

University of Nevada, Reno

Charge Nurses: Undereducated and Underprepared

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Abstract

Charge nurses are first line leaders with a significant impact in the healthcare industry. A lack of understanding exists regarding the lived experience of these charge nurses when they make the transition to this crucial role. By exploring the lived experience of these individuals, utilizing a phenomenological approach based on the work of Max van Manen, the meaning and significance of their transition was discovered.

Unstructured one-to-one interviews were utilized with a convenience sample of seven charge nurses who had transitioned to the role within the last two years. Several distinct themes regarding the charge nurses' experiences were found. Those included: transition training, resources, transition feelings, transition obstacles, M3 leadership training, desired training, charge nurse characteristics/personality traits, and a global theme of "A Cry for Help".

The findings from this study support the argument that improper training can be detrimental to the success of an individual within their role and thus the productivity of an organization as a whole. The charge nurses received insufficient training. This affected many aspects of their lives and could have been remedied with more education and training. The results of this study could be utilized to formulate a training program in an effort to remedy the difficulties expressed by the charge nurses interviewed.

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Chapter I

INTRODUCTION

Background and Significance

Nursing leadership development is important in today's changing health care climate (Swearingen, 2009). Nurse leaders affect staff satisfaction, patient outcomes, and the fiscal status of most health care organizations (Swearingen, 2009). According to the U.S. Bureau of Health Professions, the shortage of registered nurses will reach roughly 800,000 by 2020 (Malcolm, 2013). Considering this, the need for competent skilled nurse leaders able to manage and navigate the increasingly complex world of health care is critical (Malcolm, 2013). Charge nurses are first line leaders with a significant impact in the healthcare industry. The study site facility, an acute-care hospital in the Western United States (U.S.) which employs over 600 Registered Nurses, is dedicated to serving the local population. With a goal of attaining exemplary patient care, the development of a training program at this institution to prepare nurses for a role in nursing leadership is vitally important. The ability to understand the lived experiences of charge nurses, first line nursing leaders, will be key in developing the program.

Statement of the Problem

A charge nurse in an acute care setting may be defined as a first-line nursing supervisor in charge of the direct supervision of a group of nurses on a nursing unit within the hospital. The charge nurse is not just the individual that staff nurses turn to when they need help or advice though. Connelly, Yoder and Miner-Williams (2003) found that the role of a charge nurse is complex and serves as exposure to first-line

management. The charge nurse has become an all-encompassing job with duties that range from ensuring the unit has proper staffing to educating staff about new policies and procedures and handling patient complaints. The charge nurse is the front-line supervisor responsible for multiple personnel and complex situations.

Charge nurses are often staff nurses who have been promoted with no training or education for this position. This is problematic as these nurses are usually underprepared to assume the position (Cartier, 1995). Lack of education for these new charge nurses can lead to issues such as the hinderance of unit workflow and continuity of care as well as the inability of those charge nurses to provide adequate clinical support to staff, physicians, and patients (Armstrong & Hedges, 2006). Additionally, underprepared charge nurses can teach new clinical staff nurses bad habits or provide incorrect information which can affect proper patient care and staff relations. For example, a charge nurse without proper training could make unsatisfactory or unsafe patient care assignments, which affects the ability of staff nurses to provide safe care which could lead to poor patient outcomes. Because of the tremendous amount of influence and responsibility a charge nurse has, it is imperative that they receive the education and preparation needed for that role (Connelly et al., 2003).

Nurses report a lack of training and preparation to function successfully within the charge nurse role (Delamater, 2018). With research showing that formalized training for charge nurses directly results in an improved self-assessment of leadership skills (Delamater, 2018), why is there no proper education given to allow for the smooth transition from staff nurse to charge nurse? Why is the undereducation and

underpreparation of these individuals not taken seriously? There is a lack of research that describes the actual experience of charge nurses in acute care settings. Exploring the lived experiences of charge nurses could provide valuable insight into the information staff nurses need when transitioning to a charge nurse role and insight into the characteristics and abilities a competent charge nurse brings to that role.

The purpose of this study was to explore and discover the meaning and significance of the lived experience of staff nurses who have transitioned to the charge nurse role. By describing, interpreting, and gaining a deeper understanding of the lived experience of nurses who assume a charge nurse position, the educational needs of a charge nurse can be uncovered. This will allow for the eventual development of a training program that has the capacity to properly educate staff nurses transitioning to the role of charge nurse.

Significance of the Study

At the time of the study, the study site facility does not provide formal education given to staff nurses who transition to the charge nurse role. Generally, an individual transitioning to this new role is given two to four shifts with an experienced charge nurse for orientation to the role. Considering the role charge nurses play in an acute care environment, this is inadequate. Duygulu and Kublay (2010) found that the implementation of a leadership training program significantly increased leadership practices. Not only do clinical staff nurses transitioning to a charge nurse position need leadership training, they also need significant hands-on clinical experience to fully understand the charge nurse role and responsibilities (Duygulu & Kublay, 2010). The

research shows the orientation to the charge nurse role at the facility under study is inadequate.

Relief charge nurses are staff nurses who have been oriented to the role of charge nurse to fill in during a charge nurses' absence. These staff members are given two to four shifts with a charge nurse to orient and then fill the role whenever needed. This could be weekly or once every few weeks or months. Being a relief charge nurse once every few months does not equal training. Relief charge nurses actively involved in committees and unit improvement projects, or serving as preceptors indicated how a structured and well-supported relief charge program can result in expanded leadership beyond the episodic charge role (Krugman, Heggem, Kinney & Frueh, 2013).

As a comparison, newly graduated nurses and nurses transitioning from a medical surgical unit to a critical care unit are given months of hands-on training and educational classes to ease the transition. The charge nurse role is multifaceted and should be given equal attention in regards to training. Krugman et al. (2013) found that the majority of nurses who attended a leadership development program felt the program prepared them for supervising, evaluating, and disciplining staff. The program also prepared them to lead day-to-day patient care issues (Krugman et al., 2013). Furthermore, training for nursing leadership has been shown to improve patient satisfaction with health care and reduces adverse events and complications (Wong & Cummings, 2007).

Chapter Summary

Current charge nurses at the study site facility have little to no formal training

received during the transition from staff nurse to charge nurse as there is no program available. There is a lack of understanding that exists regarding the experiences these charge nurses have had in their transition. More knowledge must be discovered about these experiences in order to understand the meaning of being put into the role without adequate preparation. Delving into the experiences of those charge nurses who have recently made the transition will provide clarity. Their combined experiences of learning a new role without appropriate education will facilitate the development of a training program that aligns with the culture of this institution and ensures clinical staff nurses are given the proper training to transition to the role of charge nurse in the future.

Chapter II

REVIEW OF THE LITERATURE

Introduction

Using several key words such as charge nurse, charge nurse roles/responsibilities, and charge nurse education, training, and development, approximately 150 articles were found. Of those 150 articles, there were about 20 articles that were usable and directly related to the identified problem. CINAHL and PubMed databases were used for the literature search.

Charge Nurse Roles and Responsibilities

The roles and responsibilities of charge nurses are explored in depth in the literature. The Ohio Nurses Association (2016) defined three fundamental responsibilities for charge nurses: planning, coordinating, and evaluating unit nursing activities. In regards to planning, the charge nurse identifies the procedures, processes, and patient care to be accomplished during the work period, as well as the resources that will be required to safely carry out the work of the unit (Ohio Nurses Association, 2016). The coordinating aspect of the charge nurse's role involves the distribution of the unit work in a manner that makes the best use of available resources, both personnel and material, and which consider the knowledge, skills, and abilities of those persons who will be integral to the patient care process (Ohio Nurses Association, 2016). Lastly, on an ongoing basis, the charge nurse evaluates individual and collective outcomes of the patient care provided during their shift, compares patient care delivery to accepted standards, adjusts assignment of resources as

necessary, and reports changing needs and outcomes to the health care staff (Ohio Nurses Association, 2016).

Eggenberger (2012) utilized a descriptive exploratory method to describe the experience of being a charge nurse. There were eight themes that emerged from this study: creating a safety net, monitoring for quality, showing the way, completing the puzzle, managing the flow, making a difference, putting out fires, and keeping patients happy (Eggenberger, 2012). These eight themes portray an accurate reflection of the roles and responsibilities of a charge nurse. For example, in regards to the theme of creating a safety net, participants described charge nurses as buffers who catch things that are not as obvious and have the potential for falling through the cracks, which may result in errors (Eggenberger, 2012).

As the charge nurse has a leadership assignment that is critical to ensuring efficient unit operations, smooth patient flow, and adequate staffing, the role must be filled by qualified and competent individuals (Flynn, Prufeta, & Minghillo-Lipari, 2010). Flynn, Prufeta and Minghillo-Lipari (2010) described the criteria necessary for the proper selection of a nurse to assume the role of charge nurse. The following were found to be fundamental characteristics of a charge nurse: clinical experience, role model attributes, ability to be an effective change agent, organizational skills, effective communication and collaboration skills, ability to defuse challenging situations, time management and prioritization skills, ability to delegate, flexibility, assertiveness, ability to problem solve, critical-thinking skills, ability to see the big picture, and a goal-oriented personality (Flynn, Prufeta, & Minghillo-Lipari, 2010).

Training/Education Deficits

The roles of front-line supervisors, charge nurses, have undergone significant change (McCallin & Frankson, 2010). For example, organizational restructuring and changes in health care policy have had a considerable impact on the scope of the charge nurse role (McCallin & Frankson, 2010). With an ever-changing role, if charge nurses are poorly prepared for clinical and administrative management, the potential for role overload or role confusion increases (McCallin & Frankson, 2010). McCallin and Frankson (2010) found clear evidence that charge nurses who transitioned into the role without training were unprepared. Three themes emerged from their research: role ambiguity, business management deficit, and role overload, further documenting the need for preparation for the role (McCallin & Frankson, 2010). The findings found clear evidence that charge nurses were appointed into a management role with clinical expertise but without management skills (McCallin & Frankson, 2010).

Patrician et al. (2012) found charge nurses reported significant challenges in doing their jobs efficiently due to the lack of preparation for the role. Those challenges were grouped into four themes: managing staff performance, role clarity, powerlessness in regard to system complexity, and a lack of leadership support (Patrician et al., 2012). For example, the challenges of managing staff performance included sustaining staff motivation; lack of accountability, responsibility, and initiative among staff; and unprofessional attitudes among staff members that sometimes led to bullying and other forms of conflict (Patrician et al., 2012).

With deficits and challenges noted within charge nurse training, several

researchers examined the content needed to train charge nurses adequately and effectively. Wojciechowski, Ritze-Cullen and Tyrell (2011) identified learning needs of charge nurses, barriers charge nurses face, and assistance charge nurses require to perform their role successfully. Homer and Ryan (2013) were also able to identify skills necessary for a charge nurse and then use those skills as a guide to develop the curriculum for their educational program.

Training/Education Programs

Several of the studies reviewed had a primary goal of examining the outcomes of a training program aimed at educating charge nurses. Duygulu and Kublay (2010) and Krugman, Heggem, Kinney and Frueh (2013) chose to focus on a training program rooted in leadership practices while Homer and Ryan (2013) and Fitzpatrick, Modic, Dyk and Hancock (2016) centered their respective programs on communication skills. The Leadership Practices Inventory (LPI) was a common tool used in these studies to evaluate the effectiveness of the program. Krugman et al. (2013) found statistically significantly improved LPI ratings among charge nurses and relief charge nurses after the program that was implemented. Duygulu and Kublay (2010) not only found improved LPI ratings among charge nurses, but observations of charge nurse leadership practices were significantly improved. Krugman et al. (2013) and Fitzpatrick et al. (2016) took their respective studies a step further and examined the longitudinal effect a training program had on the success of a charge nurse. Significant increases in leadership practices over time were noted in both studies.

Chapter Summary

In researching this issue, the majority of the literature focused on quantitative analysis of charge nurse educational programs. Few studies looked at the actual lived experience of veteran charge nurses. As charge nurses experience their role, they learn what is necessary to be successful in the role, and they develop the qualities needed for the role. Wisdom gained from the lived experience of these nurses can be used to develop educational/training programs to ensure the success of other nurses who transition to the role.

Chapter III

METHODOLOGY

Research Question

What is the meaning and significance of the lived experience of staff nurses who have transitioned to the charge nurse role?

Research Design

Phenomenological research is the study of the lived experience of a given phenomenon aimed at gaining a deeper understanding of the nature or meaning of everyday experiences (van Manen, 1997). Phenomenology is a human science rather than a natural science since the subject matter of phenomenological research is always the structures of meaning of the lived human world (van Manen, 1997). It differs from almost every other science in that it attempts to gain insightful descriptions of the way humans experience the world pre-reflectively, without taxonomizing, classifying, or abstracting it (van Manen, 1997).

This inquiry used a phenomenological approach using the work of Max van Manen. van Manen (1997) suggests an approach to research in which the researcher acknowledges their previous experience, knowledge and beliefs, and how these may influence the researcher in all phases of data collection, analysis and interpretation. The six-step methodological structure proposed by van Manen (1997) is as follows:

1. Turning to the nature of the lived experience
2. Investigating experience as we live it
3. Reflecting on the essential themes which characterize the phenomenon

4. Describing the phenomenon in the art of writing and rewriting
5. Maintaining a strong and orientated relation to the phenomenon
6. Balancing the research context by considering the parts and the whole

This design was most suited to this study as the research question focused on how people interpret, and make meaning of, their lives. A series of investigative interviews were conducted to explore the lived experience in question thus satisfying both step one and two of van Manen's method. By analyzing the interview data and articulating the themes identified within that data, steps three and four were fulfilled. Additionally, being mindful to the research question during the research process completed step five of van Manen's method. And lastly, by understanding that within this research process there was continual movement within the steps and by remembering it was not necessarily a linear concept, step six was realized.

Description of Setting

The study took place at a hospital in the Western United States. This is a 364-bed acute-care hospital, with over 1,200 employees, in the heart of the city (Spring Valley Hospital, 2019). The facility has a range of medical offerings to meet the needs of area residents and visitors including: 24-hour emergency services, cardiovascular services with a specialty in open-heart surgery, inpatient and outpatient rehabilitation, maternity services with a Level III NICU and wound care (Spring Valley Hospital, 2019).

Time and Place of the Study

The study, in its entirety, was conducted over the course of approximately 10 months. Preparation, which included completion of the proposal, began in January of

2019. Proposal defense and Institutional Review Board (IRB) approval followed. Data collection occurred over the course of a few months in the summer and early fall of 2019. Finally, after data saturation occurred, themes of the lived experience of charge nurses were delineated with a final defense occurring in November of 2019.

Participant Recruitment and Selection

Sample

A convenience sample of charge nurses was recruited to participate in this study. The charge nurses were recruited by means of a flyer created by the student investigator and then sent out via email. A copy of this flyer can be found in Appendix A. Inclusion criteria included charge nurses with less than two years of experience in the charge nurse role. Exclusion criteria included relief charge nurses and those who had been in a charge nurse position for more than two years. It was necessary to include only charge nurses with experience and exclude relief charge nurses due to the need to attain the knowledge of those immersed in the practice of being a charge nurse, a principle of phenomenological studies (Polit & Beck, 2014).

Human Subjects Protection

The study was approved by the Institutional Review Board of the University of Nevada-Reno prior to data collection. Written informed consent was obtained from all participants by the student investigator prior to data collection. A copy of the consent form can be found in Appendix B.

Data Collection

Data was collected by using unstructured one-to-one interviews. The interviews,

conducted by the student investigator, took place in a controlled environment with the charge nurses' written consent. A series of several dates were provided to the charge nurses via email to set up interview times convenient for each individual. Interviews lasted approximately 10-20 minutes, and were recorded to maintain data accuracy.

Data Source: Interviews

With the intent of eliciting the charge nurses' perspective, experiences, and opinions, the interview started with a grand tour question to begin to identify how the interviewee felt during their transition from staff nurse to charge nurse. By using active listening techniques, follow up questions were asked throughout the interview (Polit & Beck, 2014). The grand tour question and subsequent follow up questions can be found in Appendix C.

Data Analysis

Data analysis was done concurrently with data collection. As qualitative data analysis is very complex, this study utilized van Manen's approach to phenomenological research to provide the framework and guide the process. First, transcription, by the student investigator, of the audio recordings of the interview was performed. Coding, which refers to the identification of topics, issues, similarities, and differences that are revealed through the participants' narratives and interpreted by the researcher, occurred next (Sutton & Austin, 2015). This process allowed the researcher to begin to understand the world from each participant's perspective (Sutton & Austin, 2015). Finally, the topics, issues, similarities, and differences that were revealed in the coding process were themed. Theming refers to the drawing together of codes to present the findings of qualitative research in a coherent and meaningful way (Sutton & Austin, 2015).

Budget and Funding

This study did not require monetary funding considering all of the respondents were participating based on their voluntary status. All volunteers were asked to give of their time, in order to conduct the interview.

Chapter IV

RESULTS

Description of Sample

The convenience sample consisted of seven female charge nurses. All seven of these charge nurses met inclusion criteria with each transitioning to the charge nurse position within the last two years. The age of the participants ranged from 26-44 years old. Participants included five medical/surgical charge nurses interviewed and two intermediate care charge nurses interviewed. All of the charge nurses within the sample were educationally prepared for their role with a BSN except one charge nurse who had an ADN. A demographic data sheet was compiled (see Appendix D).

Findings

The participant interviews resulted in a number of significant findings. These findings could be classified into several distinct themes: transition training, resources, transition feelings, transition obstacles, M3 leadership training, desired training, and charge nurse characteristics/personality traits. Grouped into these themes are the transition experiences conveyed by the interviewees. They are described below.

Transition Training

Inconsistent preparation. Most of the charge nurses interviewed were relief charge nurses for a period of time ranging from 3 months to a full year before assuming the charge nurse role. However, two of the interviewees did not have relief charge experience before assuming the full-time charge nurse position. The participants who were trained for relief charge were trained by a veteran charge nurse. They shadowed

either one or multiple veteran charge nurses for between two to four shifts. There was no additional training given to these nurses who had relief charge experience when they transitioned to charge nurse.

One nurse stated: “Before I got the position I was a relief charge for about 10 months. I had two days with a full-time charge nurse {when I trained to become a relief charge nurse}.”

Another nurse stated: “Originally I was trained as a relief charge. I got three days of training, each day with a different clinical supervisor. After those three days it was up to me. Then, I was offered the full-time position a couple of months after that. There really wasn’t any further training.”

Those nurses that became charge nurses without assuming a relief charge role first had between zero to six shifts shadowing a veteran charge nurse. Both of those nurses were transitioned out of a critical need to fill the role.

Mixed emotions regarding preparation received. There were mixed emotions regarding the participants’ thoughts on whether or not the preparation they received for the role was adequate. The feelings were on opposite ends of the spectrum, mainly for those charge nurses without previous leadership experience versus those with previous leadership experience. The participants without leadership experience were more inclined to state difficulties with their transition and a general feeling of not receiving adequate preparation for the role while participants with prior leadership experience felt their preparation was sufficient, at least in the leadership aspect of the role. There were other areas these nurses felt ill-prepared for.

There was a consensus among interviewees that the position requires significant hands-on training. They felt the hands-on training they received was inadequate:

“I think the training that I got was a good skeleton for how it would go. Things were missed in those three days of training simply because it was only three days.”

Other participants stated:

“I think [the training] is as adequate as it can be. I think 90% of it is experience, hands-on experience, dealing with it” and “2 days [of training to become a relief charge]. Not enough time because there is a lot to it.”

Resources

Several of the charge nurses stated other veteran charge nurses helped them during their transition.

“I would just ask other charge nurses on other units that I am close with during my shift if I needed help with anything.”

Additionally, the house supervisor and unit managers/directors were also mentioned as resources to the participants.

“If I don’t know I will ask another charge nurse or the house supervisor or my manager/director.”

Knowing who to go to for help and having the ability to utilize those resources for help was a major contributor to most of the charge nurses’ perception of success within their role during the transition period.

“You’re never going to know it all. Reach out, call people. Check with those people who have been there longer than you. They know. Use your resources.”

A charge nurse task checklist was also found to be a tool utilized by some of the charge nurses in this study during their transition from staff nurse to charge nurse.

“We have a checklist of things that need to be done. If you follow that, you get through it.”

Most of the task lists referenced were created by veteran charge nurses and updated as the role evolved over the years. Furthermore, a charge nurse binder was mentioned as a potential resource but it was thought it was out of date and did not have any information relatable to a charge nurse who had just made the transition.

Transition Feelings

Participants expressed a wide range of emotions when describing their transition from staff nurse to charge nurse. There were both positive and negative feelings communicated during the interviews. Some of the undesirable feelings expressed were: hard, difficult, different, intimidating, disrespect, unsupported, bullied, scary, unprepared, fearful, overwhelming and challenging. One of the participants had such a negative experience she sought medical treatment.

“It was difficult. There was a time that I didn’t feel very supported in my role. It affected me a lot. I was always pretty good about not bringing my work home with me but things would really stay with me. I ended up going to counseling.”

The positive sentiments articulated were fine, easy, okay, prepared, ready and supported.

“It was a fairly easy transition, I guess, because I had been doing relief for so long.”

Furthermore, one of the participants initially had positive feelings towards the transition but those emotions were replaced with negativity.

“When I was relief charging I loved it. It was the best of both worlds. I knew what was taking place on the administration side, but then I was also on the floor. It was great. So, when I was offered the opportunity for full-time charge nurse I was really excited. The problem was it was so much different. I was assuming it was going to be just like being a relief. It wasn’t how it was when I was a relief. It was a big transition.”

Transition Obstacles

Interpersonal conflict. Interpersonal conflict was a major theme in the problems encountered during the transition process. Several of the charge nurses interviewed cited issues with staff members as a significant reason for their difficulties with transitioning.

One charge nurse stated:

“I feel like at first they didn’t respect me because they still think that we are on the same level” and “It was hard to deal with older co-workers and their seniority because these nurses would think ‘oh why her, she’s new, I’m older than her, why would I follow her.”

Another participant stated:

“I came in from a pool of nurses that was hired around the same time. So, I stepped up and other people maybe had a problem with it and so I got a lot of push back. There were groups and they would kind of gang up and do blatant insubordination. It would put a monkey wrench in the flow of the day and it affected the unit, not just me.”

An interviewee also said:

“Trying to support the staff is killing me. It’s so hard. I’m really patient and understanding. I can work with anybody but I’m really struggling with getting through to some of these nurses. I’m taking my frustrations home with me too. I just don’t think they are living up to my expectations and I feel like what’s best for the patients isn’t being achieved.”

Role clarity. Role clarity was another problem the participants stated they came across during the transition from staff nurse to charge nurse. There were a number of participants that struggled with understanding their new role and complained of confusion regarding the functions of their job during their transition and first few months in the charge nurse position.

“I think a job description of what a charge nurse does [would have helped]. There is a standard job description but I’m thinking of something more specific to the unit because all of the units are different.”

Another participant stated:

“I never received a job description when I transitioned. It’s [the charge nurse job] a lot of responsibility that I just didn’t realize. Being in charge is so different.”

Additionally, there was mention, during some of the interviews, that there was additional training provided to the participants regarding the functions of their new role (for example: how to complete evaluations) but the training wasn’t given to them at an appropriate time. The term “learning in the moment” was used on several occasions.

“I think having a class be applicable at the time is important. Teach me then let me do it not teach me and then two months later have me do it and then I’m stuck trying

to figure out how to do it all over again.”

M3 Leadership Training

M3 Leadership Training Courses are provided at the study site and intended for charge nurses who have already transitioned to the charge nurse position. The classes consist of a series of approximately twelve courses designed to help leaders foster their leadership skills. Each course is approximately two to three hours with some of the courses offered being: time management, communication, and physician engagement. Most of the participants agreed that the M3 classes were difficult to get into and were not provided as frequently throughout the year as they should be. The classes were taken by the participants weeks, months and sometimes years after the transition due to availability. Those that had attended some of the M3 classes found the information provided in the class to be extremely beneficial but thought the information would have better served them if given to them either as relief charge nurses or before they had made the transition to charge nurse.

“I went to the communication class. After taking the class, I thought wow, this would have been really helpful if I learned this in the beginning. It sucks that I learned it 8 months after.”

Another participant stated:

“If these classes could be taken in preparation for becoming a relief charge nurse and then someday a full-time charge nurse that would be great. Maybe not all of the classes but at least some of them like resolving conflict, change management, communication, and leadership styles. You need to deal with those things on a daily

basis even as a relief. These classes should be available to relief charge nurses. They are stepping up and volunteering so we should give them the tools to take care of everybody.”

Desired Training

There were a lot of suggestions from the study participants regarding additional training they thought could have helped them in their transition from staff nurse to charge nurse. Some suggestions included rapid response and code blue situational training, time management classes, communication and coaching as a new supervisor training, and service recovery. Regarding service recovery, which is an organizational response to service failure utilized as a means to satisfy aggrieved and dissatisfied customers (Nadiri & Tanova, 2016), one participant stated:

“I do think I could have got better training on how to deal with patient’s families. With that, I was literally thrown to the wolves. I had to learn it all on my own. It sucked.”

Also, there was some talk of a class being beneficial during the transition regarding the overall general duties of a charge nurse. One nurse stated:

“A class about some of the duties of a charge nurse like how we make leadership rounds or do our evaluations [would have been helpful].”

A team building class or exercise for charge nurses to increase support between these leaders was suggested by one of the participants as well.

Charge Nurse Characteristics/Personality Traits

The characteristics/personality traits necessary for the charge nurse position was a

hot topic during the interview sessions. The majority of the respondents found characteristics/personality traits within themselves they considered to be vital to the role. The traits they spoke of included: approachability, being open to criticism, ability to listen, non-judgmental, ability to communicate, ability to educate, organizational skills, being able to set a good example, supportive, resourceful, patient, understanding, ability to work well with others, ability to handle stress and stressful situations, multi-tasker, and organized. Possessing these characteristics/personality traits was seen by the participants to play a significant part in their capacity to perform their job functions to the highest degree.

Global Theme: “A Cry for Help”

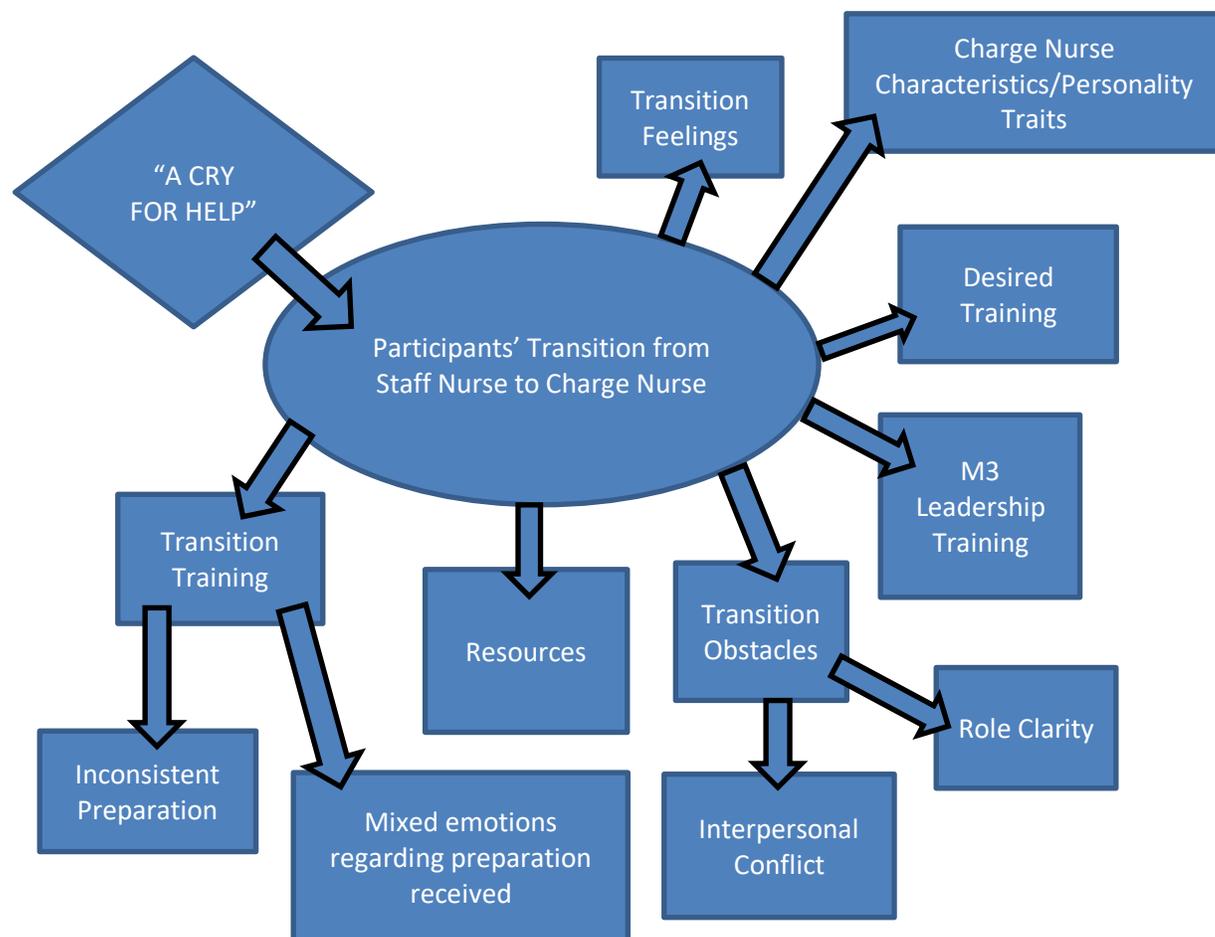
The universal theme of this study was “A Cry for Help.” The participants in this study were more than happy to discuss their transition from staff nurse to charge nurse. They willingly gave of their time to dissect their feelings and experiences regarding their transition. They wanted their voices to be heard. One participant stated:

“I have ideas {on how to fix this transition process}. You need to tell them {administration} what they are.”

These charge nurses made it very clear their hope is to better this process for future nurses making this transition. They spoke freely and openly about their struggles so history will not repeat itself. This study revealed their cry for help.

Concept Map

The following concept map was designed to depict the relationship between the significant findings of this study.



Chapter Summary

There was a substantial amount of data gathered during this study from seven charge nurses who had recently made the transition from staff nurse to charge nurse. The interviews with these seven charge nurses extracted a number of experiences regarding

their transition training, the resources they utilized during that training, their feelings regarding their transition and the obstacles they faced during that transition.

Additionally, participants discussed the M3 training courses, training/education they felt was absent during their transition, and the characteristics/personality traits important to the charge nurse role.

CHAPTER V

DISCUSSION

Description of the Study

This study was a qualitative study seeking to understand charge nurses' experiences in their transition from staff nurse to charge nurse. Seven charge nurses were interviewed. Their thoughts and feelings regarding their transition were transcribed and analyzed. The results of the study provided an understanding of the meaning behind making this transition without a formal training program.

Summary of Major Findings

There was significant insight gathered regarding the transition from staff nurse to charge nurse from the seven charge nurses interviewed for this study. It was found that each participant had varying degrees of preparation for the role and a wide range of emotions were elicited from the participants regarding their preparation and transition. Although some positive emotions were expressed, the majority of feelings these charge nurses had were negative and sometimes extremely destructive. The resources utilized by the charge nurses during their transition were identified during the interviews. These included: veteran charge nurses, the house supervisor, managers/directors and charge nurse checklists. Also, there were several different obstacles, including interpersonal conflicts and role clarity, found by these participants to be associated with the transition from staff nurse to charge nurse. Desired training needed during the staff nurse to charge nurse transition and the importance of certain personality characteristics for the role were uncovered during the interviews. Lastly, the M3 Leadership Training Courses were

discussed and found to be valuable tools that are not easily available.

Scope and Limitations

The research was conducted at one acute-care facility. Participants were recruited and interviewed until data saturation occurred. Conducting this research at another facility or with different participants could have produced different results. A limitation of this study was attaining a quiet environment. Interviewing the charge nurses during work hours did not allow some of the charge nurses to feel comfortable expressing their opinions or allow for an ample amount of uninterrupted time for the researcher to obtain all of the necessary data. On the other hand, charge nurses did not want to use their time off work to participate in this study as unstructured interviews are typically long (Polit & Beck, 2014).

Discussion

Transition Training

Inconsistent preparation. The preparation for the charge nurse role the participants in the study received was entirely inconsistent. There is no uniform standard in place at the study site facility for the education/training of a staff nurse transitioning to the charge nurse role. A recent study also showed this trend with some charge nurses being oriented by their patient care director, while others were trained by senior charge nurses (Flynn, Prufeta, & Minghillo-Lipari, 2010). Additionally, the length of orientation for the charge nurses varied and there was no consistent training across units (Flynn, Prufeta, & Minghillo-Lipari, 2010). This does not seem logical considering the importance of the charge nurse position. Why are there so many inconsistencies? Two of the charge nurses

interviewed were placed in the role out of a critical need, but the majority were not. Even without a critical demand, there is still no mandated, standard orientation period for these leaders. Considering the charge nurse role is a leadership assignment that is critical to ensuring efficient unit operations, smooth patient flow, and adequate staffing (Flynn, Prufeta, & Minghillo-Lipari, 2010), putting an individual into the charge nurse position without effective training and education can be detrimental.

Mixed emotions regarding preparation received. The inconsistent preparation these charge nurses received elicited some interesting feelings from them. All of the nurses stated they felt their preparation was inadequate in one way or another. Those charge nurses without prior leadership experience had the most intense feelings, however, regarding their preparation. It appeared that leadership experience made participants feel more prepared to do their job. Without it, these participants felt ill-equipped to perform the daily functions of their job. This set them up to be less effective leaders and contributed to an already stressful environment. Job stress is the number one contributor to decreased satisfaction among nurses (Al-Majid et al., 2018). With decreased job satisfaction potentially leading to burnout, the evidence suggests patients treated by nurses suffering from burnout are more likely to have poor outcomes and less satisfaction with care (Al-Majid et al., 2018). The question arises, why are the nurses at the study site facility put in a position to have these feelings about their preparation?

Transition Resources

The participants had to be very resourceful during their transition because they felt they were not given the tools they needed. Fortunately, they were able to utilize

several different sources to provide them with the information they sought. First, these charge nurses leaned on veteran charge nurses, the house supervisor, and unit managers/directors during the transition process. These people became their support system because instead of having the education or hands-on experience to lean on, they were forced to call on someone else's education or hands-on experience. While it is very important to have resources, an extended orientation process or a formal training program for these nurses would have increased their knowledge base and provided procedural uniformity. Utilizing fellow employees as your only resource could put an unnecessary burden on those individuals.

Charge nurse checklists and binders were used as resources as well. Competency checklists provide nurses with the skills, tools, and confidence to successfully perform the charge nurse role (Flynn, Prufeta, & Minghillo-Lipari, 2010). This was true for the charge nurses interviewed in this study. While the binder mentioned during the interviews was not deemed to be useful or necessary, the checklists were thought to be very helpful as long as they were updated. The checklists were found to be an important tool in knowing which tasks are required of their job. However, the problem lies in whether or not you know how to perform those checklist tasks correctly. Also, the way the checklists were described indicated they were not uniform in any way. Some unit specific tasks described by the participants seemed reasonable but the base charge nurse duties should be universal. Flynn, Prufeta, and Minghillo-Lipari (2010) successfully initiated a charge nurse orientation workshop using a standardized charge nurse competency skills checklist. Perhaps the checklists utilized by the charge nurses in this

study could be standardized and provide a basis for the necessary training/education needed for the position.

Transition Feelings

There was an immense amount of very raw feelings displayed during the interviews regarding the participants' transition as a whole. Participants felt bullied, scared, fearful, overwhelmed, and unsupported, among other negative feelings. Al-Majid et al. (2018) found high levels of secondary traumatic stress, defined as "work-related secondary exposure to extremely stressful events," among charge nurses. This suggests these supervisors are at risk for developing compassion fatigue, a term used to describe the physical and mental distress and exhaustion that results from caring for others (Al-Majid et al., 2018). Compassion fatigue can contribute to negative consequences for individual nurses, patients, and organizations (Al-Majid et al., 2018). Findings from this study indicate it would be beneficial to do something to help with the transition of future charge nurses, so they do not have to experience some of the things these participants experienced.

Some of the charge nurses had a more positive transition than others, but the negative sentiments did seem overwhelming. It was particularly noteworthy that there was a lack of "joyful" feelings expressed during the interviews. Increasing nurses' enthusiasm for the job, could increase both their job and personal satisfaction. Graves and Reichert (2015) implemented a charge nurse leadership development course. After attending this course, the charge nurses felt a sense of purpose, were aware of the expectations, had specific guidelines to follow, had been set up to succeed, and had

confidently embraced the charge nurse role (Graves & Reichert, 2015). Purposeful, aware, confident, successful; these are the type of feelings the study site facility should want to elicit out of their leaders.

Transition Obstacles

Interpersonal conflict. Incivility in healthcare is well documented (Angelo, 2019), and was documented with this study. It is clear, some of the study participants were involved in incivility as the research states: sources can include passive-aggressive communication, clique behaviors, and lateral or vertical aggression (Angelo, 2019). Unprofessional and disruptive actions can compromise patient safety, increase turnover and absenteeism and reduce joy in work (Angelo, 2019). The study participant's statements were consistent with Angelo's finding. These charge nurses were not given education/training on how to manage interpersonal conflict, which led to a snowball effect. Their inability to handle the problems led to disruptive actions on the unit, clique behaviors, blatant insubordination, and bullying. This in turn contributed greatly to the charge nurses very negative feelings toward their transition. This is a serious issue and something should be done to prevent this. Findings indicated a course in conflict management, given during their transition, could have alleviated their stated anxieties.

Role clarity. Being a relief charge nurse, in some instances, does not provide the true reality of the charge nurse position as charge nurses are held to a higher standard than relief charge nurses. This is appropriate because the job responsibilities and pay are quite different. This means more clarity must be provided to the charge nurse role. Participants complained of not receiving a job description when they transitioned or the

job description failed to provide the detail they sought when assuming the charge nurse role. This lack of role clarity is well documented. Patrician et al. (2012) found charge nurse roles differ from unit to unit even in the same hospital. A lack of understanding regarding the role exists among charge nurses as well as among staff nurses (Patrician et al., 2012). This lack of role clarity has led to inappropriate expectations of the role resulting in role overload (Patrician et al., 2012). Providing a more detailed role assessment for these nurses could have eliminated some of the negative feelings they felt toward their transition. Perhaps the standard job description could have an extension with a more comprehensive look into the job details. That extension could even be unit specific.

M3 Leadership Training

M3 Leadership Training Courses are a great tool for new leaders as leadership training has been consistently identified as a crucial and necessary component of charge nurse development (Delamater, 2018). In the facility where this study was conducted, the problem lies in their availability. These classes are often given to charge nurses years into their role. They are not new leaders at this point, so the classes become less helpful or informative. The saying “you cannot teach an old dog new tricks” comes to mind. These nurses, who have been in the role for several months/years, have already learned in the moment how they are going to deal with certain situations. Even if their techniques are not exactly what the company is wanting, this is what they have known for so long. For example, taking a class dealing with physician engagement does not benefit an individual who has already been engaging with physicians for years. If training charge

nurses in leadership skills can have a positive impact on how they perceive their ability to function in the role (Delamater, 2018) then it is recommended to teach the leaders of the institution the way to handle situations properly before they are even official leaders. The study site facility should be giving the new leaders every tool they possibly can before their transition is complete and that includes the M3 Leadership Training Courses. If the majority of the time staff nurses are being transitioned out of want and not need, there should be no problem giving these courses in a timely manner.

Desired Training

There were some notable suggestions given by the study participants regarding additional training they felt could have helped them during their transition. All of the ideas, including the code blue/rapid response training, service recovery, and general duties of a charge nurse could have been attained with a longer orientation process. More orientation time equals more experience with different situations that could arise when in the charge nurse role. The assumption that a good staff nurse can simply transition to a charge nurse role and be successful is not grounded in evidence (Patrician et al., 2012). Therefore, more experience before completing the transition is imperative. Hands-on learning with a veteran charge nurse would have exposed nurses making the transition to the scenarios they mentioned as lacking during their training. As one nurse stated regarding her lack of service recovery experience:

“It took me a long time of making mistakes to be able to professionally talk to patient’s families. I should have had somebody with me during those times or maybe I should have watched someone in those situations during my transition.”

This nurse could have benefited from a longer orientation process.

The *Future of Nursing* report recommends residencies not only for novice nurses, but also for nurses who assume new and expanded roles (Patrician et al., 2012). A charge nurse orientation process, which includes significant hands-on training as well as leadership courses should be developed at the study site facility. The implementation of this training program could eliminate some of the gaps in learning the participants felt affected them during their transition.

Charge Nurse Characteristics/Personality Traits

It was not surprising to hear about the characteristics/personality traits the respondents felt were important for a charge nurse to possess. They basically described an individual with significant leadership qualities. The qualities spoken about by the participants are echoed in the literature. Flynn, Prufeta, and Minghillo-Lipari (2010) discussed criteria used to select potential charge nurses. The criteria consisted of such characteristics/personality traits as organizational and time-management skills, assertiveness, critical-thinking skills, an ability to see the “big picture”, and role model attributes (positive attitude, approachable, and a calm demeanor) (Flynn, Prufeta, and Minghillo-Lipari, 2010). Additionally, Delamater (2018) described a charge nurse candidate as someone with communication skills, the ability to work as a team and collaborate with others, the ability to promote a healthy work environment, the ability to delegate, and someone with conflict resolution skills. These skills, mentioned in the literature and reaffirmed in this study, are known to give charge nurses the fundamentals needed to perform their job successfully. This information should provide those looking

to train a relief charge nurse or transition a staff nurse to the charge nurse role with the characteristics/personality traits they should be seeking in their applicants.

Global Theme: “A Cry for Help”

There was evidence the participants in this study suffered tremendously during their transition to charge nurse. It can be inferred that nurses put in the same position have been suffering in silence like this for years. This study sheds light on this fact and gives a voice to nurses at the study site facility transitioning from staff nurse to charge nurse. These nurses want change. This is their cry for help.

The results of this research must be used as a catalyst for change. Simply falling back on old practices is not good enough anymore. It's time to utilize evidence-based practice in order to give nurses experiencing this transition the ability to put their best foot forward.

Implications for Nursing Practice

The findings from this study support the argument that improper training can be detrimental to the success of an individual within their role. Considering effective leaders are important to the productivity of an organization as a whole, more focus must be placed on the training and education of charge nurses. These charge nurses received little to no formal training and insufficient informal training to properly perform the functions of their job. This affected many aspects of their lives and careers. Their transition was wrought with difficulties that could have been remedied with more education and additional training. The participant's experiences, observations, and suggestions could be utilized to formulate a training program to help future staff nurses

making the transition to charge nurse in an effort to remedy the difficulties expressed by the charge nurses in this study.

Recommendations for Future Research

The study site facility is a member of a locally recognized network of hospital systems in Las Vegas, Nevada. Continuing this research to those associated facilities can provide more understanding of the meaning and significance of the lived experience of staff nurses who have transitioned to the charge nurse role. The experiences of these nurses could lead to discussions, research, and the discovery of the needs these nurses within this hospital system have when making this transition. This continued research could provide the basis needed to implement new staff nurse to charge nurse transition procedures and protocols which in turn would further the hospital system's effort of promoting safe, quality patient care.

Conclusions

The process by which staff nurses transition to charge nurses at the study site facility was found to be wanting. This study gathered insight into the thoughts and feelings of those charge nurses who had recently transitioned to the charge nurse role. This insight can be used to encourage the effectiveness of the transition process thereby increasing job satisfaction, patient satisfaction and safety, and the future success of the charge nurse role.

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Attention Charge Nurses!!!

Do you have 1-2 years of
experience in the charge nurse
role???

Seeking volunteers for a research project about
your experiences!!

All information will be strictly confidential!!

Only commitment is a 20-30-minute face-to-face
interview!



Contact: Jen Morris
(702) 373-7041
Jen.Oisboid@gmail.com

Appendix B

Consent Information

We are conducting a research study to explore and discover the meaning and significance of the lived experience of staff nurses who have transitioned to the charge nurse role.

If you volunteer to be in this study, you will be asked to be interviewed regarding your experiences in the charge nurse role. The interview will be audio recorded to maintain data accuracy.

Your participation should take about 20-30 minutes.

This study is considered to be minimal risk of harm. This means the risks of your participation in the research are similar in type or intensity to what you encounter during your daily activities.

Benefits of doing research are not definite; but we hope to gain a deeper understanding of the lived experience of nurses who assume a charge nurse position. Participant's combined experiences of learning a new role without formal education will facilitate the development of a training program that ensures clinical staff nurses are given the proper training to transition to the role of charge nurse in the future. There are no direct benefits to you in this study activity.

The researchers and the University of Nevada, Reno will treat your identity and the information collected about you with professional standards of confidentiality and protect it to the extent allowed by law. You will not be personally identified in any reports or publications that may result from this study. The US Department of Health and Human Services, the University of Nevada, Reno Research Integrity Office, and the Institutional Review Board may look at your study records.

Required Language

You may ask questions of the researcher at any time by calling Dr. Susan Ervin at (775) 682-7153 or by sending an email to sme@unr.edu.

Your participation in this study is completely voluntary. You may stop at any time.

You may ask about your rights as a research participant. If you have questions, concerns, or complaints about this research, you may report them (anonymously if you so choose) by calling the University of Nevada, Reno Research Integrity Office at 775.327.2368.

Thank you for your participation in this study!

Consent Statement for Participant

I agree to participate in this research study. I will be given a copy of this consent form.

I understand my rights and am able to ask additional questions at any time during the study.

Participant's Name

Participant's Signature

Date

Person Obtaining Consent's Signature

Date

Appendix C

Grand Tour Question

I am trying to understand what it was like to be placed in the charge nurse position without much training. Can you tell me what that experience was like?

Follow up Questions

- What tools do staff nurses need to effectively transition from the staff nurse role to the charge nurse role?
- What personality traits do you feel are essential to have when you are in the charge nurse role?
- What information, that could be presented in a classroom or clinical setting, is necessary for charge nurses to know and understand?

Appendix D

Demographic Data Sheet

Participant Identifier	Age	Gender	Nursing Specialty	Years in Position	Educational Preparation
1	28	Female	Med/Surg	10 months	BSN
2	44	Female	Med/Surg	6 months	BSN
3	34	Female	Med/Surg	9 months	BSN
4	38	Female	Med/Surg	2 years	BSN
5	26	Female	Med/Surg	9 months	BSN
6	28	Female	IMC	5 months	BSN
7	37	Female	IMC	15 months	ADN