Facilitators and barriers to the increased supervisory role of senior charge nurses: a qualitative study

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RANKIN J., MCGUIRE C., MATTHEWS L., RUSSELL M. & RAY D and on behalf of the Leading Better Care Research and Evaluation group (2016) *Journal of Nursing Management* **24**, 366–375.

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Aims To explore the experiences of senior charge nurses provided with 'increased supervisory hours'.
Background Designated supervisory time is essential for senior charge nurses to provide effective clinical leadership. It is important to explore the impact arises of such an increase.
Methods An online questionnaire collected exploratory data from senior charge nurses (n = 60). Semi-structured interviews gathered in-depth qualitative data (n = 12). Findings were analysed for common themes associated with implementation of the increased senior charge nurse supervisory role.
Results The majority of senior charge nurses were unable to use their full allocation of supervisory time. They struggled to accomplish leadership goals because of managing staffing levels, increased workload, time constraints and limited support. Factors that facilitated the role included preparation and support, adequate staff capacity, effective leadership skills and availability of supervisory time. The senior charge nurses took pride in providing clinical leadership, promoting staff development and delivering patient care. Support, in terms of preparation, capacity building and ongoing mentoring, was a key factor for achieving senior charge nurse goals.
Conclusion Senior charge nurses should be supported to maximise supervisory time through the provision of an induction programme, formal coaching and ongoing training and development.
Implications for nursing management Preparation and support is essential for senior charge nurses to deliver enhanced clinical leadership through increased supervisory time.

Keywords: senior nurse, senior charge nurse, clinical leadership, supervisory time, Leading Better Care, qualitative

Accepted for publication: 6 July 2015

DOI: 10.1111/jonm.12330

Background

The role of senior nursing staff is pivotal to providing high-quality health care. Within this role, clinical leadership is recognised as a vital skill for effective ward management and patient care (Douglas 2011, Francis 2013, Kings Fund 2013). Findings worldwide suggest that senior nurses often do not have the necessary leadership qualities and resources to effectively manage clinical teams (Buckner *et al.* 2014, Herman *et al.* 2015, Rich *et al.* 2015). Policies within the UK have acknowledged the importance of supporting clinical leadership roles in an ever-demanding health-care environment (Scottish Government 2010, Department of Health 2013). Findings from significant reports highlighted the need for senior nursing staff to be appropriately equipped to deliver high-quality patient care (Willis 2012, Francis 2013).

In Scotland, ward sisters or ward managers are known as senior charge nurses (SCNs). They are recognised as being integral to the provision of safe, effective and person-centred care – a concept historically noted in nursing leadership (Brown 1989). It could be argued that the political and organisational changes within health care have negatively impacted on the clarity and function of this role (Royal College of Nursing 2009). Fenton and Phillips (2013) suggest that the role has remained fundamentally unchanged since its inception. At present, the role remains focused on being a clinical nursing expert, manager and leader, and educator.

Senior charge nurses require strong leadership capacity and capability; however, Russell and McGuire (2014) found that the SCN role lacked clarity and focus. A review was conducted by the Scottish Government (2008) which focused on a new role framework for SCNs. This subsequently led to the development of the Leading Better Care (LBC) programme; this is a policy and initiative in Scotland to support the development of clinical leadership in nursing and midwifery (Scottish Government 2008). Four key aims are identified within the LBC role framework (see Figure 1).

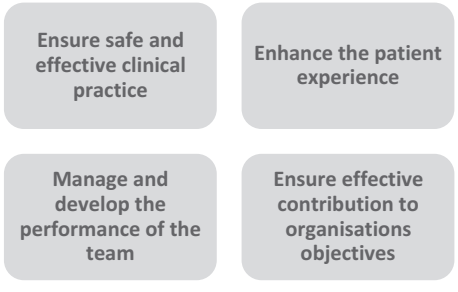

Figure 1
The four keys aims of the Leading Better Care Role Framework.

In recent years the SCN role has undergone significant changes. In addition to direct patient care SCNs' responsibilities now include staff rosters, clinical audits, financial budgets and managing compliance with organisational policies, quality assurance systems and professional regulatory rules (Stoddart *et al.* 2012).

Across Scotland, SCNs typically lead their ward while managing a patient caseload. The benefits of reducing the patient caseload have been highlighted, allowing SCNs to take on an increased supervisory role (Royal College of Nursing, 2011, Stoddart *et al.* 2012). In response to these findings and under the auspices of LBC, National Health Service (NHS) Lanarkshire (one NHS Board in Scotland), increased the supervisory role of SCNs by reducing their patient caseload. The time allocated for the supervisory role was increased from 7.5 hours to 22.5 hours per week, through investment in additional staffing (a mix of registered nurse and support worker time). The purpose of increased supervisory time was to provide effective leadership and management of the ward team, with the overall aim of ensuring the delivery of safe, effective and person-centred care.

This study was designed to explore the experiences of SCNs during the initial few months of being provided with increased supervisory time. The specific aim was to identify factors associated with implementation of SCNs' increased supervisory time in practice.

Methods

The study was conducted in two individual phases. Phase one used an online survey questionnaire to establish initial feedback from SCNs based across three acute hospitals. Online questionnaires allow easy access and quick responses, and are a useful tool for collecting data from a geographically spread sample (Wilkinson *et al.* 2013). The questionnaire was designed to collect SCN demographics and explore the context of the SCN role, for example: 'How long have you been a SCN?'; 'How long have you been in an increased supervisory role?' The survey web link was emailed to SCNs based in three hospitals ($n = 60$). Responses were collected anonymously by a secure online server. The questionnaire was pilot tested with six SCNs and some questions subsequently refined. Pilot testing is an important factor for newly designed questionnaires to support reliability (Parahoo 2014).

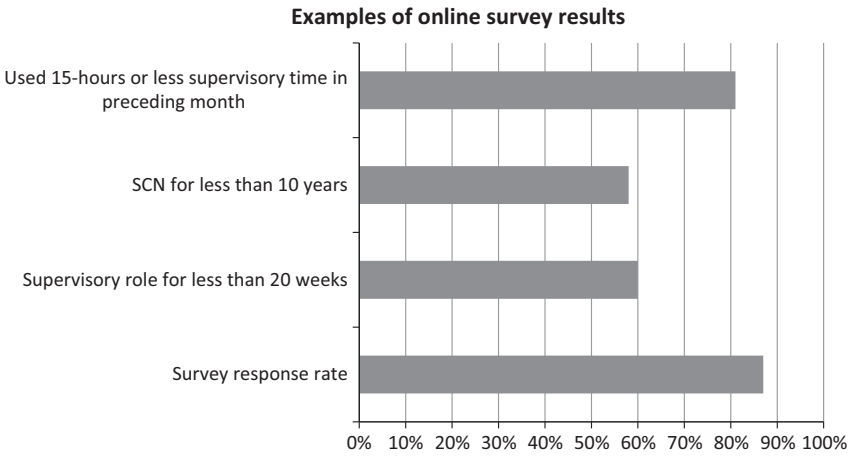

Figure 2
Examples of online survey results. SCN, Senior charge nurse.

Phase two used a qualitative research design to gather meaningful and useful data from a smaller sample of SCNs. The purpose of Phase two was to gain in-depth insight into the experiences of SCNs implementing their increased supervisory role, particularly relating to how increased supervisory time worked in practice. Data were collected by one-to-one interviews with an experienced researcher. The semi-structured interview schedule offered a degree of flexibility in exploring participant responses (Silverman 2015). Questions used were partly informed by key issues raised in Phase one. In general, SCNs were asked to describe a typical working day and were encouraged to reflect on their capability, aspirations, workload, relationships and other factors that shape their work environment.

Qualitative insight was obtained from 12 SCNs. Participants were identified using purposive sampling to ensure that relevant data were collected from a range of contexts and demographics within the SCN cohort. Interviews were digitally recorded, transcribed and analysed using a systematic thematic approach (Bruan & Clarke 2006). Researcher-bias was minimised by using two experienced researchers to independently code and identify themes. Final themes and subthemes were discussed and refined within the wider research team. Data saturation was clearly achieved over the 12 interviews. This is a saturation point supported by Guest *et al.* (2006), however may not be recognised by other researchers as achievable (Creswell 2013).

Results

The online survey received a high response rate of 87% (52 of 60 SCNs). Examples of key survey results can be seen in Figure 2. Senior charge nurses reported the main challenges of implementing the increased supervisory time as time constraints, clinical work pressures, staffing shortages, managerial workload, role overload, keeping pace with policy changes, dealing with conflict and lack of role clarity.

The context of these initial findings was explored in greater detail during the qualitative phase. Twelve SCNs provided insight via in-depth semi-structured interview. Two key themes were identified in relation to implementation of the increased supervisory time: (1) factors facilitating the role of the SCN, and (2) factors hindering the role of the SCN. Additional themes related to other aspects of the SCN role are reported elsewhere (Rankin *et al.* 2015).

Factors facilitating the role of the SCN

The SCNs identified several key factors that facilitated their ability to effectively manage the ward (Figure 3).

Availability and appropriate use of supervisory time
The SCNs responded positively to increased supervisory time (22.5 hours/week compared with 7.5 hours/week). This enabled them to create a ward environment that promoted safety for both patients and staff. Senior charge nurses often struggled to utilise their supervisory time; however, when available, they were able to use this to the advantage of the ward. The majority of SCNs suggested that a full time supervisory role was required to effectively manage and develop their ward.

> 'If they want one SCN to run the ward and run it efficiently, you need to be supernumerary or supervisory all the time' (SCN1)

Adequate staff capacity
All SCNs expressed that adequate staffing numbers had a significant impact on the patient experience. A staff rota balanced with an appropriate skill mix

Figure 3
Key factors facilitating the role of the senior charge nurse.

was identified as a key factor that enabled provision of optimal patient care. The opportunity to delegate tasks, particularly those related to data collection for audits, enabled them to focus on priorities. Delegating tasks provided opportunity to develop the skills of their team, who became engaged in audit processes.

> 'I don't have to worry about anybody checking on the (mattress audit) because I know it's done' (SCN2)

Preparation and support for the role

Appropriate preparation was considered vital for their leadership role. Previous experience in senior roles provided some SCNs with well-developed leadership skills. Other SCNs had attended workshops aimed at developing leadership and management skills. Coaching sessions from senior staff, peer networking and peer support were also reported as useful.

> 'One of the senior nurses – I did coaching sessions with her … that was a good help' (SCN6)

Senior charge nurses reported the importance of having a role 'settling' period without multiple distractions. They also stressed that appropriate support from management, staff and peers was essential for them to perform well in the role. Support was identified as: (1) recognition of their concerns from management; (2) resources being made available to them (e.g. staff and time); (3) availability and support of line managers to discuss their concerns; and (4) meaningful support from their team, who were aware of the everyday demands and challenges of the role.

> 'You could talk at any time – you pick up the phone and … they're just very supportive. So that's not a problem' (SCN8)

Effective leadership skills

As nursing leaders, SCNs considered themselves responsible for identifying what ward changes were needed and for delivering the results. They valued the empowered role that increased supervisory hours provided in pursuing quality improvement.

> 'I can now get to see my whole ward. Not get hung up on the one team of patients that I am looking after' (SCN11)

They described various leadership attributes required to perform their role effectively. These included: motivational skills, effective time management, the ability to manage conflict, analytical skills,

Figure 4
Factors hindering the role of the senior charge nurse.

critical thinking and a supportive and approachable personality. Additional personal traits were also discussed, including the desire to improve the patient and staff experience, the ability to prioritise, a positive outlook, the ability to control personal stress and a sense of pride in the SCN role.

In particular, SCNs recognised their influence as a role model. They discussed the importance of adhering to workplace rules, exhibiting clinical expertise and being visible on the ward. Gaining respect was important for staff morale and mentorship.

> 'You have to have respect to be a role model and I think you are going to get respect when you get in there and work with the staff' (SCN3)

Another key aspect of leadership was supporting the professional development of their staff. Capacity building involved giving more responsibility to staff, ensuring that individuals were released to attend training sessions, supporting professional development opportunities and providing supervision.

Barriers hindering the role of the SCN

The SCNs identified four key factors that acted as a barrier to efficient delivery of their supervisory role (see Figure 4).

Demands and expectations of the role

Senior charge nurses viewed themselves as the key professional representing continuity of care to patients and families. The complex nature of their role, however, involved 'juggling' multiple professional roles, including nurse, educator, ward manager, mentor, role model and supervisor.

> 'You are pulled in different directions' (SCN12)

All SCNs perceived that the expectations and demands of the role had increased and were challenging. The majority of SCNs felt that role requirements were achievable when supervisory time and full staff capacity were available. The additional demand of managing a patient caseload out with supervisory time added to the burden.

Initially, SCNs looked forward to their supervisory role with enthusiasm and optimism. The aim of the increased supervisory role was to demonstrate clinical leadership, develop their teams, implement new practices and ensure excellence in patient care.

> 'I think the SCN supervisory role is pivotal. It certainly helps to embed new initiatives and initiate new practices but also enhance what our current practices are' (SCN9)

Over time, they perceived a significant increase in their workload. A significant burden of increasing

role complexities (e.g. budgets, bed management, staff management, frequent policy changes and audits) was reported. They had to prioritise ward needs and make difficult decisions (e.g. providing patient care in times of staff shortage *vs.* achieving audit report deadlines).

> 'The office work then is completely ignored because patient priority is out there, we are out there dealing with the sick patients' (SCN10)

Some SCNs perceived that the increased supervisory role came with an expectation they could undertake additional administrative tasks, which they felt more suitable for other professionals.

> 'I am supposed to do a fire drill with every staff member as well. It is very important but I am not a Fire Officer' (SCN5)

Growing time constraints

In general, SCNs struggled to utilise the 22.5 hours of supervisory time available. They often could not use their time effectively owing to the increasing complexity of their work environment (e.g. patient caseloads with increasingly frail and older patients, increased expectations of patients and families, high bed occupancy and pressure to make beds available, larger multidisciplinary teams and increasing numbers of ward consultants with multiple ward rounds often taking place at the same time).

> 'There's certainly been an increase in the demand for care because patients are living longer, they're living with two or more illnesses' (SCN4)

The SCNs understood the significance of the audit process and welcomed the resulting positive changes; however, the request for audit-related paperwork had increased significantly. This, in conjunction with other demands, led to growing time constraints. In particular, managing availability of beds was a significant challenge.

> 'A big part of my daily challenge – is to get beds' (SCN7)

The majority of SCNs worked extra hours, either in their office or at home, to cope with their workload. It seemed generally accepted by SCNs that working extra hours was a necessary part of their role.

> 'I know I have worked extra hours' … that is my choice because I want to get things done' (SCN3)

Senior charge nurses also recognised the value of having time to reflect on practice, both on their own and with staff. Finding the time for evaluation and reflection was difficult.

> '…again it would be nice to take a step back, walk around the whole department have a look and think 'Right, what do I need to improve here' and again that's not what I'm getting time for…' (SCN8)

Managing staffing levels

Managing staffing levels was considered the main challenge for SCNs, with significant time spent managing staff rotas and ensuring appropriate skill mix. Staff absence, owing to, for example, illness, made managing rosters both difficult and time consuming. The SCNs were particularly concerned about reliance on bank staff to address staff shortage. They perceived the presence of bank staff often led to an increased workload because of unfamiliarity with ward protocols. They expressed concern that higher proportions of bank staff could have an impact on patient care and patient safety.

> 'You either work short or you have a situation where you're working with bank staff who do not have experience' (SCN1)

Senior charge nurses described the significant time required to produce and maintain an appropriate roster. The perceived staff shortages were described as having a negative impact on the work environment, attributing to work-related stress, poor team development and low staff morale. Often SCNs were unable to use their allocated supervisory time because they were managing the staff rota or providing direct clinical care.

Support for the role

Newly appointed SCNs found it particularly challenging to adjust to their new role. They learned to manage their ward through trial and error, which, for some, resulted in role stress. They described a general lack of clarity about their duties and responsibilities.

> 'Sometimes I feel as if I am finding my feet on my own and I am just learning as I go on' (SCN5)

The SCNs reported that they would have felt better prepared following a formal induction process and a leadership programme. Some SCNs noted the lack of opportunity for coaching, mentorship or peer net-

working. Mentorship was identified as a support mechanism where SCNs could talk in confidence about their challenges. The absence of a formal induction or method of support may have a negative impact on the future ambition of nurses to take on this role.

Senior charge nurses were motivated to embed new changes, although implementing change required a significant investment of time. The frequency of changes in policy and practice resulted in SCNs feeling unsupported by management. As a result, this compromised robust evaluation and feedback to staff regarding practice changes.

Discussion

Senior charge nurses perform a complex and demanding role. Despite the challenges all SCNs in this study found the role rewarding and deeply valued their responsibility for patient care. The increased supervisory role was welcomed and provided additional value to staff development and clinical leadership. It is important, however, to discuss the factors that affected implementation of the increased supervisory role in practice.

It was encouraging to have factors identified that facilitated effective delivery of the role, including availability and use of supervisory time, preparation and support for the role, adequate staff capacity and effective leadership skills.

Effective delegation of tasks in a systematic and organised manner is known to not only reduce the SCN burden but promote team building and staff development (Hudson 2008). Availability and appropriate use of supervisory time also enables SCNs to focus on crucial aspects that affect the quality and safety of patient care (Stoddart *et al.* 2012, Fenton & Phillips 2013).

Both SCNs and their management teams should use these supporting factors to their advantage. This may involve the provision of formal induction and coaching sessions, opportunities to attend leadership workshops and reflect on their practice, and specific strategies to minimise the reliance on bank staff for staff rosters.

Importantly, significant barriers were identified for implementation of the SCNs' supervisory role. Managing staffing levels and support for the role, alongside increasing demands with growing time constraints were factors that made their leadership role challenging. Clinical leadership is essential for creating safe and effective work environments (Royal College of Nursing 2010), however, previous research has shown how this aspect of the SCN role suffers when significant time is needed for administrative and management obligations (McWhirter & Scholes 2009). Similar findings were also reported by Pegram *et al.* (2015) in relation to the demands of managerial workload, including clinical audits.

Overall, two key barriers were highlighted by this study: (1) availability and use of supervisory time; and (2) support for the role.

Availability of supervisory time

The Royal College of Nursing (RCN) states the importance of the supervisory role in effectively managing the ward. Senior charge nurses need time to be visible to patients, staff and multidisciplinary colleagues (Royal College of Nursing 2009). In the instance of staff shortage, SCNs were at times required to manage patient caseloads, reducing their supervisory time. This issue was acknowledged in a business case by the RCN to demonstrate the cost-effectiveness of SCNs operating exclusively in a full-time supervisory role (Royal College of Nursing 2010, 2011). More recently, Francis (2013) endorsed the supervisory role of SCNs (and their equivalents across the UK). The need to be visible and accessible to staff and patients and being an effective role model were all deemed essential for care quality and experience, and formed recommendations to healthcare leaders.

This study also highlighted the negative impact managing staffing levels had on the availability of supervisory time. The SCNs used a significant proportion of their allocated supervisory time managing staff rosters and balancing a safe skill mix. A key concern for SCNs was the potentially negative impact on patient care and safety due to an over-reliance on bank staff, unfamiliar with ward procedures. Research has demonstrated how staffing issues impacts upon staff morale, job satisfaction and stress levels (Hurst & Smith 2011, Agnew *et al.* 2012, Evans 2014). Finding better ways of addressing expected and unexpected shortfalls in staffing levels appears to be critical to support SCNs.

Support for the role

Previous studies have shown that inadequate support acts as a barrier to SCNs effectively performing their leadership role (Fealy *et al.* 2011, Stoddart *et al.* 2012). Although SCNs were confident in their clinical

expertise they felt support to further develop their leadership capacity would be beneficial. Only a few SCNs appeared to have had the opportunity to engage in leadership development or coaching. These opportunities were described as useful for preparation and continued professional development. In particular, SCNs expressed that a structured in-house programme for role induction, in addition to ongoing coaching and/or mentoring, would greatly benefit their leadership abilities. This finding is supported by previous research which identified the critical role of education, training and structural support for the development of leadership and managerial skills (Platt & Foster 2008, McCallin & Frankson 2010, Sherman *et al.* 2011). Empowered SCNs who feel supported by their organisation are more committed to the role and more likely to be influential role models (Spence Laschinger *et al.* 2012).

Many of the issues raised by SCNs reflect the current systemic issues within contemporary health care. Rapid patient turnover, high levels of bed occupancy, increasingly frail and older population, higher patient and family expectations, and complex bureaucratic structures, have created significant challenges for nursing staff (Royal College of Nursing 2009, Fealy *et al.* 2011). Juggling the demands of nurse, manager, educator and mentor can lead to work overload and low morale (Shirey *et al.* 2008, Cortese *et al.* 2010, Fenton & Phillips 2013). Despite these challenges, research has demonstrated that strong and capable SCNs can be created by providing support and leadership development (Spence Laschinger *et al.* 2012).

Limitations

Limitations included this study being undertaken following a Rapid Review by Health Improvement Scotland, which involved the hospitals being under a period of unprecedented scrutiny. Therefore, increasing demands generated may have had an impact on the barriers perceived by the SCNs. The experience of increased supervisory time was relatively recent for the majority of participants which, in itself, brought challenges. The insight of SCNs reported in this study reflects those of only one NHS Board in Scotland.

Conclusions

Over the decades the role of the nurse leader has, controversially, evolved to respond to the complex and changing demands of health-care delivery (White 1985). This has shaped the contemporary clinical leadership role which now appears should remain focused on being a clinical nursing expert; manager and leader, and educator (Fenton & Phillips 2013).

This study identified several factors associated with the implementation of SCNs' increased supervisory role in practice. Overall, SCNs valued their role and gained job satisfaction from developing their ward team and providing enhanced patient care through the provision of increased supervisory time. However, SCNs faced several barriers in the efficient delivery of their role. They struggled to accomplish their leadership goals as a result of managing staffing levels, increasing workload amidst growing time constraints and limited support for professional development. Two key barriers included the utilisation of supervisory time and the persistent challenges in managing staffing levels.

Implications for nursing management

Senior charge nurses require support to enable them to best use supervisory time to achieve the intended outcomes. Health service managers need to consider increasing available supervisory time. This will be more effective if it is accompanied by supporting development of the leadership role through formal induction and coaching programmes (Rafferty & Fairbrother 2015), on-going mentoring from experienced SCNs, role clarity and consistency of expectation, and strategies to improve management of staff-rosters and staff absence (Drake 2014). Good practice for managers includes supporting SCNs in managing competing demands and exploring ways to reduce occupational stress (Pegram *et al.* 2015).

Acknowledgements

This study was funded by the Leading Better Care Programme, a collaborative initiative between NHS Lanarkshire and University of the West of Scotland.

Source of funding

The study was funded as part of 'Leading Better Care', a collaborative programme between University of the West of Scotland and NHS Lanarkshire.

Ethical approval

Ethical approval was granted from the University of the West of Scotland ethics committee. Approval to access SCNs was granted by NHS Lanarkshire

Research and Development Department. The Research and Evaluation subgroup of the collaborative LBC programme informed and guided the research design and supported the implementation of the study (McGuire & Ray 2014).

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