared their experiences with me, in a way that came across as being professional.

Sample

Data was collected using a purposive sampling strategy. This is consistent with descriptive research that focuses typically on small samples selected purposefully for their usefulness (Patton, 1990). The sample came from two sites of a large urban District Health Board. Criteria for inclusion were:

- employment within Adult Health Services within the District Health Board;
- carried the title of 'Charge Nurse Manager'; and
- presently practicing within the role.

12 participants joined the study. They ranged in ages 40-65 years and had held the position from less than two years to more than ten years. The sample included male and female participants. Their professional qualifications ranged from a Masters qualification and a Bachelor's degree in Nursing to a hospital based Diploma in Nursing. The majority held the latter. Some had attended various staff development courses.

While the sample group was small, it is typical of a qualitative descriptive study. Crouch and McKenzie (2006, p.492) suggest that a small sample group is useful as “small is beautiful.” They argue that in descriptive research, it is not so much the individual perspective that matters. What is important is accessing variants of a particular social setting and the experiences arising from it. Crouch and McKenzie also state that exploratory research has little value if it is restricted to stand alone acts. Ideally, it should be embedded in fields of relevance that contribute to communal knowledge-building. The purpose of this study was indeed to provide knowledge that would hopefully inform a management and leadership programme. According to Crouch and McKenzie interviews are useful in this type of study because they generate new knowledge and understanding for the participants, potentially give authentic insight into people’s experiences and improve self-understanding. According to Davidson and Tolich (2003), the value in using an in-depth, open-ended, face-to-face interview approach is that the researcher may obtain more in-depth and relevant information. This method of data collection provides an opportunity to be patient, be a good listener, pick up on the inflections, non-verbal expressions and emotions and recognise the boundaries rather than rush in with the next question.

Description of the study

Preparatory phase

Although this type of research relies primarily on participant input, it was also developed in conjunction with various organizational leaders. Preparation included having discussions with the Director of Nursing, delegates from Maori Health, the Manager of Learning and Development and the Human Resources Manager (as discussed on page 18). Organizational permission was needed to undertake the study, to recruit participants and to interview participants in work time. Once this process was agreed upon, potential participants were notified and recruitment commenced.

Recruitment was both verbal and written. Charge nurse managers were informed verbally at a charge nurse manager meeting at each hospital that this study was to take place. Interested charge nurse managers were asked to respond to the invitation within a week. Once interest was received, I organised an interview date and time that suited

each individual. A written information pack was sent to the participant in preparation for the interview, a week before the interview took place. The pack consisted of the participant information sheet (see Appendix C), interview question sheet (see Appendix D) and the consent form (see Appendix E). This gave the participant an opportunity to know what to expect and therefore have no surprises on the day of the interview. Information about the research provided an opportunity for the participant to think about the topic, reflect on the role before the interview and hopefully made it more likely that the participant would focus on a particular aspect of the topic.

Data collection

The use of interviews

Data was collected using the interview method. According to Crotty (1998) a method is a technique used to gather data that relates to the research question. Data was collected from face to face structured interviews (DePoy & Gitlin, 1994). An advantage of using interviews to collect data is that the interviewer develops a rapport that is important in exploring a sensitive issue. Non verbal communication can be captured and analysed, and the researcher can determine which issues are important to the participant and which are not (De Poy & Gitlin, 1994).

Schneider et al. (2003) suggest that interviews allow the researcher to enter into a partnership with the participant to explore the phenomenon, in this instance, the charge nurse manager role. I developed a partnership by presenting a research question and then using probing questions to gain more information. The researcher ensured that the interview focused on the topic, thus allowing the participant to explore what was important to them, but making sure that they stayed within the boundaries of the research questions. It was also important that, as the researcher, I ensured that the interview took place in a private room and that the participant felt comfortable. I made sure that I had all the equipment required before the interview commenced and placed a 'do not disturb' sign on the door to discourage interruptions. As the researcher, I deliberately displayed and maintained a warm and non-judgemental demeanour towards the participant throughout the interview.

The interview questions asked were:

- 1) What are the major influences that you face as a charge nurse manager today?
- 2) When you made the transition into management, what did you feel confident about in terms of skills and abilities? What was missing? What preparation would you have liked to have had?
- 3) What are the expectations associated with the role and how achievable are they?
- 4) How do the dimensions of the role impact on job satisfaction?
- 5) Have you received formal leadership training or orientation to the charge nurse manager role? If not, what opportunities for improvement have you identified for yourself in your charge nurse manager role and what topics do you believe should be addressed for the development of all charge nurse managers? (Sherman et al. 2007).

These questions were a useful framework for exploration. They were also potentially problematic. Descriptive research studies have their strengths and limitations that distinguish them from other qualitative methods. Duffy (as cited in Carr, 1994) argues that the strength of qualitative research is that there is an interactive relationship in which the researcher has access to first hand experience and meaningful data. As the researcher and participant spend more time together, the data is more likely to be honest and valid. Baruch (as cited in Carr, 1994) supports this argument by stating that a major strength reveals that the time spent and subsequent relationship that develops is crucial for a genuine understanding of the issue under study. On the other hand, Carr describes a weakness of qualitative research as the likelihood that it may become pseudotherapeutic, complicating the research process and extending the responsibilities of the researcher. There may develop a possibility of the researcher becoming enmeshed with subjects. This may create difficulty separating the researcher's experiences from those of the subjects.

As objective as I tried to be, I found myself reflecting personally on what I was recording, writing down, hearing and observing (Mason, 1996). I had to be mindful that I was not allowing my own memories and unwritten interpretation to count as data. In order to derive data through an interpretive sense, I was required to 'read' the interview for what I thought it meant and what I thought I could infer about something

outside the interview interaction itself (Mason, 1996). The recording and transcripts thereof were objective in that the words were recorded verbatim. Non verbal cues such as observations and interpretations, the subjectivity underpinning interviews, were located within the researcher.

The subjectivity inherent in a qualitative research interview is a problem if the researcher starts to drown in data and moves beyond a descriptive and individualised focus (Davidson & Tolich, 2003). I was fortunate not to find myself in this situation. The participants were constrained by the time factor in that they only had one hour for the interview. This time frame was adhered to. As a result, participants stayed close to the question, did not wander from the topic and moved from question to question in a sequential way. Interview data was tape recorded and notes were made during the interview. The data formed the basis for data analysis.

Data analysis

Ideally, data analysis in descriptive research results in an interpretive analysis. According to Morse and Field (1995), interpretive analysis requires the researcher to comprehend, synthesize, theorise and recontextualise data. This process allows patterns to be identified, explored and checked according to the emerging themes. As the patterns are identified and organised into an exploratory framework, themes are clarified (Miles & Huberman, 1994). Data in this descriptive research study were analysed using thematic analysis. Themes and patterns were identified when listening to the tapes and reading transcripts. They were then arranged according to thematic significance (Holloway, 1997). Data were analysed and similarities and differences in the responses to the same questions were considered.

As already noted, descriptive qualitative research yields quantities of rich data. It is important that the data is put through a systematic and rigorous analysis so as not to distort or reduce the richness of the data or fragment the participant experience (Schneider et al. 2003). The first step in thematic analysis involved the transcription of the interviews from verbal and personal encounter to a documented textual account. Davidson and Tolich (2003) suggest that coding in qualitative research is the process that the researcher uses when reading through the data, by marking the positive and

negative aspects of the information collected. Positive and negative coding refers to the notes written to oneself as researcher, about the overall quality of the data and how it was collected. This process identified areas of theoretical and empirical interest. Coding performed four distinct functions:

- Identified data that resulted in a theme
- Identified data that seemed to lie outside of a theme
- Indicated that more data on a theme was required
- Flagged data that was worthy of inclusion within a particular theme (Davidson & Tolich, 2003).

Working through the data produced similarities in the information that were grouped together under themes and became the data that was used in the final text for this dissertation. Once themes emerged, comprehension merged into synthesis. At the same time, contextual issues were clarified. Themes that became apparent were: the lack of role clarity; the requirements for business management skills and a level of expectation in relation to work load. As I got deeper into data analysis, I considered what theoretical ideas would affect interpretation and identified these. This is discussed in Chapter Four.

Rigour of the study

Rigour is the means by which the researcher demonstrates integrity and competence in a research study. It is a way of demonstrating the legitimacy of the research process (Tobin & Begley, 2004). Rigour and trustworthiness of this research study have been pursued in that it claims to be a descriptive exploratory qualitative research and not falsely claimed to be any other. Data analysis included categorisation resulting in the description of the research focus and provided organization in the form of themes. The final step in the process occurred when patterns and regularities were identified and explanations offered that related back to the research question (Davidson & Tolich, 2003).

Lincoln and Guba (1985) recognized the concept of 'trustworthiness' when the findings of a qualitative study represent reality and introduced four criteria in which to do so:

Credibility

Research is trustworthy if the results are credible. Credibility refers to the truth of findings as judged by participants and others. As the researcher, I established credibility by ensuring that the participants were identified and described accurately. I also enhanced credibility by describing and interpreting my own experience as a researcher thus showing my personal involvement in the study (Holloway & Wheeler, 2000). The contribution of every participant was validated and respected and included in the study. Careful attention was paid to the use of certain words and phrases and what alerted the researcher to an emphasis on a certain issue or experience. The participants have not seen the findings yet. Final credibility will be confirmed according to participants at a later date.

Transferability

Transferability affects trustworthiness and refers to the generalizability of inquiry. This is about whether the findings of this study can be generalised or transferred from a representative sample to the whole group (Holloway & Wheeler, 2000). For the purpose of this qualitative study and to explain the characteristics and setting, the sample group was purposeful. Participants in this study were selected by their role title and experience in the role. As researcher, I selected participants that fulfilled the study needs. However, from the findings in my literature review, it would be reasonable to assume that there are charge nurse managers in other organizations and parts of the world that are experiencing the same issues as the informants in this sample group. However, attempts to generalise the findings outside of the current group and to use them transferably, would be carefully considered and would be decided by the charge nurse managers who were part of this study.

Dependability

Dependability relates to trustworthiness and is achieved through the process of auditing. According to Robson (as cited in Holloway & Wheeler, 2000) a qualitative study that is credible, will also be dependable. Dependability occurs when the researcher provides sufficient information for others to follow the thinking and decisions made in the data analysis process. This process could be carried out through external checks allowing the process to be transparent and for others to make considerations in pursuit of neutrality. This would minimise the researcher's risk of bias during the data analysis phase. According to Holloway and Wheeler, if these follow acceptable standards and are clear, then the study is found to be dependable.

Confirmability

Confirmability relates to trust, and means that the data is linked for the reader to establish that the conclusions and interpretations are directly from its source (Holloway & Wheeler, 2000). Robson (as cited in Holloway and Wheeler, 2000) suggests that criteria for auditing the study should involve examining the raw data, the analysed data, the formation of the findings, the process of the study, the early intentions of the study and the development of the measures.

Rigour requires that the researcher leaves a detailed decision and audit trail that can enable the reader to know how methodical, analytical and theoretical decisions have been made and assist them to decide on the trustworthiness of the study (Holloway & Wheeler, 2000). Many participants spoke from the heart, hoping that the findings would provide an opportunity for change. If they did not experience it during their time as charge nurse managers, it was in the hope that charge nurse managers to follow, would benefit from it. The data was a clear reflection of what was said and by whom.

Conclusion

In this chapter, a discussion of the methodology and the method employed in the study and its relation to the research question has been presented. The qualitative

descriptive research methodology has been explored. Attention was drawn to issues of ethics, sampling, participant selection, data collection and data analysis. Issues relating to the rigour of the study have been presented. The next chapter describes the findings of the study.

Chapter Four

Research Findings

Introduction

Chapter three outlined the research process. This chapter presents the research findings. Data analysis identified three main themes that are significant to the charge nurse manager role. These are role clarity, business management skills and a level of expectation. These themes are presented next. A wider discussion together with recommendations will take place in Chapter Five.

Role clarity

Role clarity meant that charge nurse managers had difficulty doing their job because the role was not clear. Role clarity is defined in the job definition which encompasses the job description, skills and role specifications that are required to perform the role. The blurring of these requirements has affected role clarity. The research findings suggest that the charge nurse managers found that the responsibility, distinguished qualities and skills for the role, were not clearly defined. The role of the charge nurse manager was considered important but brought with it role confusion due to the lack of guidelines and a job description that was unclear. The lack of clarity may have resulted from the decentralization of management structures and change to the nursing role that has occurred over the decades. This has resulted in the difficulty in making the transition into the role.

None of the charge nurse managers that were interviewed expressed satisfaction with the induction into the role. The data in this study revealed how the lack of role clarity impacted on their practice:

I didn't know what I didn't know. When I started there was no clear definition of the role.

This charge nurse manager struggled to clarify the role. It is apparent that this participant did not find the transition into this role easy. She talked about the role not

having clear guidelines or expectations and that the boundaries were not clearly defined. The generality of the job description was very different to the real world of practice:

I thought I had the skills, realised that it was only a percentage. It was much bigger than anticipated. What was missing? Clear guidelines on what to expect; the job description was generic.

This participant was an expert nurse but did not feel prepared for the role of charge nurse manager. In fact, she felt like a novice in this new role. What the role encompassed and what was envisaged turned out to be much bigger than anticipated. Skills from previous clinical roles and settings were not easily transferable. This managerial role required much more. It also required a different way of practice, but what exactly, was confusing:

To be a charge nurse manager, there are skills required; nursing skills. Confusion in role titles of positions that exist and titles of jobs that carry a similar job description to the Charge Nurse Manager. These include Clinical Charge Nurse, Associate Charge Nurse Manager and Charge Nurse.

If job titles are unclear it is not surprising that role clarity is lacking. This participant suggested that similar titles within the organization that were used interchangeably, created confusion, emphasizing the lack of clarity around the job description. The job description of each title showed no precise differences between each role. Evidence of role blurring between the job descriptions of each title made it difficult to separate the role of the charge nurse manager from the rest:

I had gone into the role clinically skilled. I transferred from registered nurse (RN) to a charge nurse manager (CNM). It was difficult for me to give the charge nurse manager role my all as I was still thinking like an RN. It is difficult to let go. I'm afraid I may lose my skills. I need to take over when things go wrong.

This charge nurse manager expressed her understanding of the charge nurse manager role as requiring a strong clinical focus. This was important for direct patient care. She felt it was of importance to remain connected to patients. She believed that it was important for staff to see the charge nurse manager directly involved with patient care. While this is true to a degree, it became apparent that the understanding of the charge nurse manager role became synonymous with that of the clinical charge nurse. While it is paramount that clinical skills are maintained as a charge nurse manager, there are other skills required and other aspects of the role that require development. Clear understanding of the role of a charge nurse manager was not evident in the data.

The issues about role clarity in this study are already recognised in the international literature. The early development of the charge nurse manager role recognised how the lack of role clarity influenced role function, skills and characteristics (Oroviogioicoechea, 1996). These problems continue. Problems with role clarity in the current study are similar to those described by McMurray and Williams (2004) who suggest that it is only once the confines of role descriptions and organizational structures are determined, that charge nurse managers will be able to examine their management and leadership style and their ability to communicate and function effectively. If roles are not clear, role function may be compromised. The lack of understanding and knowledge of organizational structures as a result of changes, and the inability of an organization to communicate the function of roles within the structure, impact on the ability of charge nurse managers to be innovative and creative in practice (McMurray & Williams, 2004).

Business management skills

The second theme that came out in this study was business management skills. Charge nurse managers had problems with the role because they did not have the business management skills necessary for the role. Business management skills are defined as having knowledge and skill in information technology, financial management, human resource management, knowledge of business management strategies and organizational structure, management and development. Business management knowledge and skill requires that charge nurses managers keep abreast

of local as well as international business management development for nursing practice. Charge nurse managers come to the role as experts in the clinical field. However, many come to the role without business management skills and find themselves having to learn these skills very rapidly.

How charge nurse managers gain these skills varies. In this research, it was clear that most charge nurse managers learnt on the job, learnt from others as well as asked the advice of others. On the other hand, some went in search of what they thought would be beneficial to the role as they felt they had insufficient business management skills. Insufficient business management skills included: knowledge of budgets and finance, human resource management skills and computer and technological skills. Education in these areas occurred in various ways. In some cases, it did not occur at all; for others, it occurred at a time when the learning needs had not yet been identified and for many, education occurred 'on the job' in an informal manner:

It is unachievable. A nurse has clinical skills. We are not accountants. Budgets are difficult to understand and stick to.

It became clear that self-directed learning did not necessarily support business management learning. This issue was evident in the following quote where a participant spoke of the lack of organizational support:

There was no formal training. Fortunately I came into the role with an organised brain. I can do a lot of things at once. I don't forget. My problems are figures and budgets. I was completely computer illiterate. Probably still am. I write at the back of my hand or use a 'post-it'. However, I get things done.

Understanding of hospital information systems and how to use technology makes processes and operations efficient. It would have been difficult for this charge nurse manager to provide evidence of work done, in the written form. When the business management skills in the form of financial understanding and computer literacy were lacking it was also evident that there was no quick easy way to get up to speed:

I was sent [on a course]. What was missing were basic management skills. I was helped in some. In other situations, my head was in the clouds. It was a new role, a rush, there were too many tasks. I was unprepared for the role. I had no idea and did not always feel the support was there. When I started in the role, I was unaware of policy writing, a quality plan and how to manage it; I did not know about budgets, formal planning or how to move a team forward.

A significant business management skill identified here as lacking, was human resource management. Without these skills it would be nearly impossible for a charge nurse manager to move her team forward. The inability to develop formal written documents would have posed a major challenge creating added stress to the role. The lack of adequate preparation brought with it feelings of powerlessness.

It became evident through the data that what the role of the charge nurse manager entailed in terms of business management skills was clearly lacking. Without the ability to obtain and create timely statistics and outcomes data, managing financial targets and performance measurements would be difficult. Without the knowledge of how to achieve this data, the task was made even harder:

What was missing for me, the day to day running from a manager's point of view; finance and rostering. Things you don't know until you're doing it.

This charge nurse manager highlighted the need for knowledge and skill on how to manage her time, information technology and computer knowledge, human resource management, change management and budgets which were important aspects of her role. She also reported that she lacked the 'know how' or the indication that these factors were part of the job:

I face the challenge of the budget. [With] people management and staffing, I'm comfortable. Operational processes and equipment are new to me. What you need to know, there is no easy and quick way to achieve.

Charge nurse managers in this study quickly recognized that they would struggle to survive in their role if they did not become savvy in financial and operational

management. Most participants cited this as the weakest area of the charge nurse manager role. They all recognised the importance of and the need to have confidence in presenting financial information.

The challenges evident in this research are similar to the problems discussed in the wider literature. Foster (2000) has stated that in an attempt to keep clinical roles intact, the shift that nurses have made from clinical roles into management roles have come about, in some instances, without the appropriate training. Contino (2004) suggests that it is essential for today's nurse leaders to have knowledge of information technology. Contino emphasises that technological advances are everywhere around us and harnessing their benefits will improve efficiency and patient outcomes. Sherman et al. (2007) mention that human resources could not be more critical. Retention of staff begins with sound selection and orientation processes. However, it remains an ongoing process. It requires constant developing, encouraging, promoting diversity and developing collaborative and close working relationships among staff members in the workplace. Good human resource strategies motivate people, help gain their self esteem, keep them communicating effectively and bring rewards (Contino, 2004).

Level of expectation

The level of expectation was described by the charge nurse managers as a situation where they experienced multiple demands, from wide ranging sources such as staff, patients, families and the wider organization. High expectations challenge charge nurse managers, who are asked to do too many things, for too many people, in too little time. In this study, time, or the lack of it, is significant:

There are not enough hours in the day. There are high expectations from staff, relatives, and patients. There is not enough time in the day for finance, nurse management programmes, meetings, keeping budgets. The day is too short.

The expectations of the role came from both external sources as well as internal sources within the organization. The participants reported on the overwhelming

nature of the role, the level of expectation within the role and the complexity of the role.

Many talked about multiple demands that were evident in the constant attempt at managing problems, different situations and people at one and the same time. When faced with competing priorities charge nurse managers referred to the 'stacking phenomenon' where demands stacked up and the individual felt that they were constantly lagging behind. Overall, stress occurred when role demands exceeded the resources. When patients, families and staff were at odds with what was possible, the pressure of expectations on the charge nurse manager that could not be realised increased:

It's about what is achievable and what is not. For example, the family demands. You have to deal with it. The size of the job, you have to take it around with you; [it's] a burden. There are family situations as well as families seeking resolution from you, the charge nurse manager. Patients, general public, families have expectations, whether real or not and expect you to manage them. [They expect you to] have the magic pill to sort out all the social issues.

One of the problems associated with multiple demands that contributed to a level of expectation was the feeling that the charge nurse manager was solely responsible for finding the answers and solutions to all problems. Problems became burdensome. In this study, this type of stressor created a certain amount of anxiety, panic and frustration. Should something go wrong, it would be the charge nurse manager who would have to provide an explanation for the practice or malpractice that may have occurred. Overall, it was evident in this research that charge nurse managers were expected to manage their own anxieties:

There are time constraints. Some jobs you cannot delegate. How on earth do I manage my staff while keeping the patients safe 24/7? It's huge! I love the role but it's scary. Do I have the support for the amount of work?

When the support was not available and time was at a premium, if the charge nurse manager did not meet everyone's expectations, he/she felt that their time

management or the lack thereof would be brought into question. Two participants mentioned that the expectations were sometimes high because the job was too big. They repeatedly raised the issue of time management that they felt was placed under scrutiny. While delegation was an option it was impractical to burden staff members who were already overstretched. The other side to the problem was identifying an individual who would be reliable enough to perform the task effectively in an environment where staff were often less experienced and relied on the charge nurse manager to carry the responsibility. This made the level of expectation unrealistic at times.

Several participants spoke of the tensions that developed when resources were insufficient to achieve the task required. They spoke about the breakdown in safe practice and quality systems that were of concern. These expectations seemed insurmountable:

The job is difficult to fit into a 40 hour week. I cannot finish and leave. After 4pm, it's easier to catch up when it's quieter. I start at 7 am. It impacts on my home life.

This participant found that the job did not have a precise start time and finish time. She wanted to do the job well but found that it overlapped into her personal time. This created a situation where she found herself grappling with the tensions that developed between her professional and personal life. The level of expectation was that she was able to show her productivity, results and outcomes irrespective of the time frame it took in which to achieve these.

Another aspect that had a particularly strong influence on the level of expectation was the fact that the role has changed. One participant described that the role was no longer the same as the 'old ward sister' of yesteryear and yet some parts of the organization and general public had not acknowledged that this change had occurred. Similarly, expectations are a problem when the media constantly raise negative issues but seldom mention the good work nurses do under trying conditions. This made the role of the modern day charge nurse manager difficult.

This participant goes on to say that issues were compounded when senior management did not know what a charge nurse manager does. This participant felt that the role of the charge nurse manager was not well understood. The lack of understanding of the roles of others is well documented in the interprofessional literature. West (as cited in Paliadelis et al. 2007) suggest that one of the major criticisms of hierarchical structures is that tensions develop between professional groups within administrative structures. If roles and expectations are not understood teamwork is difficult.

The idea that “being all things to all people” (Sherman et al. 2007, p.89) is a well documented stressor for charge nurse managers. This is not new. Sherman et al. (2007) note that workload and time management are major problems associated with the role. Contino (2004) describes the essence of great leadership as the effective management of oneself and others in a variety of situations. Charge nurse managers are required to portray themselves as always in control, always knowing what to do, even when expectations are high. “Caring for patients and staff begins with self care” (Sherman et al. 2007, p.91). It was evident that this was not occurring. Long hours became the norm for many while several spoke of the responsibility to be resourceful to their staff at all times. This is in keeping with the literature in which several charge nurse managers talk about the enormity of the role but they also talk about the commitment to create some form of platform to make work in the sphere of nursing more effective (Lindholm & Udon, 1999).

Conclusion

It is clear from the research findings that making the transition was difficult enough but what was described through each theme made practice within the role of charge nurse manager, even harder. It is apparent that general nursing knowledge is not enough to function effectively as a charge nurse manager. This role requires specialist management knowledge and skill. The lack of role clarity, business management skills and the level of expectation within the role made it extremely difficult. In this study, all the charge nurse managers focused on their everyday work. Many found the role of the charge nurse manager extremely rewarding. None of the participants expressed dissatisfaction to the point that they intended leaving.

Instead they showed a commitment to working on the issues that impacted on the role, resulting in positive outcomes for the role of the charge nurse manager.

The purpose of this chapter has described research findings. The experience has been different for some; yet in many ways others described the similarities of their experiences. These findings raised issues that the role was not clearly defined, created confusion and created the lack of understanding of what was required to be effective in the role. This chapter raises important areas for consideration with regard to the role of the charge nurse manager. The next chapter discusses these findings and makes recommendations for the future development of the charge nurse manager role.

Chapter Five

Discussion and Recommendations

Introduction

An important step in nursing research is to transfer the interpretation of the findings from the data, make the connection to the current practice and to discuss the contribution of this new knowledge with the growing literature on the role of the charge nurse manager. The purpose of this chapter is to draw together the findings of this study and make recommendations. The knowledge gained will be utilised to inform the development of an in-house organizational charge nurse manager management and leadership development programme. The limitations of this study, areas for further research and development and implications for practice will also be presented.

Discussion

This research began with questions that focused on the major influences to the charge nurse manager role: the management transition in relation to skills, participant ability that was brought to the role, job satisfaction and the key requirements for role development. Research findings suggest that role clarity, business management skills and the level of expectation were an issue. These three themes suggest that because the guidelines to the role were unclear, role complexity resulted, because of the lack of business management skills, role limitation occurred and because a level of expectation was at times high, sometimes unrealistic, role overload resulted. The research findings support the assumption at the beginning of the research that the complexity of the charge nurse manager role was such that the role was problematic. The assumption was further supported in this study in which it was evident that the role complexity caused role confusion, role overload and role limitation.

Several other points stood out. Firstly, it was clear that there was an anomaly regarding job satisfaction. While the charge nurse managers were challenged in the role it was evident that they loved the work they did and reported significant job satisfaction, despite difficult working conditions. However, role issues remain critical in this research. Secondly, it was apparent that charge nurse managers are appointed to the role based on their clinical expertise to a middle management role for which they do not always have the skill or competency. They are expected to learn through trial and error in a role that is significant in terms of organizational management. They learn the role without management training, organizational support or coaching into the role responsibilities. Some charge nurse managers do well, others struggle. Thirdly, it was plain that charge nurse managers are leaders as well as managers. In modernising health care systems, leaders cannot do the job without being a manager at the same time. It may be time that nurses change and develop new ways of practising management in highly complex restructuring organizations. There has been a paradigm shift in health service management and nursing may not have kept up to speed, probably no better or worse than any other profession.

Overall, it is argued that, in this study at least, the charge nurse manager worked in a complex context where influences were intense and extensive. Issues such as educational background, organizational resources, professional trends and contextual change influenced the role creating multiple demands. The transition into the role was particularly difficult. Charge nurse managers struggled in the role and because support was limited, the situation was ongoing, making the role continually difficult. If management and leadership education was available it was either premature or too late. There was an anomaly between individual role expectations and the role reality. Organizational training for the role was either minimal or non-existent.

Problems with roles are well documented in the literature. Kitson (2001) suggests that it is important that organizations clarify roles and boundaries, clarify accountability and provide a leadership skills 'toolkit' for the charge nurse manager role. Kitson goes on to say that in order for charge nurse managers to be effective in the role, they need to have a clear understanding of the role and its responsibilities. Although in this current research it was noted that new charge nurse managers entered the new role with a job description, the list of tasks, accountabilities, qualifications, skills and

attributes needed for the job were separate to the everyday reality of carrying out the role. This interpretation ties in with Guo (2003, p. 153), who argues that, “A role is an organised set of behaviours”. Within a role, there is a set of expectations, rules and regulations that govern a role such as that of the charge nurse manager. Guo suggests that the skills required to be effective in the role are human relations skills such as motivation, leadership and communication. Of importance is the ability to recognise and evaluate multiple complex issues and understanding relationships. Of equal importance is engaging in planning and problem solving and having the ability to think holistically. While the lists of skills are helpful to some extent, putting them into practice is quite different, as was seen in this research.

Not surprisingly, Shashkin and Rosenbach (as cited in Rosenbach and Taylor, 1998) argue that clinical leaders, such as charge nurse managers, need management training. It is here that management and leadership overlap. These authors suggest that the behaviours and personal characteristics that a charge nurse manager brings to the role must be transformational. Mills (2005) explains further that there are key leadership competencies required for charge nurse managers to be effective transformational leaders. These competencies are intertwined with the management role, requiring charge nurse managers to release talent, enable a team, articulate a vision, understand the broad context, provide service responsiveness and flexibility, achieve goals and influence change. In addition, Drummond (2002) mentions that clinical leaders such as charge nurse managers need clinical credibility, effective communication and stewardship. These attributes are interrelated and complementary and create the picture of a charge nurse manager as a whole. This is required to be successful in the role. These attributes and behaviour expectations create the vision of the ideal charge nurse manager.

The reality in this study was different. According to research findings from this study, when clinicians are appointed as managers, they are expected to have management skills. When clinicians enter the role with a lack of education, it is difficult to function effectively. New charge nurse managers might be clinical experts but are in fact, junior and novice managers who require development. As managers and leaders these nurses must provide the organization with purpose and direction; build networks and collaborate to enhance organizational goals. In order to function as competent senior

nurse managers, the depth of knowledge that charge nurse managers are expected to have, is high. This argument is supported by Guo (2003) who has identified that senior health care managers, such as charge nurse managers, perform some of the most important roles in a rapidly changing health care environment. However, if the role is not clear it is difficult to be effective in the job. Emphasis placed on the importance of role clarity for charge nurse managers is best described as: “In order to identify and enhance the contributions of nurse managers to health care delivery, management structures and roles must be carefully designed and evaluated” (Meyer, 2008, p.110-111).

As mentioned in chapters one and two, the role of a charge nurse manager is complex and demanding and, without the appropriate preparation, to perform effectively in the role it is difficult. The charge nurse manager job description is predominantly management focused. What does create tension however is that if the preparation to be a manager has not occurred, it will be difficult to be a leader.

“Aspiring leaders need to be identified, supported and developed. Senior colleagues have an obligation to spot and nurture talent, to encourage and develop leadership qualities and skills and to create a professional and organizational climate that enables the next generation of leaders to challenge orthodoxy, to take risks and to learn from experience” (Johns, 2003, p.34).

Despite the demands of the role, it was surprising to find that the charge nurse manager participants reported high job satisfaction. This finding is perhaps explained because the charge nurse managers are nurses, who, by nature, are caring individuals. They care about the well being of the patients, their staff and the people around them over whom they have an influence. The caring attributes displayed by the charge nurse manager participants in this study are similar to the caring attributes documented elsewhere. These include: commitment, self-worth, an ability to prioritise, openness and the ability to influence the potential of others (Wade et al. 2008). It is clear in this study that the caring and supportive behaviour displayed by charge nurse managers creates a workforce that displays job satisfaction in an environment where staff feel empowered, resulting in staff retention. This is consistent with the literature which suggests that “nursing foundations for quality of

care, nurse manager ability, leadership, support of nurses, collegial nurse-physician relations and staffing and resource adequacy were predictors for job enjoyment” (Wade et al. 2008, p.350). These are the rewards that bring immense joy to a charge nurse manager practicing in a challenging and difficult environment, creating job enjoyment for the individual.

Implications for the organization

The research findings have implications for the organization. This research took place on the assumption that the role of the charge nurse manager was problematic. The issues that created the problems were role clarity, business management skills and the level of expectation. Part of the reason this occurred was that charge nurse managers had little or no education to meet the requirements for the role. Therefore it is argued that if an organization appoints clinical nurses into management roles, surely it has an obligation to provide formal management development. Jumaa (2005) takes the view that management and leadership development enhances performance for economic and social benefit, improves organizational performance and improves people’s skills and change-management capabilities. Both management and leadership development provides direction, gains commitment, facilitates change and achieves results that are efficient and creative. It is therefore important for organizations to appreciate that responsible deployment of well developed charge nurse managers is a powerful organizational resource (Jumaa, 2005).

This raises the importance of the organization’s support of the profession and the profession’s responsibility for the development of its nurses. The International Council of Nurses (as cited in Shaw, 2007) states that the development of the charge nurse manager role, will contribute to the nursing profession, by raising the competency of its nurses in management and leadership roles. This in turn will promote job satisfaction and excellence in practice while supporting nurse recruitment and retention, thus enhancing the organizational workforce (Shaw 2007). It is evident that middle management, the charge nurse managers, are essential to healthcare organizations and that their potential remains untapped and unrealised (Hewison, 2006). Hewison suggests that the role of the charge nurse manager is a key factor in the introduction of organizational initiatives including evidence based practice, the creation of healthy workplaces and the elimination of workplace and nurse bullying.

The impact of leadership development on the team creates effective communication, responsibility, empowerment and clarity. The impact of leadership development on care giving improves patient-centred communication, continuity of care and interdisciplinary collaboration (de Casterle, Willemse, Verschueren & Milisen, 2008).

The organizational climate is such that many nurse leaders, managers and executives are faced with serious financial difficulties, declining employee commitment, escalating family and patient demands as well as new crises each day. The result has been that the joy has been removed from the workplace. Investing in charge nurse managers, individuals who are highly influential and directly linked to improving the positive mood in an organization, is money well spent. Manion (2003) suggests that a positive environment creates positive performance-related behaviours, improves a helping attitude towards others, and allows for inductive reasoning, more efficient decision-making, greater cooperation and the use of more successful negotiation strategies. Joy, a positive emotion, has the potential of creating a positive and appealing workplace and environment. "Joy is contagious and transcendent" (Manion, 2003, p.658). Joyful people are inviting to others. Manion believes that joy creates quality relationships in the workplace and influences engagement and commitment. These attitudes are bonuses to the workplace and have the potential to influence retention rates. Manion go on to say that the charge nurse manager is pivotal and instrumental in modelling joyfulness.

The benefits of the development of the charge nurse manager role are powerful indicators of the organizations commitment to employee health and welfare. Organizational investment in charge nurse manager development will indirectly result in a motivated workforce, improve morale, reduce absenteeism, reduce personnel and welfare problems, reduce industrial relationship disputes, improve efficiency and improve organizational performance, competitiveness and public image (Whitehead, 2006).

Implications for the individual

My hope is that the findings of this research study will create a platform for individual charge nurse managers to have professional development, career development and advancement that will improve their quality of life and give greater job satisfaction.

Individual development will go the same way. It will assist charge nurse managers develop a higher self-esteem, have a wider sphere of influence and have access to the relevant learning opportunities (Shaw, 2007).

Individual charge nurse managers need to keep abreast of nurse management education to develop skills and styles that will develop their management capability. McMurray and Williams (2004) suggest that the development of the charge nurse as a manager will promote innovative practices. Jumaa (2005) suggests that management leadership development changes tacit knowledge into explicit knowledge. The impact of management leadership development potentially improves self-awareness, enhances communication skills, performance and vision (de Casterle et al. 2008).

Development of the individual charge nurse manager role should provide opportunities to achieve personal career goals. Rolfe (2007) suggests that, for managers, the physical, social and psychological needs of nurses cannot be separated from the equivalent needs of patients. There is no difference in meeting the needs of potential, prospective and developing charge nurse managers. "Competence is intrinsically rewarding to people" (Manion, 2003, p.658). Manion suggests that the development of the charge nurse manager role will improve competence and confidence. The individuals' attitude to work changes, allowing them to feel good about themselves, feel a sense of achievement, find work appealing and feel appreciated by others. Charge nurse managers will become visionary and creative because of the knowledge acquired (McMurray & Williams, 2004).

Recommendations

While the recommendations in this study are directed towards the organization, there are implications for the individual as well as the profession. Although succession planning for charge nurse managers begins earlier on a career pathway, it is suggested that these recommendations are introduced along the career pathway and at the time of appointment to the role. Professional development for charge nurse managers must continue well past entry level qualifications, so that advanced management and leadership skills and knowledge pertaining to the role is acquired. The focus on ongoing learning is consistent with the new model for healthcare leadership

development that emphasises a lifelong learning model (Leatt & Porter, 2003). Leatt and Porter identify the competencies of leadership to include everything from self confidence and emotional self management, to empathy and persuasion and suggest that the lifelong learning model must include graduate education, management training, formal mentoring and intense leadership development experience. Therefore ongoing development is critical to enable charge nurse managers acquire role competence and maintain credibility.

Another recommendation is that the organization has the responsibility to identify, quantify, develop, measure and evaluate core competencies of health care leaders such as charge nurse managers (Leatt & Porter, 2003). This suggests that modern day leadership development should be assessment oriented. This way the potential of the individual is measured and recommendations made to attend to areas that require improvement. The framework for leadership development needs to include individual leadership knowledge and skill, organizational improvement and strategic positioning of the organization. Progressive investment in leadership development will benefit both the individual and the organization. This can be done by way of support through a trained facilitator who would assist charge nurse managers to identify their strengths and areas for development as well as identify the areas of influence and control. This way, management and leadership development provides the opportunity for charge nurse managers to learn management and leadership behaviour rather than rely on role models and anecdotal knowledge that may or may not be effective.

A further recommendation to enhance the professional performance of charge nurse managers is clinical supervision. Nursing within acute hospital settings occurs in an environment which is complex. Nurses working alongside other disciplines and teams can cause tension and misunderstanding of each other's roles. This can impact on the development and performance of individuals. Jasper and Jumaa (2005) believe that clinical supervision is a useful process to support professional learning, which enables knowledge and competence development. If clinical supervision occurs within a supportive environment, charge nurse managers are more likely to assume responsibilities for their own practice and enhance consumer protection and safety within the complex environment of an acute hospital setting. Jasper and Jumaa argue that clinical supervision allows charge nurse managers to reflect on their practice,

receive the guidance and support of a supervisor and, by engaging in the process, promote the development of therapeutic proficiency. This recommendation though, is not straightforward. Johns (2003) observes that the realities of implementing such a radical strategy into an existing traditional organizational culture is challenging but will reap benefits over time by assisting charge nurse managers to challenge orthodoxy and facilitate change.

One other recommendation, at a local level, is that the District Health Board (DHB) develops a leadership and management development programme for charge nurse managers. This staff development programme should include the key aspects of orientation, preceptorship, mentorship, clinical supervision and ongoing education. The DHB needs to ensure that charge nurse managers enrol in the Post Graduate Diploma in Health Management. This qualification covers the key management areas required to function as a charge nurse manager including human resources, accounting, operations management, health management, health organization, quality in health care and health economics. The ideal is that a masters level of education is completed before appointment into the role. If that has not occurred charge nurse managers should be asked to participate in management education. This process should be part of the Professional Development Recognition Programme (PDRP) where staff nurses develop a career pathway, in preparation for roles such as the charge nurse manager. A programme such as this must be structured with both formal and informal education, with theoretical and practical learning components.

The final recommendation is that a post graduate education qualification should be a prerequisite for practice in the role and educational development a priority. Self responsibility and self preservation should be the onus of the individual but new possibilities for practice should be created by the organization. It is only through the development of charge nurse managers that nursing will have the political influence on what impacts nursing practice; the ability to challenge the status quo and changes occurring within nursing management and leadership and the ability to articulate their expectations (Mills, 2005).

Limitations of the study

This study was a small descriptive exploratory research study. The size of the study, the limitation of utilising charge nurse managers as participants from one organization only, and the limited time frame for completion, means that the findings cannot be generalised beyond this participant sample and setting. However, from a local point of view, the findings can be utilised to develop a staff development programme within the organization, as well as provide an opportunity for change.

The study is exploratory which means that further research is certainly required in this area. The setting provides an untapped field for rich qualitative research data. Currently there is insufficient data on the extent of the nursing management and leadership problem in New Zealand, which highlights the need to study issues that are of concern to nurses, within the New Zealand cultural context.

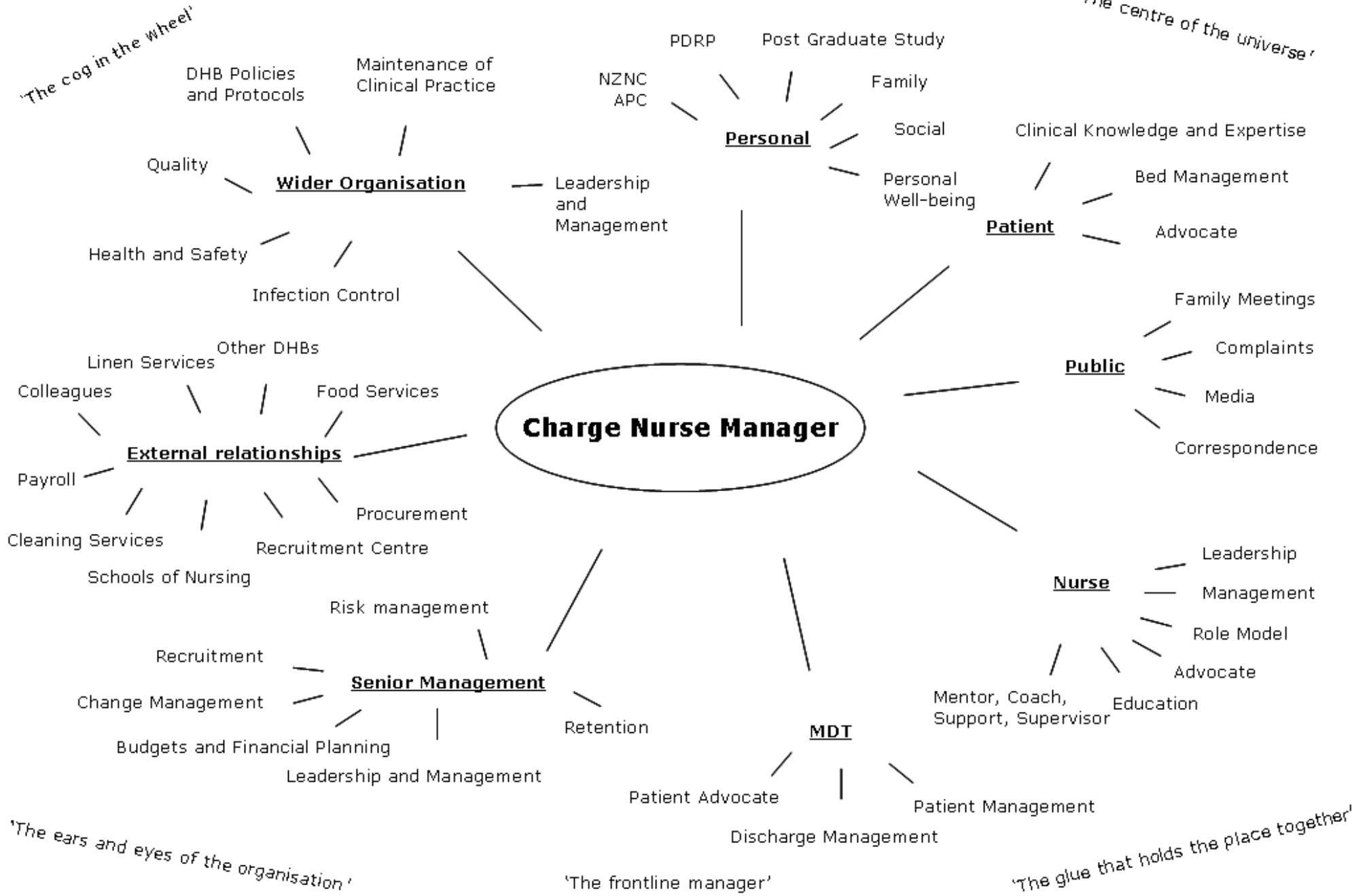
The charge nurse managers who took part in this study have given selflessly of their time when their day was already crowded with work related issues that required attention. They willingly shared experiences that were a true reality for them all. The wisdom to know where the problems were and work together at seeking solutions as well as their honesty in exploring their own role has certainly received the utmost respect and admiration from me. The harsh environment and sometimes unfulfilling task that so many charge nurse managers face each day places great strain on who they are as nurses, having a direct impact on who they are as people: wives, husbands, partners, mothers, fathers, daughters, sons, sisters, brothers and friends. This means that the research might be seen to be limited professionally, simply because the context and structures limit individuals.

Conclusion

It has been seen that the charge nurse manager role is complex and demanding. Charge nurse managers, particularly those new in the role, require the support and assistance to develop within the role. While there is an element of personal responsibility in achieving these goals, the organization has an equal responsibility to provide the resources for this to occur. The induction of individuals new to the role, education, support, clinical guidance, mentorship and clinical supervision are all essential elements for the success of the role. This may well need to occur in a nursing-management model, which potentially challenges many of the traditional ways of managing and leading. A new model of nursing-management may be needed for the charge nurse role, which clearly has its own set of knowledge, skills and competencies. More work is required on this long-standing issue.

Appendix: A

'The Charge Nurse Manager is what makes this place tick'



Appendix: B

MEMORANDUM

Auckland University of Technology Ethics Committee

To: Antoinette McCallin
 From: **Madeline Banda** Executive Secretary, AUTECH
 Date: 9 December 2008
 Subject: Ethics Application Number 08/240 **The Charge Nurse Manager role.**

Dear Antoinette

Thank you for providing written evidence as requested. I am pleased to advise that it satisfies the points raised by a subcommittee of the Auckland University of Technology Ethics Committee (AUTECH) at their meeting on 20 October 2008 and that I have approved your ethics application. This delegated approval is made in accordance with section 5.3.2.3 of AUTECH's *Applying for Ethics Approval: Guidelines and Procedures* and is subject to endorsement at AUTECH's meeting on 19 January 2009.

Your ethics application is approved for a period of three years until 9 December 2011.

I advise that as part of the ethics approval process, you are required to submit the following to AUTECH:

- A brief annual progress report using form EA2, which is available online through <http://www.aut.ac.nz/about/ethics>. When necessary this form may also be used to request an extension of the approval at least one month prior to its expiry on 9 December 2011;
- A brief report on the status of the project using form EA3, which is available online through <http://www.aut.ac.nz/about/ethics>. This report is to be submitted either when the approval expires on 9 December 2011 or on completion of the project, whichever comes sooner;

It is a condition of approval that AUTECH is notified of any adverse events or if the research does not commence. AUTECH approval needs to be sought for any alteration to the research, including any alteration of or addition to any documents that are provided to participants. You are reminded that, as applicant, you are responsible for ensuring that research undertaken under this approval occurs within the parameters outlined in the approved application.

Please note that AUTECH grants ethical approval only. If you require management approval from an institution or organisation for your research, then you will need to make the arrangements necessary to obtain this. Also, if your research is undertaken within a jurisdiction outside New Zealand, you will need to make the arrangements necessary to meet the legal and ethical requirements that apply within that jurisdiction.

When communicating with us about this application, we ask that you use the application number and study title to enable us to provide you with prompt service. Should you have any further enquiries regarding this matter, you are welcome to contact Charles Grinter, Ethics Coordinator, by email at charles.grinter@aut.ac.nz or by telephone on 921 9999 at extension 8860.

On behalf of the AUTECH and myself, I wish you success with your research and look forward to reading about it in your reports.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Madeline Banda'.

Madeline Banda
Executive Secretary
Auckland University of Technology Ethics Committee

Appendix: C

Participant Information Sheet

**Date Information Sheet Produced:**

2 October 2008

Project Title

The Charge Nurse Manager Role

An Invitation

This research is part fulfilment of and will contribute to the qualification of Master of Health Science (Nursing). I invite you to be part of this study. Your participation is voluntary. You may withdraw from this research study, at any stage, without any consequence.

What is the purpose of this research?

The purpose of this research is to explore and understand the viewpoints of charge nurse managers regarding their role, gain perspective on the management and leadership expectation and competency requirements to fulfil the role. I would like to know about the influences, preparation, expectations, job satisfaction and training associated with the charge nurse manager role. I am keen to hear your perspective. This way knowledge will be gained to identify areas where improvement is required, where education is needed and if charge nurse managers need further support, supervision and mentorship in their role. This research will contribute towards my qualification of Master of Health Science (Nursing)

How was I chosen for this invitation?

Criteria, for the sample group requires that you are presently practicing in the role of Charge Nurse Manager within Adult Health Services at the District Health Board (DHB) to qualify as a potential participant. You have therefore been identified as a potential participant.

What will happen in this research?

Initially I will approach you informally asking you if you are interested in this research. If you are, I will send an information pack out to you explaining what the study is about and what will be required to participate in the study. I will request that should you agree to participate, that you return the signed consent form to me by the date furnished. If I have not heard from you, I will contact you to check if you are interested. You are free to ask questions about the study at any time. You and I will arrange a date and time for the interview to take place. If you join the study, the interview will take place in a private room. The interview will be an in-depth discussion that will last between 1 hour and 1 1/2 hours. With your permission, the interview will be recorded on tape so that I have access to the conversation for transcription at a later date. I will take notes as well. I may request to come back to you on email or for a brief meeting, should I require further clarification if I am unclear of your responses.

At the interview, you will be asked the following questions:

- 6) What are the major influences that you face as a charge nurse manager today?
- 7) When you made the transition into management, what did you feel confident about in terms of skills and abilities? What was missing? What preparation would you liked to have had?
- 8) What are the expectations associated with the role and how achievable are they?
- 9) How do the dimensions of the role impact on job satisfaction?
- 10) Have you received formal leadership training or orientation to the charge nurse manager role? If not, what opportunities for improvement have you identified for yourself in your charge nurse manager role and what topics do you believe should be addressed for the development of all charge nurse managers? (Sherman, et al, 2007).

The interview will proceed with me asking you the questions to clarify different aspects of the charge nurse manager role.

After the interview when I am analysing the data, it may occur that I require clarification on some of your responses. In that case, I would like permission to contact you with those questions on email or meet in person if you so wish. You will be free to choose how you wish to respond as well as whether you wish to respond or not.

What are the discomforts and risks?

It is unlikely that the interview will cause any discomfort. However, should you wish to stop the discussion or pause at any stage, I am willing to do so. There is no apparent risk in this research.

How will these discomforts and risks be alleviated?

Your response to questions will be entirely your choice. You have the option to elaborate should you wish to or 'skip' if you are not comfortable with responding. Any information shared at this interview will remain confidential and your privacy and anonymity will be maintained.

What are the benefits?

There are no benefits to you participating in this research. However, the knowledge gained from this study may provide the information that may be used to establish what the needs are and what resources are required to make improvements to the charge nurse manager role. Having a better understanding of the role may contribute to the development and educational needs required to practice as a charge nurse manager. For the researcher, this study will provide findings in response to the research question.

How will my privacy be protected?

To ensure your privacy is protected and the information shared stays confidential the information from the interview (if you agree to audio-taping), will be typed up in a transcript that does not identify you, or your workplace. The person who transcribes the data will be asked to sign a confidentiality agreement and not to talk about what is said at interview. At the interview I will ask you to choose a pseudonym that will be your research identity. I will be the only one who knows who you are. The DHB will remain anonymous throughout the written work. The information collected stays confidential and the only two people who will have access to it will be me, Carol Frankson, the researcher and my research supervisor Dr. Antoinette McCallin, at AUT University. The data and your consent form will be stored securely and destroyed after six years.

What are the costs of participating in this research?

There is no financial cost to you. The main cost would be your time. The interview should take between 1 hour and 1-½ hours. Should I require further clarification on your responses, I may request more of your time. There is no expectation that you will be

required to spend more time than is stipulated or than you are able to provide. I am mindful of your workload and that your time is precious.

What opportunity do I have to consider this invitation?

Once you have read the information and are clear and in agreement with the process, you have a week in which to submit the signed consent form. You are welcome to call me or send an email should you require any further clarification.

How do I agree to participate in this research?

You will need to sign and submit a consent form, which I will provide. I am available to answer any further queries raised during this time.

Will I receive feedback on the results of this research?

Yes, a summary of the study will be made available to you on request.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, *Dr Antoinette McCallin*: antoinette.mccallin@aut.ac.nz, telephone details: (09) 9219999 x 7884.

Concerns regarding the conduct of the research should be notified to the Executive Secretary, AUTEK, Madeline Banda, madeline.banda@aut.ac.nz, 921 9999 ext 8044.

Whom do I contact for further information about this research?

Researcher Contact Details:

Carol Frankson

(09) 4861491 x 3890

Project Supervisor Contact Details:

Dr. Antoinette McCallin
Senior Lecturer
School of Health Care Practice
AUT University
Auckland
New Zealand
antoinette.mccallin@aut.ac.nz

(09) 9219999 x 7884

Appendix: D

Interview Questions

Research Study: The Charge Nurse Manager Role



- 1) What are the major influences that you face as a charge nurse manager today?
- 2) When you made the transition into management, what did you feel confident about in terms of skills and abilities? What was missing? What preparation would you liked to have had?
- 3) What are the expectations associated with the role and how achievable are they?
- 4) How do the dimensions of the role impact on job satisfaction?
- 5) Have you received formal leadership training or orientation to the charge nurse manager role? If not, what opportunities for improvement have you identified for yourself in your charge nurse manager role and what topics do you believe should be addressed for the development of all charge nurse managers? (Sherman et al. 2007).

Appendix: E

Consent Form

For use when interviews are involved.



Project title: The Charge Nurse Manager Role

Project Supervisor: Dr. Antoinette McCallin

Researcher: Carol Frankson

- I have read and understood the information provided about this research project in the Information Sheet dated 2 October 2008.
- I have had an opportunity to ask questions and to have them answered.
- I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.
- I understand that I may withdraw myself or any information that I have provided for this project at any time prior to completion of data collection, without being disadvantaged in any way.
- If I withdraw, I understand that all relevant information including tapes and transcripts, or parts thereof, will be destroyed.
- I agree to take part in this research.
- I wish to receive a copy of the report from the research (please tick one): Yes No

Participant's signature:
.....

Participant's name:
.....

Participant's Contact Details (if appropriate):
.....
.....
.....

Date:

***Approved by the Auckland University of Technology Ethics Committee on 9 December 2008
AUTEK Reference number 08/240***

Note: The Participant should retain a copy of this form.

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