Exploring the Charge Nurse Role Transition

A Qualitative Study of the Novice's Perspective

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The novice charge nurse role transition is not well understood. This article reports on a qualitative descriptive study of the novice charge nurse role transition. Rubin and Rubin's responsive interviewing was used. Fourteen novice charge nurses participated in Zoom interviews. Thematic analysis revealed three phases: taxing to the runway, takeoff, and reaching cruising altitude, each with distinct themes. Nursing professional development practitioners can use these findings to better understand and support new charge nurses through this transition.

Over the next decade, it is expected that 1 million registered nurses will retire from the workforce (U.S. Department of Health and Human Services, 2014). Many of these nurses fulfill the charge nurse role (Delamater & Hall, 2018; Swihart & Gannt, 2015). Charge nurses impact the health of work environments, foster interpersonal relationships, and promote staff satisfaction and retention (Krugman et al., 2013; Longo et al., 2016). These nurse leaders are uniquely positioned to assure safe patient care delivery (Eggenberger, 2012; Clark & Yoder-Wise, 2015) and to positively impact patient satisfaction as well as patient and organizational outcomes (Clark & Yoder-Wise, 2015; Sherman, 2005).

With an influx of novice charge nurses rising to meet leadership needs, there is a greater demand on nursing professional development (NPD) practitioners to prepare and support these nurses through their role transition (Harper & Maloney, 2016). The charge nurse role transition is currently not well understood. Nurses are often selected based on their clinical skills or tenure within an organization rather than their ability to lead (Malcolm, 2013), and they often assume the role with little or no preparation (Delamater & Hall, 2018). In order to fully prepare and support the next generation of charge nurses, NPD practitioners need to understand the learning needs of these nurses and the process of becoming a charge nurse leader.

LITERATURE REVIEW

The charge nurse role has been studied for over three decades (Connelly et al., 2003; Eggenberger, 2012; Escrig-Pinol et al., 2019; Osguthorpe, 1997). This role is complex and multifaceted, encompassing aspects of patient care, protecting the organization, and engaging healthcare team members (Yaghobian et al., 2020). Charge nurses have been compared to air traffic controllers because of their ability to be highly organized and multitask (Clark & Yoder-Wise, 2015). They are accountable for patient safety and quality patient care (Cathro, 2016; Krugman et al., 2013; Malcolm, 2013; Teran & Webb, 2016; Yaghobian et al., 2020). Charge nurses are skillful and reflective communicators as they delegate patient care activities, collaborate with interprofessional staff, and listen to patient and family concerns (Spiva et al., 2020). Patient care is facilitated through engagement and communication with nurses, unlicensed support personnel, interprofessional staff, patients, and families (Teran & Webb, 2016; Yaghobian et al., 2020).

Over the last decade, knowledge about the charge nurse role has been generated from research, quality improvement projects, and educational programs. However, findings are based almost exclusively on the perspective of experienced charge nurses, nurse managers, and other nurse leaders (Cathro, 2016; Eggenberger, 2012; Escrig-Pinol et al., 2019; Flynn et al., 2010; Normand et al., 2014; Sherman et al., 2013; Yaghobian et al., 2020). Few authors describe the preparation needed prior to assuming the role. Having a lack of knowledge makes it difficult for NPD practitioners to successfully prepare novice charge nurses for the role transition.

Professional development is needed for charge nurses to be effective leaders (Andronico et al., 2019; Cathro, 2016; Clark & Yoder-Wise, 2015). Many charge nurses...
have orientation including time with a nurse manager or experienced charge nurse to learn about what they do in a shift (Delamater & Hall, 2018), but few novice charge nurses participate in role development beyond orientation. Those that do participate in role development are taught leadership and communication skills in classroom settings (Spiva et al., 2020), via computer-based learning (Bateman & King, 2020), and in simulation laboratories (Clark & Yoder-Wise, 2015). Communication strategies focus on managing difficult employees, patients, and physicians (Clark & Yoder-Wise, 2015). Leadership strategies include navigating relationships with colleagues and managing added responsibility (Thomas & Osborne-McKenzie, 2018). Challenges in the role include managing staff performance, finding clarity in the role, powerlessness, and a lack of leadership support (Patrician et al., 2012).

The gap in role development and leadership preparation means that charge nurses are still not adequately prepared to lead (Andronico et al., 2019; Spiva et al., 2020). Charge nurses are appointed based on their clinical knowledge and skills, tenure in an organization, or simple willingness to serve (Malcolm, 2013), and leadership capabilities are typically not considered during the selection process. In order to prepare and support future charge nurses, the profession needs to better understand this role transition process, the challenges novice charge nurses face, and strategies to help overcome those challenges.

**STUDY AIMS**

The purpose of this study was to describe the experience of transitioning from being a direct patient care nurse to a charge nurse. Exploring this role transition from the perspective of novice charge nurses allowed us to understand how they became a leader, and the knowledge, skills, and attitudes needed to effectively lead. The research questions included: How do novice charge nurses describe their transition to the charge nurse role? What knowledge, skills, and attitudes are needed to transition from direct care nurse to the charge nurse role? How do nurses describe professional development activities as supportive and/or a hindrance to leadership development in the charge nurse role? This study informs NPD practitioners and other nurse leaders about leadership development in the charge nurse role. Exploring this role transition from the perspective of novice charge nurses allowed us to understand how best to develop future charge nurse leaders and support them through their practice transition.

**RESEARCH DESIGN AND METHODS**

A qualitative descriptive research design (Sandelowski, 2000), using Rubin and Rubin’s (2012) in-depth responsive interviewing with semistructured interviews was employed in this study. Rather than a relationship based in power, the responsive interview is a partnership. Responsive interviewing allows the researcher to learn from participants, referred to as conversational partners (CPs), with direct experience. Defining characteristics of this method include searching for context and richness, accepting the complexity of situations, interviewer and CP’s personalities shape questions, conversation is based on trust, and flexibility in design.

The interviewer used an interview guide with main questions and follow-up questions and probes to elicit more detailed responses. Throughout the study, interview questions were added in response to the CP’s accounts to build upon the shared experience that emerged. A novel account was constructed from the shared experience (Rubin & Rubin, 2012).

**Participants**

A purposeful sample (Rubin & Rubin, 2012) was recruited to identify English-speaking registered nurses 18 years old or older who functioned in the charge nurse role for at least 1 month, but no more than 12 months, in acute or critical care settings. Exclusion criteria included charge nurses who were under 18 years of age; non-English speaking; licensed practical nurses; working per diem; charge < six shifts; working in ambulatory, perioperative, and procedural settings; or had an existing relationship with the primary investigator (PI). Participants were recruited by e-mail, social media, and professional networking.

**Data Collection**

Before each interview, participants were consented, completed a demographic questionnaire, and were given the opportunity to ask questions. When all questions were answered, the interview began. Zoom interviews lasted between 1 and 2 hours and were audio-recorded and transcribed verbatim. CPs who completed an interview received a $20.00 Amazon gift card via e-mail. After each interview, field notes were written to record initial impressions and note any biases that may have surfaced (Rubin & Rubin, 2012). Data collection continued until no new information emerged and data saturation was reached (Glaser & Strauss, 1967).

**Data Verification**

Rubin and Rubin’s (2012) strategies to enhance accuracy, believability, credibility, and thoroughness of study findings were used. Data were accurately represented through themes. Believability was achieved by selecting participants who could provide firsthand accounts and represent diverse perspectives, including gender, organization, practice setting, and worked shift. An effort was made to fill missing gaps in data by searching for stories that offered contrary points of view. Credibility of findings was enhanced by assessing CP candor and checking information brought forth within other interviews and the literature. A postinterview journal was maintained by the PI to compare concepts consistent with prior interviews, and a data table was used to ensure thoroughness to track concepts and themes across all interviews. Institutional review
board approval was obtained from the university and a large free-standing pediatric hospital in the northeastern United States.

**Data Analysis**

Data analysis using qualitative content analysis was completed concurrently with data collection. This method was guided by the research questions and responsive interviews to apply codes that summarize emerging concepts and themes (Sandelowski, 2000). After each interview, the interview recording was listened to by the PI and compared to the transcripts and field notes. First, key phrases and concepts were assigned codes on the transcript. As more interviews took place, the codes were compared across interviews and merged into categories. Excerpts from interviews that illustrated each code were included in the data table. After codes were identified, they were sorted with other like codes using induction and rolled up into larger, overarching codes. The authors reviewed final themes that emerged across interviews and analyzed them against the study’s research questions.

**RESULTS**

Participants \( (n = 14) \) served in the charge nurse role between 2 and 12 months, with professional experience ranging from 2 to 19 years. Thirteen participants were female, and one was male. All of the participants worked between 32 and 40 hours per week at hospitals with 73–1,156 beds. In their charge nurse roles, they were responsible for the management of between 8 and 56 beds. See Table 1 for detailed demographic information.

CPs provided an in-depth account of their experiences of becoming a charge nurse, beginning with when they were approached for the role until present day. The process of becoming a charge nurse involved three phases that parallel an airplane taking flight. The phases include taxiing to the runway, takeoff, and reaching cruising altitude. Within each phase, there are major themes and subthemes that emerged and are detailed below (see Table 2).

**Phase 1: Taxiing to the Runway**

This phase began when a registered nurse was approached about taking on the role. Nurses expressed motivating factors that drove their decision to accept the role. The phase ended when they completed their orientation to the role. Themes for this phase include **being approached, motivation to be in charge, and preparation.**

**Being approached**

Nurses were approached for the charge nurse role by practice setting leaders, including supervisors, other charge nurses, or schedulers. Only two CPs proactively pursued the opportunity to lead their team. When approached, the nurses conveyed a sense of surprise at being asked to lead, as they had not envisioned themselves in the role, especially those early on in their careers. CP05 shared, “I was kind of surprised, just because I’d only been a nurse for a little bit over two years.” All but one CP had advanced notice they would be transitioning into the role.

**Motivation to be in charge**

When asked to be in charge, novice charge nurses had varying motivators to accept this invitation. Although some felt surprise or that they did not have a choice initially, after reflection they were able to share what drove them to take on the role. Two subthemes emerged: **professional growth** and **greater good.** For most CPs, taking on the role was a logical progression in their professional growth and development. The role transition was seen as a challenge or opportunity to develop new skills to benefit them. Being in charge helped the CPs become better nurses by gaining

**TABLE 1** Demographic and Characteristics of Participants

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Mean (SD)</th>
<th>Range</th>
<th>Frequency n (%)</th>
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<tbody>
<tr>
<td>Age (years)</td>
<td>30 (6.3)</td>
<td>24–41</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>13 (92.8)</td>
<td></td>
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</tr>
<tr>
<td>Male</td>
<td>1 (7.2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethnic/racial group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>1 (7.2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>13 (92.8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highest degree earned</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bachelor’s</td>
<td>13 (92.8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Master’s</td>
<td>1 (7.2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total nursing experience (years)</td>
<td>6.4 (5.5)</td>
<td>2–19</td>
<td></td>
</tr>
<tr>
<td>Total charge nurse experience (months)</td>
<td>7.2 (2.6)</td>
<td>2–12</td>
<td></td>
</tr>
<tr>
<td>No. of beds on unit</td>
<td>28.4 (15.5)</td>
<td>8–48</td>
<td></td>
</tr>
<tr>
<td>Type of hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Union</td>
<td>2 (14)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Union</td>
<td>12 (86)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic</td>
<td>8 (57)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community</td>
<td>5 (35.8)</td>
<td></td>
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<tr>
<td>Specialty</td>
<td>1 (7.2)</td>
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insight into how their practice area and organizations function beyond what they had been exposed to as a bedside nurse. Many CPs possessed external altruistic inspirations to lead. They wanted to be in charge for the greater good of their unit, including being a good leader for their peers.

### Getting prepared

Preparation for the role varied. Most completed an orientation focused on learning responsibilities and tasks ($n = 12$ CPs). Few received classroom education to learn charge nurse tasks ($n = 3$) or leadership development ($n = 2$). One CP completed computer-based learning activities, and one CP received formal mentorship. Orientation generally consisted of a one to three shift shadowing experience. The goal of the orientation was to learn about responsibilities and resources and to be “signed off” so they could start functioning independently. CPs reported varying benefits with this method of preparation. Regarding responsibilities, CP04 stated, “That was like the top thing. Like, ‘Here is all the additional stuff you have to do on top of your full assignment, and good luck.’” Conversely, CP07 worked with her leader over several weeks to prepare her to be in charge. Two CPs assumed the role without any preparation at all.

### Phase 2: Takeoff

This phase begins after the charge nurse completes orientation and assumes the role independently and ends when the nurse builds comfort and becomes confident. The length of this phase varied by participant. Takeoff consists of three themes: disequilibrium, learning by trial by fire, and validation from others.

#### Disequilibrium

As participants began in the charge nurse role, they worried about doing a good job. The two subthemes, nervous at first and feeling overwhelmed, explain the disequilibrium that the novice charge nurses felt. CPs reported feeling nervous at first and spoke about hypothetical or what if situations that preoccupied them. What if there was a code? What if they had to hold a colleague accountable? What if they had to address a patient complaint? CP11 shared a reflection from before her first night in charge: “I was nervous that we would have a code, and I knew that the responsibility of what comes within a code would fall to me and that made me nervous.”

Inner turmoil was experienced by the CPs who were overwhelmed by the weight of the responsibility. They described the feeling as overwhelming, stressful, and scary,
and many shared that they had to learn to manage their emotions when dealing with new and difficult situations. CP02 described how she is intentional about not showing her feelings. “I appreciate that I give off that ‘We’re all good in the boat’ kind of vibe. I definitely do not always feel that way.” In addition, several CPs shared their fear of failure in their first shifts. CP14 described, “It was so busy and I had no idea what I was doing. Running around constantly and it felt like mass chaos. I was like, ‘Oh my gosh, they are never going to let me do this again. This is a total disaster.’”

**Learning by trial by fire**

Facing new situations that their previous experiences did not prepare them to navigate, the CPs adjusted to on-the-job learning. They had to make decisions about patient assignments, deal with upset patients, hold staff accountable for practice expectations, and negotiate staffing with other practice settings. One summarized what she had to learn. “I knew how to be a nurse, that wasn’t the issue. It was knowing the best way to make sure the rest of my nurses were kept happy…who needed my help the most, who was in the most critical condition, who was the most stable…that was an uphill battle the whole time.”

**Validation from others**
The CPs often had self-doubt and second guessed their decisions. Their supervisors and colleagues played an important role in validating and supporting them through the transition. They sought validation for decisions related to patient care assignments and staffing resource allocation. The affirmation and encouragement they received had a positive impact because it reinforced that they were doing a good job meeting the needs of the unit. A CP shared validation received from a colleague, “Oh, I’m glad you are in charge today because you keep things calm.” Few CPs reported receiving any feedback from formal leaders. Validation helped the novice charge nurses progress beyond takeoff to reaching cruising altitude of the role transition.

**Phase 3: Reaching Cruising Altitude**

This phase begins at the point when the novice charge nurse can maintain comfort and confidence in their new role and continues until they become a competent leader. As the novice charge nurse enters this phase, they are finding their way through the themes of growing into the role, finding my place, resource to everyone, and role stress.

**Growing into the role**

There are four subthemes that comprise growing into the role: building confidence in self, fairness in decisions, pride feeling, and ongoing support. As the CPs reached this phase, they reported that it was more natural for them to stand by their decisions. CP04 shared her feelings after 6 months in the role, “If I really do know this stuff. I can finally say, ‘Oh, wow. You’re not just like that newer novice nurse. You know what you are doing.’” In addition to being more confident, the CPs began to see the impact they had within their unit as well as with other settings. They focused on being fair in relation to patient care assignments and in taking or providing resources to other nursing areas. Being fair is the standard that CPs used to justify their decisions. CP14 stated the importance of fairness with staff, “Making sure that things are fair or as fair as they can be for my staff. Making sure that I’m treating them all with respect and dignity.”

With increased self-confidence came a sense of pride that the CPs were able to rise to the occasion. They believed that becoming a charge nurse was a professional accomplishment, and being the person that colleagues turn to was rewarding. CP02 shared, “I am very proud. I was nervous about getting into the charge nurse role, because of how I viewed it.” As the CPs gained more experience, their confidence grew, and they continued to be supported by their peer mentors and leaders. CP02 discussed the importance of support to be successful, “Having someone to go to with questions, reassurance, and support makes a big difference in having the confidence to handle the tough situations that we face on a daily basis in nursing.”

**Finding my place**

As the charge nurses grew into the role, they developed a sense of self. There are four subthemes that comprise the theme finding my place: overseeing, modeling, being in the middle, and navigating personalities. As CPs built confidence, they began to see themselves as leaders who oversaw patients, staff, and care delivery. They acted as safety nets by checking in with patients and staff and intervening in patient care activities if needed. They became more comfortable in delegating activities to staff, including nurses, unlicensed assistive personnel, and administrative personnel.

The CPs set the tone for the unit. If the charge nurse was calm, their calmness permeated the practice area. They recognized the need to be a role model for colleagues and faced added pressure to regulate their behaviors. CP07 reflected on instances where she made a mistake, “part of being a leader is being somebody that people can imitate…it’s made me think about things that I’ve said and then be like, ‘I should not have said that. I need to apologize to X, Y, or Z people, make this right.’” CPs described pushback from colleagues related to decisions on patient care assignments and floating between practice settings and strategies used to manage the pushback. CP03 shared, “…I feel like they just feel entitled to [the assignment] they were given initially and they should not have to change.” There were a range of strategies used to navigate personalities, including accommodating preferences, involving colleagues in decision-making, and relinquishing decision-making.
Resource to everyone

CPs acted as a resource to everyone, including their peers, physicians, hospital leaders, and patients and families. This aspect of their role was identified as the most important for the charge nurses. Subthemes are *putting out fires* and *bedside support and teacher*. Charge nurses have to address concerns with patients and families, manage conflict between practice areas, and respond to issues that arise within a shift. Different sides of colleagues, including an unwillingness to pitch in, emerged when they were in charge. CP11 described, “You see people’s unwillingness to do certain things or stubbornness…in a way that you would not see if you were just helping them with a lab draw or something.” The CPs were called on to resolve issues in the work environment such as responding to the patient’s and family member’s concerns, negotiating issues between practice settings, and responding to conflict between healthcare providers.

All CPs emphasized the impact their new role has on direct support of staff at the bedside. They were frequently called on to answer patient care questions, troubleshoot issues, teach new procedures, and serve as an extra set of hands. CP05 explained, “The staff nurse so many times goes to charge for help with things, or everyone is always asking charge for advice on this, or, ‘Am I doing this right?’ or, ‘How do I do this?’ Kind of thing.”

Role stress

Role stress was experienced by all of the CPs. Subthemes include *living with my decisions, being scrutinized*, and *being in the middle*. CPs carried the weight of the decisions they made that affected their peers, other practice settings, and patients. Making decisions involved considering resources and acknowledging there were times when their decisions were not ideal. CP11 reflected, “I felt like I had a lot of other people’s stress on top of my own that I was carrying when I was at work…I just kind of keep thinking about having to float my friends to COVID [unit]…. It felt awful. It’s not something I wanted to do at all.”

Most CPs discussed how managers and other staff would dissect what they did in a shift, requiring them to defend themselves. “You’re always being scrutinized and you are always being watched, it makes you think about what you say and think about how you do something” (CP07). CPs were challenged by peers regarding their fit for the role related to their age or professional experience.

CP judgment was at times overruled by managers, senior leaders, and physicians, thus limiting their authority and increasing their sense of powerlessness. CP06 shared an instance where she was forced to admit a 15-year-old pediatric patient to her adult unit. “I basically did everything I could and I was overruled…leadership overruled me essentially, and so we admitted that patient…I [felt] defeated.”

Professional Development for Novice Charge Nurses

The study’s second aim was to understand what knowledge, skills, and attitudes charge nurses identified to be an effective leader (see Table 3). To be a resource for staff, CPs described the importance of understanding specialty nursing practice, policies, and organizational structures. They also highlighted the importance of incorporating staff personalities and abilities into their decision-making. Technical skills and “soft skills” such as communication were essential in their role. When asked to identify the attitudes needed, a comprehensive list of attributes, including being approachable, fair, and an advocate, emerged.

By and large, preparation for the charge nurse role was limited to shadowing, watching, and learning from experienced charge nurses. Although some CPs acknowledged that orientation to the role helped them understand the responsibilities and establish a routine, they could not provide detailed descriptions of how this supported or hindered their leadership development. Because so few CPs had professional development beyond orientation, it was not possible to reach data saturation to answer Research Question 3. One theme that emerged was the desire for more professional development, particularly around communication and conflict management.

<table>
<thead>
<tr>
<th>TABLE 3 Charge Nurse Knowledge, Skills, and Attitudes</th>
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<tbody>
<tr>
<td><strong>Knowledge</strong></td>
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<tr>
<td>Professional experience</td>
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<tr>
<td>Staff abilities</td>
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<td>Staff preferences</td>
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<tr>
<td>Specialty practice knowledge</td>
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<tr>
<td>Policies and procedures</td>
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<td>Decision-making resources</td>
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<td>Organizational knowledge</td>
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DISCUSSION AND IMPLICATIONS

This study explored the experience of transitioning into the charge nurse role and identified three distinct phases. In *taxiing to the runway*, nurses were first asked to accept the role. Orientation focused on learning responsibilities and tasks. Few CPs participated in additional professional development during their role transition. This finding is consistent with the literature (Delamater & Hall, 2018; Malcolm, 2013; McKinney, 2008; Schwarzkopf et al., 2012; P. L. Thomas, 2012). Charge nurse leadership practice gaps have been identified (Malcolm, 2013; Spiva et al., 2020; Wojciechowski et al., 2011), with little evidence of outcomes (Delamater & Hall, 2018) or the process of transition (Urban & Barnes, 2020). Providing opportunities for novice charge nurses to develop leadership skills such as communication, team building, and conflict management as part of an orientation will give charge nurses vital tools needed in the role.

During *takeoff*, CPs had to self-manage their emotions when feeling overwhelmed. The impact of this phase varied by the participant but resembles the themes experienced during the student-to-professional-nurse transition (Urban & Barnes, 2020). So, despite having varied previous professional experience, it is important to remember that novice charge nurses need to be socialized to the leadership role and supported as they manage emotions.

With time and experience, in *reaching cruising altitude*, participants began to find comfort and appreciate the different facets of their role, including supervising care delivery, making decisions, and supporting colleagues at the bedside. All of the CPs experienced on-the-job leadership development. Charge nurse leadership competencies include self-management, supervision, professionalism, and communication (Yaghobian et al., 2020). Few researchers have identified strategies to foster charge nurse leadership competence (Spiva et al., 2020). To date, online learning modules have been used to teach leadership principles (Bateman & King, 2020), and simulation has been paired with ongoing mentorship to teach charge nurse leadership skills and provide support (Clark & Yoder-Wise, 2015; Johnson et al., 2010). Continuing education, mentorship, and other strategies should be considered when designing programs to support ongoing leadership development of novice charge nurses, whereas outcomes must be measured to assess leadership competency.

Novice charge nurse participants shared knowledge, skills, and attitudes they felt were important for charge nurses. Knowledge included essential details of hospital policies and procedures and specialized nursing care. For example, charge nurses working in critical care need to be knowledgeable of advanced life support protocols. Similarly, it was essential to be skillful at performing routine procedures, such as intravenous placement or medication infusion, because they were called on to answer questions, teach new skills, troubleshoot problems; to be a useful resource, they needed to be able to respond appropriately. This finding is supported in the literature by authors who emphasize knowledge of one's specialty and experience should drive the selection of charge nurses (Clark & Yoder-Wise, 2015; Malcolm, 2013; Spiva et al., 2020). Charge nurses should be cc’d on e-mail communications about policy and practice changes, and they should be in the forefront when learning new technology and procedures to support patient care.

The attitudes shared by participants as essential for charge nurses to possess included adaptability, approachability, empathy, and role modeling. These qualities are consistent with leadership attributes identified by other authors such as someone who listens, confronts conflict, is a team player, and is available (Cathro, 2016; Sherman et al., 2011; Spiva et al., 2020). Nurse leaders should consider prospective charge nurse attributes at the time of selection, and professional development programs must aim to teach the affective domain to influence individual approaches to the role.

In this study, participants faced challenges as they grew in the role related to communication, conflict management, and stress. Charge nurses communicated with staff, nurse leaders, and physician colleagues directly and consistently. They routinely faced conflict from peers, leaders, and physicians. Conflict was often related to their position in the chain of command. This position resulted in stress as they found themselves in between staff and leadership, where they had a great deal of responsibility but lacked formal authority. Communication and conflict management are identified as practice gaps in studies with experienced charge nurses (Cathro, 2016; Clark & Yoder-Wise, 2015; Homer & Ryan, 2013; Normand et al., 2014; Teran & Webb, 2016). There has been no research to date on novice charge nurses.

The finding of stress in novice charge nurses adds to the literature, because this subset of the population has not previously been studied. Recognizing the stress charge nurses face in the role is vital to envisioning role structures, developing wellness programs, and offering one-on-one support to promote charge nurse well-being. Investing in leadership development has been shown to increase the charge nurse's perceived effectiveness in the role (Spiva et al., 2020). As such, in addition to teaching new charge nurses their responsibilities, preparation and continuing education must foster development of leadership skills through all phases of the role transition to impact patient, staff, and organizational outcomes.

Implications for NPD

Findings from the study have important implications for NPD practitioners. First, NPD practitioners need to understand that becoming a charge nurse is a process with distinct phases and specific needs at each phase. Preparation for these participants was limited to knowledge about the
responsibilities taught through orientation. NPD practitioners should seek to develop programs aimed at enhancing knowledge in the role as well as leadership skills and attitudes. Providing direct care experiences with patient populations, procedures, and events is ideal, but when not available, NPD practitioners should consider using teaching strategies such as case studies or simulation to address charge nurse practice gaps.

Continuing education is essential for developing effective charge nurse leaders (Clark & Yoder-Wise, 2015; Malcolm, 2013; Spiva et al., 2020). Thus, NPD practitioners should also consider how continuing education can support novice charge nurses. Coaching and mentorship have been effective in supporting nurses’ career development (Jakubik et al., 2016) and can help novices navigate challenges and validate their charge nurse practice. In addition, ongoing professional development should focus on effective communication and conflict management and take place in safe learning environments away from clinical settings using effective, interactive teaching strategies, such as simulation and role play.

Participants often transitioned into the role with no leadership development opportunities. Role transition must be viewed as a process with longitudinal leadership development using various teaching strategies. Findings from this study provide evidence of a phased role transition with unique preparation, continuing education, and support needs throughout. Because nurses transition to other roles such as manager, preceptor, and NPD practitioner, findings from this study may inform other nursing and healthcare role transitions.

Implications for Research
Future research should focus on how novice charge nurse development translates to patients, staff, and systems outcomes. For example, it is important to understand the relationships between charge nurse practice and outcomes such as safety events, staff retention, patient satisfaction, and health of the work environment. Novice charge nurse stress emerged as a concept experienced by study participants. Future research exploring the impact of being in charge on individuals will help leaders to better understand how best to support charge nurses through their transition to minimize stress.

To date, professional development programs have been aimed at experienced charge nurses, but there is no clear strategy for developing effective charge nurse leaders. Given the importance of the role, researchers should explore how best to increase charge nurse leadership skills and attitudes. Studying outcomes of interventions such as role play, simulation, coaching, and mentorship can help nurse leaders decide where to invest in charge nurse development.

The direct care to charge nurse role transition is just one of many that nurses may face during their career, including advanced practice nurse, manager, resource nurse, and NPD practitioner (Harper & Maloney, 2016). It is crucial to understand how healthcare role transitions are similar and different to support nurses’ ongoing roles effectively. Researchers may use the novice charge nurse’s role transition as a foundation for developing theories or frameworks to inform professional development programs to support the broader concept of role transition in health care.

Limitations
Although the participants represented diverse perspectives of charge nurses, including years of professional experience, worked shifts, and type of organization, the sample was not fully representative of all charge nurses, was limited in size, and cannot be generalized to the larger charge nurse population. There is also a potential for selection bias, as CPs who enrolled in the study may have been motivated to share their stories because they viewed themselves as successful or conversely withheld information to be socially desirable. Novice charge nurses who are struggling in their role may not have wanted to share their experiences. Including more males and a broader range of ethnicities in the study may have provided more insight into the transition experience.

Conclusion
Charge nurses play a vital role in healthcare organizations by supporting staff at the bedside, making patient care decisions, and promoting patient safety. Novice charge nurses receive little formal preparation to support their development and success as a healthcare leader. Findings from this study add to the literature by delineating three phases of novice charge nurse transition. It behooves NPD practitioners and nurse leaders to plan professional development programs for each phase of this transition to best support charge nurses and hospital staff and optimize patient outcomes.

References
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