

NEW NURSES IN CHARGE NURSE ROLES: A NARRATIVE INQUIRY

by

Lindsay Tascona

Submitted in partial fulfilment of the requirements
for the degree of Master of Science

at

Dalhousie University
Halifax, Nova Scotia
April 2024

Dalhousie University is located in Mi'kma'ki, the
ancestral and unceded territory of the Mi'kmaq.
We are all Treaty people.

© Copyright by Lindsay Tascona, 2024

Table of Contents

ABSTRACT.....	vi
LIST OF ABBREVIATIONS USED.....	vii
ACKNOWLEDGEMENTS.....	viii
CHAPTER ONE: INTRODUCTION.....	1
BACKGROUND.....	3
<i>Nursing Shortage.....</i>	3
<i>Charge Nurse Role.....</i>	6
SIGNIFICANCE.....	10
REFLEXIVITY.....	10
CHAPTER TWO: LITERATURE REVIEW.....	12
CHARGE NURSE ROLE.....	14
<i>Responsibilities.....</i>	15
<i>Barriers and Facilitators.....</i>	17
<i>Leadership Development.....</i>	19
NEW GRADUATE NURSE.....	22
<i>Transition Theory.....</i>	23
<i>Facilitators and Barriers of the Transition to Practice.....</i>	26
<i>Burnout and Turnover of New Graduate Nurses.....</i>	28
<i>New Graduate Nurse Leadership.....</i>	32
SUMMARY.....	38
CHAPTER 3: METHODOLOGY AND METHODS.....	41
NARRATIVE INQUIRY.....	41

THREE-DIMENSIONAL INQUIRY SPACE.....	44
<i>Theory of Experience</i>	44
<i>Temporality</i>	46
<i>Sociality</i>	47
<i>Place</i>	47
<i>Research Relationship</i>	48
RESEARCH DESIGN.....	50
<i>Participant Sampling</i>	50
<i>Recruitment</i>	52
DATA COLLECTION.....	52
<i>Interview</i>	52
DATA ANALYSIS.....	53
TRUSTWORTHINESS.....	55
ETHICAL CONSIDERATIONS.....	58
<i>Informed Consent</i>	58
<i>Data Storage</i>	59
SUMMARY.....	59
CHAPTER FOUR: FINDINGS.....	61
CHARGE NURSE CONTEXT AND TIMING.....	61
<i>Human Resource Demands: No Other Option</i>	62
<i>Day and Night</i>	64
LEADERSHIP PREPAREDNESS.....	67
<i>Emotions: Shocked and Unprepared</i>	68

<i>Perceptions of Preparedness: Timing and Mastery of Skills</i>	70
<i>Navigating Social Dynamics</i>	72
<i>Formal Training and Resources</i>	74
PROFESSIONAL GROWTH: FINDING THEIR VOICE (BECOMING LEADERS)	76
<i>Socialization through Informal Learning</i>	77
<i>Finding Their Voice</i>	80
<i>Evolving Views of Self and Leadership</i>	84
SUMMARY.....	88
CHAPTER FIVE: DISCUSSION	90
LEADERSHIP PREPAREDNESS AND READINESS.....	90
KEY LEADERSHIP SKILLS.....	95
FORMALIZED ORIENTATION AND RESOURCES.....	98
IMPLICATIONS.....	101
<i>Nursing Education</i>	101
<i>Clinical Practice</i>	104
<i>Future Research</i>	109
STRENGTHS AND LIMITATIONS.....	110
SUMMARY.....	111
REFERENCES	115
APPENDIX A: ADVERTISEMENT POSTER	156
APPENDIX B: INTERVIEW GUIDE	157
APPENDIX C: CONSENT FORM	159

APPENDIX D: FINDINGS TABLE.....165

Abstract

The charge nurse role is a complex leadership position that is found on most acute care units. Historically, senior nurses were assigned to the charge nurse role due to their clinical knowledge and expertise. Due to high turnover of staff in the acute care setting, and recent staff shortages due to the COVID-19 pandemic, new nurses are assuming leadership roles, such as the charge nurse position, within their first year of practice. This research study explored the experiences of new graduate nurses assigned to the charge nurse role in the acute care setting using a narrative inquiry design. The data was collected by conducting two semi-structured interviews with 10 new graduate nurses. The data revealed three themes: Charge Nurse Context and Timing, Leadership Preparedness, and Professional Growth: Finding their Voice. The participants highlighted that they often felt unprepared and were provided minimal training or resources when they were first assigned to the charge nurse role. Over time and through experience in the role, the participants experienced professional growth and a deepened understanding of their preferences towards leadership. The findings of this study can be used to inform the development of resources, training opportunities, and practice changes that aim to better support new nurses assigned to the charge nurse role. In addition, this research may also be helpful in terms of supporting the leadership development, retention, and well-being of new nurses in practice.

LIST OF ABBREVIATIONS USED

CNA Canadian Nurses Association

NNLI Novice Nurse Leadership Initiative

LPNs Licensed Practical Nurses

ACKNOWLEDGMENTS

This has been a long journey and I am grateful to the various individuals that have supported me along the way. Firstly, I would like to thank the 10 new nurses that have graciously offered their time to participate in this study. I have learned so much from you about nursing leadership and how everyone has the capability to be a leader.

To my committee- Dr. Sheri Price, Dr. Shelley Cobbett and Dr. Deborah Tamlyn, thank you for your time, patience and your expertise regarding this subject matter. I am very grateful to have had the opportunity to learn from each of you. To Sheri- it is difficult to articulate how thankful I am for everything that you have provided me with. I am so grateful that by chance, our lives have crossed paths. You have taught me so much throughout this journey about nursing, research, leadership, and myself. Thank you for your endless support and mentorship. To Thomas and Stella, I am so grateful for your continuous support throughout this process. Lastly, I would like to thank the Dalhousie Nursing Research & Development Operating Grant, thank you for your funding and in supporting my research study.

Chapter 1

New nurses often begin their careers working in acute care settings (Ervin et al., 2006). Due to high turnover of staff in acute care, new nurses are finding themselves in positions of formal leadership at the care level, such as charge nurse, at early stages in their careers. The charge nurse role is a formal leadership position that is fundamental to the functioning of most acute care units. The role's responsibilities include managing front-line staff and overseeing care delivery (Dillard-Hendersen, 2018; Flynn et al., 2010; Sherman et al., 2011). Strong leadership at the charge nurse level is important because it can have a positive impact on quality of care, nurse retention and patient safety (Eggenberger, 2011; Wong & Cummings, 2007).

The charge nurse role was historically reserved for more senior nurses due to their clinical expertise and knowledge. On some acute care units, there are fewer senior nurses available to assume this position (Hodges et al., 2008). Some of the reasons for this shift in demographics include high employee turnover in the acute care setting (O'Brien-Pallas et al., 2010) as well as early retirements (Uthaman et al., 2016; Varner, 2021). More recently, the COVID-19 pandemic further exacerbated the workforce changes in the acute care setting, as some experienced nurses sought employment in clinical areas with less demanding conditions (Varner, 2021) or decided to leave the profession altogether (Lopez et al., 2022). On floors with high turnover and poor staffing ratios, it may be a reality that a new graduate nurse is placed in the charge nurse role on a scheduled shift.

Leadership is a professional expectation of nurses at all levels of practice (Canadian Nurses Association [CNA], 2009a; Nova Scotia College of Nursing [NSCN], 2017). However, studies have found that new nurses often lack confidence and feel

inadequately prepared for the leadership expectations that they may face upon transition to clinical practice (Ekström & Idvall, 2015; Pedersen, 2020). Leadership courses offered in nursing school have been noted to be heavily theory-focused (Groh et al., 2011; Pedersen, 2020), which may fail to teach new nurses about the formal and informal leadership roles that they may be expected to assume in the clinical setting (Mbewe & Jones, 2015; Ting, 2021). Additionally, various studies have highlighted that there is often minimal organizational support or formal training offered to nurses assigned to the charge nurse role (Delamater & Hall, 2018; Flynn et al., 2010; Spiva et al., 2020). This could be challenging for a new graduate nurse as they are particularly vulnerable to experiencing burnout within the first three years of practice (Rudman & Gustavsson, 2011). Burn out can have negative implications on patient safety, quality of care, a nurse's psychological health and turnover (Boamah et al. 2017; Rudman et al., 2020; Spence Laschinger et al., 2009). Given the recent nursing shortages, there may be fewer experienced nurses available to assume leadership roles in the future. It is important that new nurses feel adequately prepared for the leadership responsibilities that may be expected of them upon entering the profession.

There is a gap in the literature exploring the experiences of new graduate nurses assigned to the charge nurse role. The aim of this study was to address the gap in the literature to better understand the lived experiences, narratives, challenges and learning needs of new graduate nurses in the charge nurse role. This study defined a 'new graduate nurse' as a nurse with less than two years of clinical experience. In addition, the 'acute care setting' was defined as inpatient hospital units that provide urgent treatment to patients due to a sudden illness, medical condition, or surgery (Canadian Institute for

Health Information [CIHI], 2016; Hirshon et al., 2013). A narrative inquiry research design was used to address the following research question: What are the experiences of new graduate nurses assigned to the charge nurse role in the acute care setting?

Background

Nursing Shortage

The Canadian nursing workforce has faced significant labour market fluctuations in the past 30 years. Understanding the historical changes in the labour market will provide insight on the long-standing impact that it has had on the current nursing workforce.

Changes in the nursing labour market date back to the 1990s, when the Canadian government initiated a restructuring in the health care system (Burke et al., 2016; Cummings & Estabrooks, 2003). During this time, hospitals made financial cutbacks that resulted in a significant number of layoffs of nurses (Baumann et al., 2021) and a reduction in the number of administrative roles (CNA, 2009a). The hospital restructuring also impacted recruitment within the profession as there were cuts in nursing school seats, resulting in a reduced number of nurses entering the profession (CNA, 2009a). The financial cutbacks during this time negatively impacted work environments in the hospital setting and increased nurses' workloads (Cummings & Estabrooks, 2003; Greenglass & Burke, 2001). Nurses reported experiencing higher levels of stress (Bourbonnais et al., 1998), decreased job satisfaction and autonomy (Cummings & Estabrooks, 2003; Greenglass & Burke, 2001). Additionally, studies found that this negatively impacted the quality of care (Cummings & Estabrooks, 2003; Greenglass & Burke, 2001).

In the early 2000s, the government attempted to increase recruitment in the profession by increasing the number of nursing seats at universities (CNA, 2012). In the late 2000s, during the Great Recession, the nursing workforce remained strong while other industries experienced layoffs (Baumann & Crea-Arsenio, 2023; Usalcas, 2009). However, in 2010, it was reported by the Canadian Association of Schools of Nursing (CASN) that the instability of the economy during this time resulted in a hiring freeze in some provinces in Canada which impacted the employment of new graduate nurses, resulting in some leaving to work in other countries (Canadian Association of Schools of Nursing [CASN], 2010).

In 2009, the Canadian Nurses Association (CNA) projected that the nursing profession would face a shortage of approximately 60,000 registered nurses by 2022 (CNA, 2009b). In 2018, it was predicted that the nursing shortage would reach greater than 117,000 by 2030 (Scheffler & Arnold, 2018). The projected shortage is complicated by various factors such as an aging workforce, an aging population and increased patient acuity (Haddad et al., 2020; Murray, 2002). More recently, the effects of the COVID-19 pandemic have negatively impacted the nursing shortage. The long-term effects of the pandemic remain unknown; however, it has had a global impact on the nursing profession. Throughout the pandemic, nurses have been faced with various physical and psychological stressors such as low staffing levels, higher nurse-to-patient ratios, longer working hours, stress from caring for patients with COVID-19 as well as a lack of medical resources and personal protective equipment (Crismon et al., 2021; Ehrlich et al., 2020; Fernandez et al., 2020; Zhou et al., 2021). In Canada, the stressors of the global pandemic have caused registered nurses to leave their workplaces due to poor working

conditions and some have even chosen to leave the profession entirely (Canadian Federation of Nurses Union [CFNU], 2020; Grant, 2021; Neustaeter, 2021). In 2021, in provinces such as Nova Scotia, there was over 1000 unfilled vacancies for registered nurses (Doucette, 2021). Nursing is the largest workforce in the health care sector (Alameddine et al., 2009; Baumann et al., 2001). A shortage of nurses is a threat to hospital organizations as poor staffing has been found to negatively impact quality of care and patient safety (Alameddine et al., 2009; Harless & Mark, 2010; Hickam et al., 2003; Stanton, 2004).

A focus on retention has been cited as an important strategy in addressing the shortage (Lartey et al., 2014). The average rate of nurse turnover in Canada is 19.9% each year (O'Brien-Pallas et al., 2008). Nursing turnover has significant financial impacts on an organization and is estimated to cost approximately \$25,000 per registered nurse (O'Brien-Pallas et al., 2008). High nursing turnover can negatively impact patient care, patient safety and lower job satisfaction (Kleinman, 2004; Lartey et al., 2014; Jones, 2008).

Turnover rates are alarmingly high in new graduate nurses. In the United States, a 10-year longitudinal study by Kovner et al. (2014) found that the average turnover rate within the first two years of practice is 33.5%. In a Canadian study by Hallaran et al. (2021) that explored turnover intention of new graduate nurses, within their study of 217 participants, 44% had reported changing roles within their organisation or leaving their first employer while 1% shared that they left profession. The effects of the COVID-19 pandemic could have made new graduate nurses even more vulnerable to burnout and turnover. It is widely known that new nurses are faced with various emotional,

psychological, and sociocultural changes upon entering the profession (Duchscher, 2009). Joining the nursing profession during a global pandemic could have made transition to practice even more challenging. New nurses have been faced with additional workplace stressors due to the COVID-19 pandemic such as having less-hands on training upon entering the workforce (Smith et al., 2021) as well as managing higher workloads and greater responsibilities due to low staffing levels (Crismon et al., 2021; Kovanci & Atlı Özbaş, 2021).

The COVID-19 pandemic has drawn attention to the growing nursing shortage and left the nursing workforce particularly vulnerable to burnout and turnover. Nursing turnover poses as a significant barrier to the nursing workforce (Brook et al., 2019). It is imperative that organizations and nursing leaders develop innovative strategies to respond to the ongoing nursing shortage. Investing in resources to improve the retention of new graduate nurses could be a cost-effective strategy to reduce nurse turnover and build a stronger workforce.

Charge Nurse Role

Leadership in nursing is a core competency and imperative in effective care delivery. In the nursing profession, Grossman and Valiga (2012) denote that leadership and management are often used in exchange for one another. Scully (2015) explains that management should be distinguished from the concept of leadership by recognizing that it is a formal position with job responsibilities that include managing the operational aspects of a clinical care area (Scully, 2015). Although individuals at the manager level can be leaders, leadership is not synonymous with one's position title (Grossman & Valiga 2012; Rigolosi, 2013; Scully, 2015). Leadership is demonstrated by an

individual's capacity to inspire others as well as the characteristics and values that they emulate in their position (Caplin-Davies, 2003; Scully, 2015).

This study will be focusing on the charge nurse position, which is a frontline leadership role that is involved in managing and overseeing care delivery on a clinical unit (Flynn et al., 2010). It is important to explore leadership at the charge nurse role level because this position has direct contact with clinical staff and can have a positive impact on nurse retention, patient outcomes, unit safety, nurse productivity and quality of care (Eggenberger, 2011; Wong & Cummings, 2007). There is often a lack of formal orientation or training provided to nurses assigned to the charge nurse role (Delamater & Hall, 2018; Spiva et al., 2020), despite the positive impact that they can have on patient care and the workplace environment. The expectations and responsibilities of the charge nurse position have become more complex over time due to a rapidly evolving health care system, increase in patient acuity, high patient turnover and staffing shortages (Sherman et al., 2011). Additionally, formal leaders within the profession have an expectation to foster workplace conditions that empower nurses to practice autonomously and with agency (Gottlieb et al., 2021).

In the 1970s, the charge nurses' responsibilities consisted of overseeing care delivery, ensuring appropriate documentation was completed for all interventions as well as managing and providing support to staff members (Hinkle & Hinkle, 1977; Sherman et al., 2011). Currently, the charge nurse role involves greater administrative tasks and the responsibilities include: being a liaison between nursing staff and members of the multidisciplinary team, managing patient flow, creating appropriate patient assignments for nursing staff, providing guidance to less experienced staff, managing conflict amongst

team members and monitoring quality of care (Eggenberger, 2011; Krugman et al., 2013; Sherman et al., 2011). Additionally, leadership in the nursing profession requires advocacy, vision, an ability to build relationships, inspire others as well as the capability to manage the evolving demands that may emerge within the health care system (CNA, 2009a).

Hospitals have adapted two types of models for this position, a permanent and a rotating charge nurse model (Bard, 2018; Bognar, 2019). A permanent model employs a registered nurse to solely work in the charge nurse role, usually during the unit's busiest shift (Bognar, 2019). When a permanent charge nurse is not working a shift, such as on a night shift, the role is assigned to a qualified floor nurse (Bognar, 2019). Conversely, the rotating shift model assigns floor nurses the charge nurse role on top of their other clinical duties (Bognar, 2019).

Historically, more senior nurses were primarily placed in the charge nurse role due to their vast clinical experience and knowledge. Presently, the number of senior nurses within the acute care setting has significantly decreased due to an aging workforce and an increase in retirements (Hodges et al., 2008). In Canada, from 2015-2020, the number of nurses over the age of 40 has decreased by 3.8%, while the number of nurses under the age of 39 has increased by 4.7% (CIHI, 2018). As more senior nurses approach retirement, this shift in demographics may become more prevalent in high nurse turnover practice settings.

In the acute care setting, there is often poor nurse retention due to various stressors such as high patient turnover, increased patient acuity and poor nurse-to-patient ratios (Hayward et al., 2016). The increasingly complex care environment and flexible

career options have resulted in more experienced nurses opting to work in ambulatory care and non-hospital settings (Auerbach et al., 2014). The demographic changes at the bedside have resulted in fewer senior nurses available to assume the charge nurse role.

On floors with high employee turnover, early career nurses within their first five years of practice (Djukic et al., 2013) have started to assume the charge nurse role on a permanent basis (Doherty et al., 2022). In addition, some new graduate nurses have reported being assigned to the relief charge nurse role within their first year of practice (Dyess & Sherman, 2011; Pedersen, 2020; Ting, 2021). There is limited data reporting the prevalence that new nurses are being assigned to the charge nurse role. However, some nursing regulatory bodies have recently acknowledged this new practice norm. For example, the Nova Scotia College of Nurses (2020) recently published a practice guideline that suggests that new graduate nurses are being assigned to the charge nurse role and includes recommendations to help them practice safely in this position (NSCN, 2020).

If current trends continue, organizations could expect new graduate nurses to assume the charge nurse role at faster rates in their careers. New graduate nurses are especially vulnerable to experiencing burnout the first three years after graduation (Rudman & Gustavsson, 2011). Burnout is associated with high turnover rates, absenteeism, reduced productivity and can have a negative impact on a nurse's mental health (Rudman et al., 2020). It is entirely unknown the impact and experiences that these increased leadership responsibilities could be having on new graduate nurses. There is a need for greater research exploring the experiences of new nurses assigned to the charge nurse role in the acute care setting.

Significance

There is a significant gap in the literature regarding the experiences of new graduate nurses in the charge nurse role. Due to this gap in knowledge, their experiences in this role remain entirely unclear. It is important to understand the experiences of new graduate nurses in the charge nurse role so that resources and supports can be developed that are tailored to their unique needs. Furthermore, these resources need to be evaluated on a continuous basis. Organizations must focus on supporting new graduate nurses on an interpersonal and institutional level as it could promote retention within the profession and reduce health care expenses associated with nurse turnover. This research study aims to provide a narrative of the experiences of new graduate nurses in the charge nurse role to promote change in practice and draw attention to the need for future research in this area.

Reflexivity

Reflexivity requires researchers to undergo a critical self-examination of one's self and consciously examine how their opinions, beliefs, values and view of the world may be influencing their research (Crowfoot, 2016; Dowling, 2008; Krefting, 1991; McBrien, 2008). A narrative inquiry approach was chosen for this study as there is little known regarding the experiences of new nurses in the charge nurse role and this methodology provided an opportunity to examine this phenomenon in an in-depth way. In narrative inquiry, the researcher utilizes their past experiences as a method of gaining new insights about the research topic rather than assuming they can completely disregard their prior knowledge and experiences (Clandinin, 2007; Riessman, 2008). I practiced

reflexivity throughout the entire research process. I began this journey by positioning myself and disclosing my past experiences relating to this thesis topic.

Upon entering graduate school, I was a novice nurse on an acute nursing floor with high turnover and minimal senior nurses. The stressors and demands of the floor resulted in a revolving door effect. At the time, I had two years of clinical experience, however, I was considered to be one of the more "senior nurses" on the floor. I was regularly orientating new staff and new graduates. I was frequently placed in the charge nurse role on night shifts and filled-in for day shifts when required. This could be stressful as new graduate's asked questions that at the time I was still trying to figure out. Despite the challenging aspects, the leadership skills that I developed increased my self-confidence and ability to be a leader. For example, these experiences improved my communication and prioritization skills as well as my ability remain composed during stressful situations. I had wondered if other nurses felt how I did in the beginning stages of my career and if other acute care floors faced challenges with high nurse turnover rates and young staffing demographics. After discussing the young staffing demographics of my previous unit with other registered nurses working in Halifax, Nova Scotia; it became apparent that various acute care floors faced similar realities. I believe it is important to understand the experiences of new graduate nurses in charge nurse role so that they can be better supported on an organizational level.

Chapter 2: Literature Review

Due to an aging workforce (CIHI, 2018), increase in anticipated retirements (CIHI, 2010; Oulton, 2006; Hodges et al., 2008) and high nurse turnover rates in the hospital setting (Hayward et al., 2016), new graduate nurses are now being assigned to positions of leadership, such as the charge nurse role, at earlier stages in their careers. There is a lack of published literature and research exploring the experiences of new nurses in the charge nurse role. Therefore, this literature review will include relevant research regarding the charge nurse role generally and new graduate nurses, to gain a greater understanding of the population and phenomena of interest.

The databases that were utilized to conduct this literature review include: the Cumulative Index to Nursing (CINAHL), PubMed, Medline, Google Scholar, PsycINFO, Education Resources Information Center (ERIC) and Novanet. Relevant articles were first identified by reviewing titles, then abstracts, then full articles. The initial literature search began by investigating research on the proposed study topic. The key terms that were used included: "charge nurse/head nurse/formal leadership role/leadership/front-line manager" and "new graduate nurse/new nurse/new registered nurse/novice nurse". These search terms yielded limited results, with only one study focusing on the experiences of new graduate nurses in the charge nurse role. The literature search was then divided into two sections, the first section focused on the charge nurse role and the second section focused on new graduate nurses.

The literature search regarding the charge nurse role was conducted using the following search terms: "charge nurse", "head nurse", "front line manager" and "charge nurse manager". The time period filter of 2010-2021 was applied in order to include

current research. However, it was expanded to 2000-2021 as the previous filter yielded limited results. A total of 41 articles were reviewed and 21 were chosen for inclusion. The selected articles included 15 research studies, 6 quantitative and 9 qualitative.

The literature search regarding new graduate nurses was conducted using the time period filter of 2010-2021 and included the following search terms: "new graduate nurse", "novice nurse", "new nurse" and "new registered nurse". The search yielded a substantial number of results, therefore, to narrow the focus of the literature review relevant keywords were used in conjunction with the new graduate search terms. The keywords that were used included: "leadership development", "leadership", "transition", "burnout" and "turnover intention". A total of 87 articles were reviewed, and 36 articles were included in the literature review. The included articles consisted of 29 research studies, 11 qualitative, 16 quantitative and 2 mixed methods. In addition to these research articles, the theoretical work by Kramer (1974), Benner (1984) and Duchscher (2009) were included in the literature review.

This literature review will begin by discussing the research that exists regarding the charge nurse's responsibilities, facilitators and barriers to the role and the impact that strong leadership can have on an interpersonal and organizational level. The new graduate literature will then be reviewed by first overviewing the most influential transition theories, such as Kramer's Reality Shock Theory (1974), Benner's Novice to Expert Model (1984) and Duchscher's Transition Shock Theory (2009). These theories are fundamental to the new graduate literature and continue to inform educators, researchers, and organizations on how to facilitate an effective transition to practice. Research exploring the barriers and facilitators of an effective transition will then be

reviewed. Followed by an overview of the burnout and turnover prevalence in the new graduate population. New nurses are particularly vulnerable to experiencing burnout, therefore, understanding the various stressors that they are faced with could provide insight on how assuming formal leadership positions could amplify these challenges. The concept of leadership at the new graduate level will then be reviewed. This literature will provide valuable information on how new graduate nurses are minimally socialized to leadership positions and how implementing a leadership approach could be beneficial to their practice.

Charge Nurse Role

The charge nurse role is a formal leadership position in the acute care setting that is integral to the functioning and management of the day-to-day operations of a nursing unit (Flynn et al., 2010; Krugman & Smith, 2003). There are two types of models that are implemented by hospital organizations, the permanent or rotating charge nurse position (Bard, 2018; Bognar, 2019). The permanent charge nurse model dedicates a nurse to the role on a permanent basis, often during the unit's busiest shift (Bognar, 2019). When the permanent charge nurse is absent for a shift, such as on a night or weekend, a relief charge nurse is assigned to the role and is required to assume the role's responsibilities on top of their other nursing duties (Bognar, 2019). Conversely, the charge nurse position in the rotating model is a shared responsibility of a nursing unit and the role is rotated between floor nurses on a shift-by-shift basis (Bognar, 2019). In this model, the charge nurse role is an additional responsibility on top of a nurse's clinical workload (Bognar, 2019). The permanent charge nurse model is more commonly implemented within the hospital setting as it provides greater consistency to the role (Bard, 2018). In addition, it

has been found to improve patient satisfaction (Armstrong & Hedges, 2006) as well as improve teamwork on a nursing unit (Hughes & Kring, 2005).

In the past, senior nurses with several years of clinical experience were typically assigned to the charge nurse role (Hodges et al., 2008). Presently, on some acute care units there are fewer experienced nurses available to assume the charge nurse position (Hodges et al., 2008). Organizations have now started to assign new graduate nurses to the relief charge nurse role within their first year of practice (Pedersen, 2020). There is little known about the experiences of relief charge nurses in the role because the literature primarily investigates permanent charge nurses. Research regarding the permanent charge nurse role will be reviewed as it will provide insight on the responsibilities, challenges, and facilitators of the position.

Responsibilities

The responsibilities of the charge nurse role have expanded and evolved over time due to the increasing demands of the health care system. In 1977, an article by Bartels et al. described the role of the charge nurse as a leader, an evaluator as well as a teacher. The charge nurse's responsibilities included, ensuring the standards of practice were maintained on their assigned nursing unit, creating fair nursing assignments, providing constructive feedback to staff, evaluating each nurse's care plan as well as their ability to apply the nursing process (Bartels et al., 1977).

The charge nurse role has since expanded into a position with increased administrative responsibilities (McCallin & Frankson, 2010). It is now considered to be a middle-ground managerial position linking front-line staff to upper management (McCallin & Frankson, 2010). Due to the wide variety and expanding responsibilities of

the role, various studies have highlighted that organizations often lack clear guidelines and expectations of the position (Dillard-Hendersen, 2018; McCallin & Frankson, 2010). Failing to provide clear expectations of the role can increase the likelihood of role confusion and role stress, hindering a nurse's ability to be successful in the charge nurse position (McCallin & Frankson, 2010). Eggenberger (2012) conducted a qualitative descriptive study that provided a more recent understanding of the responsibilities of charge nurses in the acute care setting from the perspective of those in the role. The study included 20 participants from four different acute care hospitals. The study excluded participants that worked in specialty settings, such as the emergency department or critical care setting, as a method to provide greater clarity of the responsibilities of charge nurses working in the acute care setting. The charge nurse responsibilities that were reported included: fostering a safe work environment for patients and nurses, managing patient flow, facilitating effective communication amongst all members of the interprofessional team, being a resource to new staff and resolving conflicts or issues that arise within a shift (Eggenberger, 2012). Additional charge nurse responsibilities reported in the literature include: addressing staffing needs (Dillard-Hendersen, 2018; Sherman et al., 2011), being a leader during emergency situations (Goldblatt et al., 2008), overseeing care delivery and ensuring quality care is being provided by all nurses on the nursing unit (Dillard-Hendersen, 2018; Goldblatt et al., 2008).

In addition to the responsibilities that a charge nurse is required to complete within a shift, they are also expected to possess key competencies to function in the role (Connelly & Yoder, 2003; Delamater & Hall, 2018; Sherman & Eggenberger, 2009; Wojciechowski et al., 2011). The most important competencies cited in the literature

include: having strong communication skills (Delamater & Hall, 2018; Homer & Ryan, 2013; Sherman et al., 2011; Spiva et al., 2020), conflict resolution skills (Delamater & Hall, 2018; Wojciechowski et al., 2011), problem-solving skills (Spiva et al., 2020; Wojciechowski et al., 2011), decision-making skills (Jasper et al., 2010) and organizational skills (Sherman et al., 2011). Additionally, being approachable, open-minded, supportive, and assertive have been identified as important qualities of a charge nurse (Oroviogicochea, 1996; Sherman et al., 2011).

Barriers and Facilitators

One major focus in the charge nurse literature relates to the barriers and facilitators of this role. A charge nurse is faced with various personal, interpersonal, and organizational barriers that impact their ability to effectively function in their position. A qualitative study by Connelly & Yoder (2003) investigated the barriers and facilitators of the charge nurse position. The study implemented a purposive sampling technique to recruit 42 participants that worked in positions that regularly interacted with charge nurses. The study recruited nurses that worked at all levels of practice to help ensure that objective perspectives of the facilitators and barriers of the charge nurse role were collected (Connelly & Yoder, 2003). The sample was comprised of charge nurses, nursing supervisors, nurse managers and floor nurses working in a variety of clinical care units in the hospital setting (Connelly & Yoder, 2003). The personal barriers that were reported included, challenges with developing self-confidence, managing stress levels, creating fair nurse-patient assignments, and having minimal experience in the role (Connelly & Yoder, 2003). The interpersonal barriers of the role included, a lack of effective communication, lack of respect from staff members and poor support from

nurse managers regarding decisions (Connelly & Yoder, 2003). The organizational barriers reported by participants included, low staffing levels and having unclear expectations of the position's responsibilities (Connelly & Yoder, 2003). Furthermore, a qualitative survey study by Wojciechowski et al. (2011) highlighted additional organizational barriers to the position. The purpose of the study was to investigate the learning needs, barriers, and supportive resources that could help charge nurses to function in the role. The sample comprised of 22 participants that worked in the charge nurse role on a full-time or part-time basis in a variety of care areas, such as the intensive care unit, surgery, pediatrics, rehabilitation, and maternity. The study found that the organizational barriers to the role included, the recent increase in patient acuity, lack of formalized training, budgetary constraints, and a lack of time to complete responsibilities (Wojciechowski et al., 2011). Connelly and Yoder (2003) and Wojciechowski et al. (2011) provided valuable insight into the barriers of the charge nurse role, however, the sample population in both studies included a sample of nurses that practiced in a variety of care areas which may limit its generalizability to the experiences of charge nurses in the acute care setting.

Despite the numerous barriers to the role, the literature has highlighted various facilitators that can assist charge nurses to effectively function in the position. The facilitators reported in the literature include: receiving support from managers and fellow staff (Rankin et al., 2016), being provided with resources (Rankin et al., 2016), having strong leadership skills (Rankin et al., 2016), having strong and effective communication with managers (Connelly & Yoder, 2003) and being interested in assuming the role (Connelly & Yoder, 2003).

The literature has highlighted several barriers and facilitators that influence a permanent charge nurse's ability to function in the position. Though there is limited research exploring the experiences of a relief charge nurse, it is important to note that they may experience even greater personal and organizational barriers due to their inexperience in the position. Adequately preparing relief charge nurses to assume this complex position is necessary so that they can effectively perform the duties and responsibilities associated with the role. Moreover, there is a need to understand these barriers and facilitators in the context of new graduates who have limited practice experience.

Leadership Development

The position of charge nurses is often identified as a formal leadership role/position (McCallin & Frankson, 2010; Sherman et al., 2011). Therefore, leadership development was another significant theme identified within the charge nurse literature. A charge nurse is imperative to the functioning of a hospital unit and can indirectly impact patient outcomes, patient safety, nurse retention and staff satisfaction (Fulks & Thompson, 2008). Despite the positive benefits that this position can have on organizational outcomes, hospital institutions offer minimal support or formalized training to nurses assigned to the role (Homer & Ryan, 2013).

Historically, hospital organizations appointed senior nurses to the charge nurse role based on their clinical expertise, without considering their leadership abilities (McCallin & Frankson, 2010; Thomas, 2012). Nurses were expected to easily transition from their floor nurse role to the charge nurse position without formalized training (Dillard-Hendersen, 2018; Eggenberger, 2012). A qualitative exploratory descriptive

study by McCallin and Frankson (2010) aimed to better understand the role of the charge nurse. The sample included 12 participants that were currently working in the charge nurse role. A key finding of the study was that newly appointed charge nurses often felt unprepared to assume the organizational responsibilities associated with the position and as a result experienced significant difficulties transitioning to their new role (McCallin & Frankson, 2010). This research highlighted a gap in practice by identifying a need for greater support to those in the charge nurse position. Hospital organizations have now started to offer leadership development opportunities and education sessions to better prepare nurses for the charge nurse role (Clark & Yoder-Wise, 2015; Krugman et al., 2013).

There have been a variety of strategies that have been used to deliver leadership training opportunities to charge nurses, such as classroom sessions, online learning, simulation experiences, role-playing case scenario training and didactic teaching (Bateman, 2020; Clark & Yoder-Wise, 2015; Thomas, 2012). A systematic review by Delamater and Hall (2018) explored the impact that professional development opportunities can have on charge nurses. A meta-analysis was implemented to synthesize the findings of nine studies, 5 quantitative, 1 qualitative and 3 mixed methods. Findings from the systematic review highlighted how providing charge nurses with competency development opportunities can improve their self-efficacy and ability to function in the role (Delamater & Hall, 2018). However, the studies included in the systematic review were unable demonstrate how an increase in leadership abilities can directly impact organizational outcomes (Delamater & Hall, 2018).

Further research is needed exploring how charge nurse development opportunities can influence organizational outcomes (Delamater & Hall, 2018). A quantitative study by Spiva et al. (2020) reported promising findings that may encourage future research in this area. The study used a pre-test and post-test design with a control group to evaluate the impact that a training course had on the leadership skills and resilience of charge nurses. A total of 41 participants were included in the sample, with 19 being in the control group and 22 in the intervention group. The training initiative included 15 hours of coursework led by an instructor. The course focused on developing leadership skills using various teaching techniques such as class-room discussion and interactive activities (Spiva et al., 2020). In addition, participants attended an eight-hour workshop focused on developing resiliency. After the completion of the course, charge nurses reported having a greater desire to apply the skills they learned to improve organizational outcomes (Spiva et al., 2020). Moreover, participants reported that the training program increased their capability to improve team effectiveness on their assigned nursing unit (Spiva et al., 2020). This study's pre-test and post-test design was effective in demonstrating statistically significant findings of the impact that a leadership course can have on a charge nurse's leadership skills. Furthermore, the study highlighted that charge nurses have a desire to implement their leadership skills in positive ways that benefit the organization.

A prominent theme highlighted in the literature is the positive impact that professional development opportunities can have on a charge nurse's practice (Clark & Yoder-Wise, 2015; Delamater & Hall, 2018; Spiva et al., 2020). Providing charge nurses with training opportunities has been found to increase their self-confidence in leadership

skills (Clark & Yoder-Wise, 2015; Delamater & Hall, 2018; Thomas, 2012). Moreover, charge nurses have reported feeling better supported by their organization and expressed an interest in participating in more training opportunities in the future (Schwarzkopf et al., 2012). Providing formalized training and professional development opportunities to all nurses that are assigned to the charge nurse role could better prepare them to overcome the challenges, barriers and stressors associated with this position. These opportunities could be particularly beneficial to new nurses with limited clinical experience as they could better prepare them to develop the leadership skills that are necessary to effectively function in the charge nurse role. There is a need for further research exploring effective training opportunities for new nurses assigned to the charge nurse role.

New Graduate Nurse

The transition from nursing school to practice has been widely documented as a particularly challenging and stressful experience for new graduate nurses (Duchscher, 2009; Hofler & Thomas, 2016; Kramer, 1974; Nour & Williams, 2019; Price et al., 2017). The transition to practice is a new nurse's first socialization experience to the occupation and their experience can impact their commitment to the profession (Melrose et al., 2015; Zarshenas et al., 2014) as well as job satisfaction (Mbambo, 2013). High turnover intention has been widely documented in the new graduate nurse literature, with reported rates ranging from 33-65% (Dwyer et al., 2019; Laschinger et al., 2014). High nurse turnover can have negative implications for organizations as it can be financially costly (O'Brien et al., 2006), negatively impact patient outcomes (Bae et al., 2010) and quality of care (Castle & Engberg, 2005). Facilitating an effective transition to practice

has been documented as an important human resource strategy to increase retention of new graduate nurses within the profession (Park & Jones, 2010). This section of the literature review will overview three highly influential transition theories, facilitators and barriers of the transition experience, burnout prevalence and the concept of leadership at the new graduate level. It is important to explore the transition experience as it provides a greater understanding of the challenges that new graduates face while adjusting to the current health care system. In addition to these theories, relevant research will be reviewed that demonstrate how assuming leadership positions could increase the stressors a new graduate nurse may already face upon entering practice. Moreover, it will provide a greater understanding of the facilitators that could better support new graduate nurses assuming the charge nurse role.

Transition Theory

Nursing theorists have been highly influential in developing and providing clarity to the transition experience. Transition theories have provided a foundation for new graduate research by better informing researchers, educators, and organizations of the transition experience and the process in which new nurses acquire skills (Murray et al., 2019). Kramer (1974) was the first nursing theorist to describe the experience of a new graduate nurse transitioning to the profession. In her influential study, she coined the term "Reality Shock" to describe the acute and "shock-like" feelings new graduate nurses can experience when they transition to their new role (Kramer, 1974). This theory suggests that a new nurse may develop 'Reality Shock' if their expectations, beliefs, and values about their new position do not match the reality of the role (Graf et al., 2020; Kramer, 1974). Kramer (1974) described the transition to practice to be gradual and

cyclical, consisting of four phases that new graduates pass through: the honeymoon, shock and rejection, adjustment, and resolution phase (Eckermann et al., 2010; Kramer, 1974). The Reality Shock Theory addressed a large gap in the literature by recognizing the challenging emotions that a new nurse may experience when they transition from the familiar academic setting to the unfamiliar role of a registered nurse (Kramer, 1974).

In 1984, Benner contributed to the transition literature by developing the Novice to Expert model. This model highlights the various stages that a new learner must advance between in order to become an expert practitioner. The Novice to Expert model suggests that nurses develop skills, knowledge, and competencies over time through clinical practice (Benner, 1974; Blum, 2010; Ozdemir, 2019). The model suggests that adult learners acquiring new skills and competencies pass through five stages: Novice, Advanced Beginner, Competent, Proficient and Expert (Dreyfus & Dreyfus, 1980; Hall-Ellis & Grealy, 2013). According to Benner (1984), a nurse is in the Novice stage when they are still a student undergoing nursing education. A Novice has no previous clinical experience and are objectively taught about various nursing interventions in a classroom setting (Benner, 1984). A nurse advances to the Advanced Beginner stage when they are transitioning into practice and begin to acquire more real-life experiences (Benner, 1984). Advanced Beginners have difficulty prioritizing, are rigid in the guidelines that they follow and treat all situations similarly (Benner, 1984). A nurse advances to the Competent stage when they can better distinguish and prioritize important aspects regarding patient situations (Benner, 1984). Nurses in the Competent stage have a broader understanding of a whole patient picture and can manage various patients and demands (Benner, 1984). A nurse becomes Proficient when they can understand patient

situations as a "whole" rather than in segmented parts. Proficient nurses have a better understanding of patient scenarios and have improved decision-making skills that become more automatic (Benner, 1984). Finally, a nurse advances to the Expert stage when they no longer rely on rules or guidelines to guide their practice (Benner, 1984). Their decision-making skills become intuitive and their approach to care is more holistic (Benner, 1984).

According to Benner (1984), new graduate nurses enter practice in the Novice or Advanced Beginner stage. Benner (1984) highlights that each new graduate nurse may advance between stages at different rates depending on their past experiences. Benner's model continues to be widely applied in new graduate nurse research and has been used to develop educational and transition programs (Murray et al., 2019). Moreover, it provides a roadmap for managers to assess the progress of a new graduate nurse's transition to practice (Graf et al., 2020).

In 2009, Duchscher developed the "Transition Shock Theory" which was heavily influenced by both Kramer and Benner's work (Graf et al., 2020). Duchscher (2009) moved beyond the idea that the emotional difficulties new graduate nurses experience during the transition are caused from a knowledge gap. The ten-year longitudinal study demonstrated that new graduate nurses are faced with various physical, mental, intellectual, and sociocultural changes that can both promote or inhibit their transition to practice (Duchscher, 2009). Duchscher (2009) suggests that new graduate nurses' transition through three stages: the "doing", "being" and "knowing" phases. New graduates begin their transition by entering the "doing" phase, which is characterized by a strong focus on tasks and completing skills (Duchscher, 2009; Graf et al., 2020). During

this phase, new graduate nurses are often the most vulnerable and experience transition shock, which is characterized by feelings of self-doubt and a lack of confidence in their abilities (Graf et al., 2020; Lea & Cruickshank, 2015). By the fourth to eighth month, the new graduate nurse progresses to the "being" phase (Duchscher, 2008). In this phase, they may have more confidence in their abilities, are more involved in the cultures of the unit and progress further from the acute shock phase (Duchscher, 2008; Graft et al., 2020). Once a new graduate progresses to the "knowing" phase, they become confident in their abilities, recognize the challenges that they have overcome and are no longer considered to be new to their care area (Duchscher, 2007; Graf et al., 2020).

Similar to Benner's findings, Duchscher (2009) acknowledges that new graduate nurses develop clinical skills gradually and over a prolonged period of time. Transition Shock has provided a modernized description of the transition experience. Duchscher's (2009) theory continues to be widely applicable to the experiences of new graduate nurses entering an increasingly complex health care system. Transition Shock has better informed educators, organizations, and senior clinicians of the importance of adopting appropriate methods to facilitate an effective transition to practice (Duchscher, 2009; Murray et al., 2019).

Facilitators and Barriers of the Transition to Practice

Various studies have expanded on the findings of Kramer (1974), Benner (1984) and Duchscher (2008) by investigating how new graduate nurses can be better supported throughout their transition to practice. Transition research has been heavily qualitative, which has enabled a deeper understanding of the facilitators and inhibitors that influence the transition experience.

Using a phenomenology study design, Zinsmeister and Schafer (2009) investigated the lived experiences of new graduate nurses in their transition to practice. The study's sample included 9 new graduate nurses with a minimum of 6 months and a maximum of 12 months of experience. One of the most prominent themes reported in the findings was the strong impact that a supportive work environment can have on a new graduate nurses transition experience. Additionally, a qualitative descriptive study by Regan et al. (2017) investigating the transition experiences of new graduate nurses in the Canadian health care system found similar findings. The study included 70 participants, 42 new graduate nurses and 28 nurse educators. The study found that the strongest facilitators to an effective transition to practice included, receiving strong support, having access to adequate resources, and participating in a well-developed orientation program (Regan et al., 2017). Additional facilitators reported in the literature include: being provided with a positive preceptor or mentor (Shatto & Lutz, 2017; Thomas et al., 2012), managerial support (Gellerstedt et al., 2019; Regan et al., 2017), clear role expectations (Zinsmeister & Schafer, 2009) and being provided with constructive feedback (Gellerstedt et al., 2019; Thomas et al., 2012; Wangenstein et al., 2008).

In addition to identifying facilitators to a new graduate nurse's transition experience, the literature also identifies several barriers that can hinder an effective transition to practice. A study by Kim and Shin (2020) investigated the facilitators and barriers to a successful transition to practice using a mixed-methods design. A total of 212 new graduate nurses with less than one year of experience were recruited. The study collected quantitative data from questionnaires and qualitative data by conducting focus groups. The study found that the barriers that can hinder a new graduate nurse's transition

to practice include, heavy workloads, workplace bullying, and unrealistic role expectations (Kim & Shin, 2020). Additional barriers reported in the literature include: a lack of support from nursing leaders and other staff members (Thomas et al., 2012), a lack of resources (Thomas et al., 2012), short staffing, poor orientation programs (Regan et al., 2017), being in a temporary position (Regan et al., 2017), having poor self-confidence (Zinsmeister & Schafer, 2009) and negative unit culture (Regan et al., 2017).

Research on the barriers and facilitators of the transition experience highlight the importance of supporting new graduate nurses throughout this adjustment period. Research has demonstrated that the barriers to an effective transition often stem from a lack of support or a poor work environment. It is important that new graduate nurses feel supported by their fellow nurses, preceptors, managers, and hospital organizations. If a new graduate nurse is expected to assume even greater responsibilities during the transitional period, such as being assigned to the charge nurse role, it is important that they feel well supported by their organizations. There is a need for further research investigating helpful resources or interventions that could better prepare new graduate nurses to assume the charge nurse position.

Burnout and Turnover of New Graduate Nurses

A main theme in new graduate literature is the high burnout and turnover rates that impact this population of nurses. The literature has highlighted that new graduate nurses are now required to transition to an increasingly complex health care system with multiple workplace stressors, such as higher patient acuity (Carayon & Gurses, 2008; CFNU, 2012), more complex patient populations (Canadian Medical Association [CMA], 2013; Denton & Spencer, 2010) and greater workloads (McIntyre & McDonald, 2014). In

addition, some new nurses are now being assigned to additional leadership responsibilities, such as the charge nurse role, within their first year of practice (Dyess & Sherman, 2011; Pedersen, 2020; Ting, 2021). It is important to recognize that new nurses are particularly vulnerable to experiencing burnout during their transition to practice. Assigning new nurses to the charge nurse role before they are adequately prepared could further exacerbate the stressors that they are already faced with upon transitioning to the profession, potentially increasing their risk of developing burnout.

In Canada, studies have reported that 47-66% of new graduate nurses experience severe burnout within their first three years of practice (Cho et al., 2006; Laschinger et al., 2009; Laschinger et al., 2012). In a more recent study by Stelnicki et al. (2021) that investigated burnout in Canadian nurses, new graduate and early career nurses reported the highest levels. According to Leiter and Maslach (2004) burnout can be defined as "a psychological syndrome of exhaustion, cynicism and inefficacy, which is experienced in response to chronic job stressors" (p. 93). Burnout is characterized by three factors that are inter-related: exhaustion, cynicism, and inefficacy (Leiter & Maslach, 2004; Maslach & Leiter, 2008). Although burnout syndrome is characterized by these three components, emotional exhaustion is believed to be the core factor that can influence the development of feelings of cynicism and a decrease in work productivity (Laschinger et al., 2010; Leiter & Maslach, 2004; Maslach & Leiter, 2008).

Burnout has been widely reported in the new graduate nurse population. A quantitative study by Laschinger et al. (2010) investigated burnout and workplace bullying in new graduate nurses. A total of 415 participants with less than three years of nursing experience were included in the sample. The study found that up to 49% of

participants met the criteria of burnout (Laschinger et al., 2010). Similarly, a longitudinal quantitative study by Rudman and Gustavsson (2011) measured and identified the changes in burnout levels of new graduate nurses within their first 3 years of practice. The study included 997 participants that completed a survey prior to entering practice and annually for three years (Rudman & Gustavsson, 2011). The study found that every fifth nurse will experience severe levels of burnout within their first three years of practice (Rudman & Gustavsson, 2011). This study's longitudinal design was effective in demonstrating that a new graduate nurse is vulnerable to experiencing high levels of burnout at varying times during their transition to practice.

Burnout can have negative implications for both the individual (Rudman et al., 2020) and organization (Spence Laschinger et al., 2009; Van Bogaert et al., 2014). It has been found to negatively impact patient safety, a nurse's mental health, quality of care, job satisfaction and turnover intention (Boamah et al. 2017; Rudman et al., 2020; Spence Laschinger et al., 2009). Research has shown that burnout symptoms decreased when new graduate nurses were provided with clear role expectations, practiced in a positive work environment, had adequate access to resources, worked with strong nursing leaders and had greater self-confidence in their ability to perform skills (Flinkman et al., 2015; Frögli et al., 2019; Laschinger et al., 2009; Pineau Stam et al., 2015). This research highlights supportive interventions or resources that could help new nurses manage workplace stressors and mitigate symptoms of burnout. Being assigned to the charge nurse role could be viewed as a stressor for some new graduate nurses. This research provides insight on resources or interventions that could be helpful to reduce the potential stressors associated with assuming the charge nurse role.

Burnout has been found to decrease job satisfaction and increase turnover intention (Labrague et al, 2020). New graduate nurses have been reported to have the highest turnover rates within the profession (Dwyer et al., 2019; Rudman & Gustavsson, 2011). Lavoie-Tremblay et al. (2008) conducted a quantitative study investigating the relationship between workplace environment and turnover intention in new graduate nurses using a correlational descriptive design. The sample included 309 participants with less than three years of work experience. The study found that 61.5% of new graduate nurses were planning to leave their current workplace and 13% were planning to leave the profession permanently. Similarly, a quantitative study by Rhéaume et al. (2011) examined turnover intention in new graduate nurses in Eastern Canada. The study conducted a survey once a year for five years and a total of 358 new graduate nurses were included in the sample. The study found that 45.5% of participants expressed a desire to leave their workplace within their first year of practice (Rhéaume et al., 2011).

Due to the alarmingly high rates of turnover intention in the new graduate population, focusing on improving job satisfaction and decreasing turnover is necessary. Studies have found that positive work environments with adequate staffing ratios and resources can decrease turnover intention (Flinkman et al., 2015). In addition, strong leadership can have a large impact on a new nurse's turnover intention and job satisfaction (Laschinger et al., 2016). A quantitative study by Laschinger et al. (2016) investigated the facilitators of an effective transition to practice as well as the predictors that influenced job satisfaction and turnover intention in new graduate nurses. The study included a sample of 3906 new graduate nurses working in practice areas with direct patient contact across Canada (Laschinger et al., 2016) The data was collected using an

initial and follow-up questionnaire that spanned over the course of a year. The study found that there was a decrease in turnover intention and an increase in job satisfaction in workplaces with authentic leaders that empowered and supported new graduate nurses in their transition to practice (Laschinger et al., 2016). This study's large sample was effective in demonstrating the various factors that influence a new graduate nurses' transition to practice across Canada. Its findings support other studies, demonstrating the positive impact that influential nursing leaders can have on nurses entering the profession.

As new nurses continue to be placed in the charge nurse role, it is important to recognize that this role could be perceived as an additional stressor on their practice. Laschinger et al. (2016) study provides insight on how new graduate nurses can be better supported in the charge nurse role. Identifying mentors and leaders that support the development of a new graduate nurse in the charge nurse role could decrease the potential stressors that may be associated with assuming this position. It is necessary to better understand the experiences of new graduate nurses in the charge nurse role so that strong leaders can be identified and involved in the process of developing resources and interventions that could promote a positive experience in this role.

New Graduate Nurse Leadership

Leadership is a core competency in the nursing profession and is a practice standard expected of nurses working in all care areas (CNA, 2009a). As there continues to be an increase in health care demands, strong nursing leadership is required to assist in the development of an improved health care system (CNA, 2009a). According to a position statement by the CNA in 2009, both informal and formal leaders are needed at

all levels of practice (CNA, 2009a). Moreover, the position statement emphasized how new graduate nurses should anticipate applying and developing their leadership skills upon entering the profession (CNA, 2009a).

Historically, formal leadership positions were primarily assumed by senior nurses with greater years of experience. However, an aging workforce and increase in anticipated retirements have resulted in newer nurses assuming formal leadership roles, at earlier rates in their careers. New graduate nurses have reported being placed in the charge nurse role as early as a couple weeks after graduation (Dyess & Sherman, 2011). There are limited studies focusing on leadership at the new graduate level, as nursing leadership research primarily focuses on the implications of strong leadership from nursing managers and administrators (Fardellone et al., 2014).

Researchers have started to address this gap in the literature. A study by Ting (2021) explored the experiences of new nurses engaged in frontline leadership roles during the COVID-19 pandemic in Ontario, Canada. The sample comprised of 14 registered nurses with less than three years of nursing experience that had been assigned to the charge nurse role in a hospital setting. The study used an interpretive descriptive design and data was collected through semi-structured interviews. The findings revealed that the participants received minimal training to the charge nurse role and had an unclear understanding of its responsibilities when they were assigned to the position (Ting, 2021). The participants' reported that their experiences in the role were initially stressful, however this dissipated over time. Additionally, their experiences enabled them to explore their leadership identities and develop various competencies in the position such as communication, advocacy, conflict-resolution, and critical thinking skills (Ting, 2021).

This study contributed new knowledge to an area of research that is poorly understood. Greater research is needed to explore this topic and identify further areas of support for new nurses in the charge nurse position.

Understanding the perceptions that new graduate nurses have regarding leadership is another important area to explore to better understand how they can be supported in developing and implementing their leadership skills. A study by Pedersen (2020) explored new graduate nurses' perceptions of leadership and their readiness to assume leadership roles using a qualitative descriptive design. The sample size included nine participants working on medical and surgical floors at a tertiary hospital in British Columbia, Canada. Participants reported that they lacked confidence and adequate preparation to assume leadership positions (Pedersen, 2020). Moreover, participants reported that they had few opportunities to develop their leadership skills at their organizations (Pedersen, 2020). When placed in the charge nurse role on night shifts, participants found this role to be highly stressful and described a lack of support by bed managers (Pedersen, 2020). Pedersen's (2020) study addressed a gap in the literature by providing insight on how new graduate nurses view leadership and their readiness to assume both formal and informal roles. However, the small sample size and study setting at a tertiary hospital impact the generalizability of its findings. Further research investigating leadership at the new graduate level is needed to inform practice level changes that can better support this population of nurses.

Organizational culture and socialization experiences may influence how new graduate nurses interpret the role of leadership in their practice. A qualitative explorative study by Ekström and Idvall (2015) investigated how new graduate nurses view and

implement their leadership responsibilities in practice. The study included 12 participants with a minimum of 6 months and maximum of 24 months of experience. The key findings of the study found that new graduate nurses often failed to view themselves as capable leaders (Ekström & Idvall, 2015). In addition, participants reported that they were rarely acknowledged as informal leaders on their nursing units by more experienced nurses and care team assistants (Ekström & Idvall, 2015). A phenomenological study by Rueter (2014) investigating the impact that lateral violence in the workplace can have on new graduate nurses found similar findings. The study sample comprised of 11 participants that had less than two years of nursing experience. Rueter's (2014) key findings highlighted how lateral violence in the workplace can negatively impact a new graduate's practice, their desire to remain in the profession, their mental health as well as patient safety. Although the study's focus was primarily on lateral violence in the workplace, Rueter (2014) highlighted important findings regarding the experiences of new graduate nurses in the charge nurse role. Participants that were placed in the charge nurse role reported that they often experienced hostility, a lack of respect and were regularly questioned or ignored about their decisions by more experienced nurses (Rueter, 2014).

Instilling a positive organizational culture with strong peer support is necessary to enable new graduate nurse's the opportunity to develop and grow as leaders. A meta-synthesis by Galuska (2012) investigated the factors that support or negatively impact leadership development in nursing leaders at all levels of practice. A total of 21 qualitative studies were included in the systematic review. Galuska's (2012) findings

described three main factors that support the development of leaders in the nursing profession: opportunity, peer relationships, and a supportive organizational culture.

Firstly, Galuska (2012) found that providing nurses with practice opportunities can assist in the development of new leadership skills. Galuska (2012) described that: "When individuals are exposed to opportunities for growth and mobility within the work environment and are challenged in such a way as to enhance knowledge and skills, they develop as leaders" (p.337). Secondly, the findings highlighted the strong impact that peer relationships can have in fostering or hindering the growth of nursing leaders (Galuska, 2012). Galuska (2012) found that managers and peers can strongly influence a nurse's ability to effectively develop and implement new leadership skills into the practice setting. Finally, Galuska (2012) highlighted the large impact that organizations can have on the commitment, growth, and confidence of leaders. Galuska (2012) found that a supportive and encouraging organization can enable the growth of new leaders by making them feel valued; thereby influencing their desire to apply and develop their leadership skills in the clinical setting. Contrarily, a negative work environment could impede the growth and development of nursing leaders (Galuska, 2012).

Galuska's (2012) systematic review was effective in translating valuable findings regarding the various components that are necessary to facilitate the development of strong nursing leaders. This research draws attention to the various interrelated components at the interpersonal and organizational level (Galuska, 2012) that must be considered to help ensure that new graduate nurses are better supported in the charge nurse role. As evidenced in the literature, new graduate nurses may experience doubt in their leadership capabilities (Ekström & Idvall, 2015; Pedersen, 2020). Therefore, it is

important that organizations instill a positive and supportive culture that promote the growth of new leaders. In addition, new graduate nurses should be offered opportunities to develop their leadership skills by their managers and organization.

Providing new graduate nurses with leadership development opportunities has been found to have positive implication on their practice (Dyess & Sherman, 2011; Laut et al., 2018). Dyess and Sherman (2011) developed a leadership program called the Novice Nurse Leadership Initiative (NNLI) which primarily focuses on developing the leadership abilities of new graduates. The program involves initiatives that develop and strengthen the leadership skills of participants (Dyess & Sherman, 2011). Another goal of the program is to encourage participants to engage in systems-level thinking. Therefore, participants are required to complete an evidence-based project that focuses on developing a solution to a practice issue on their assigned nursing units (Dyess & Sherman, 2010). Dyess and Sherman (2011) evaluated the outcomes of the program by collecting data from 109 participants from four cohorts using quantitative and qualitative methods. The quantitative data was collected using self-report questionnaires before and after the completion of the program. The qualitative data was collected by conducting focus groups with the nursing managers of the participants in the program. The NNLI program was found to improve leadership skills, confidence levels and systems-level thinking of participants (Dyess & Sherman, 2010). Additionally, a study by Laut et al. (2018) evaluated the impact that a training workshop had on promoting leadership skills in new graduate nurses. The study included 11 participants with less than one year of nursing experience that worked in an urban emergency department. A pre- and post-survey design was implemented to evaluate participants confidence levels in their

leadership abilities after the training workshop. The workshop was effective in increasing leadership skills, primarily those relating to conflict-resolution, handling difficult situations, delegation, and time-management (Laut et al., 2018). Participants also reported having more confidence in their ability to be a leader (Laut et al., 2018). The study lacked a control group, which weakened its pre- and post-test design. Nevertheless, the study was valuable in demonstrating the impact that learning opportunities can have on the development of leadership skills in new graduate nurses.

Leadership opportunities can have a positive impact on a new graduate nurse's practice (Dyess & Sherman, 2011; Laut et al., 2018), however, organizations continue to provide minimal opportunity for skill development. As the nursing demographics continue to shift, new nurses may assume the charge nurse role at even greater rates. The charge nurse role has become increasingly complex in the acute care setting (Eggenberger, 2012; McCallin & Frankson, 2010). Thus, being expected to assume the responsibilities of this position with limited resources and support may negatively impact the retention of these future nursing leaders. It is important that organizations support the development of new graduate nurses in the charge nurse role by allocating resources and interventions that focus on improving their leadership skills.

Summary

New graduate nurses transitioning to practice face various challenges in the current health care system due to an increase in patient acuity, more complex patient populations as well as a shortage of nurses resulting in higher workloads (Hofler & Thomas, 2016). On top of all the stressors new graduate nurses face while transitioning to the profession, new nurses are now being assigned to the charge nurse role on an informal

basis, such as on a night or weekend shift (Dyess & Sherman, 2011; Pedersen, 2020). Various studies have documented how the charge nurse role should be reserved for more senior nurses with greater years of experience (Dillard-Hendersen, 2018). However, the demographic shift in the profession has resulted in new graduate nurses assuming formal leadership positions at faster rates in their careers (Dillard-Hendersen, 2018; Dyess & Sherman, 2011). This literature review has highlighted the complexities and increased responsibilities of a charge nurse within the acute care setting. Moreover, it has highlighted the lack of resources and opportunities offered by organizations to effectively prepare nurses for this position (Wojciechowski et al., 2011). Nurses that fail to receive adequate training often face significant difficulties in the position (Dillard-Hendersen, 2018). New graduate nurses are already faced with numerous stressors upon transitioning to practice. Thus, being expected to assume even greater responsibilities with limited support could increase the occupational and mental stressors that are already believed to impact this population.

As new nurses continue to be placed in the charge nurse role, it is important that they are supported by their fellow nurses, managers, and organizations. Little remains known regarding the experiences of new graduate nurses in the charge nurse role. There is a need for further research exploring this unique population of nurses to better understand their experiences. This research study will address a large gap in the literature, by exploring the experiences, feelings, challenges, and facilitators of new graduate nurses in the charge nurse role. This research is timely to the current nursing workforce, as there continues to be a predicted shortage in both nurses and nursing leaders. Focusing on retaining new nurses is an important strategy that can help reduce

the high turnover and burnout rates that currently impact this population. This research study hopes to draw attention to the need for further research investigating this increasingly common phenomenon. Moreover, it seeks to better inform educators and organizations of the learning needs of this population so that educational opportunities and interventions can be developed that better support new nurses assuming the charge nurse role.

Chapter 3: Methodology and Methods

This research study used narrative inquiry as the guiding methodology to answer the following research question: "What are the experiences of new graduate nurses assigned to the charge nurse role in the acute care setting?". A narrative inquiry approach was used to explore and understand the experiences, narratives, challenges, and educational needs of new nurses in the charge nurse role. There are various theorists that have influenced narrative inquiry. This study will focus on the theoretical framework developed by Clandinin and Connelly (2000) called the three-dimensional narrative inquiry space. In the following chapter, narrative inquiry as a method of research will be overviewed. In addition, the rationale and suitability of using a narrative inquiry design for this research study will be explained. The three-dimensional inquiry space by Clandinin and Connelly (2000) will then be described as well as its main concepts of temporality, sociality, place, and the significance of the research relationship. The sampling approach, data collection and analysis methods will then be overviewed, followed by a description of how this study maintained strong rigour as well as ethical considerations.

Narrative Inquiry

There is little known about the experiences of new nurses in the charge nurse role, therefore, a qualitative approach was necessary to explore this research question. A qualitative approach enabled the lived experiences of new nurses in the charge nurse role to be thoroughly explored and provide a greater understanding of this new phenomenon. Hammarberg et al. (2016) explains that "qualitative methods are used to answer questions about experience, meaning and perspective, most often from the standpoint of the

participant" (p.499). Qualitative inquiry moves away from the positivist methods of quantitative research and has the potential to produce valuable knowledge regarding human experience that cannot be obtained through experimental methods (Gibson et al., 2004; Pathak et al., 2013). Qualitative research collects data from participants to better understand their values, beliefs and attitudes regarding a phenomenon or research question (Creswell & Poth, 2016; Pathak et al., 2013). There are several types of qualitative research methodologies that exist, such as phenomenology, grounded theory, ethnography, case study, qualitative descriptive and narrative inquiry (Creswell & Poth, 2016; Merriam, 2002). This research study implemented a narrative inquiry design to explore the experiences of new nurses in the charge nurse role.

Narrative inquiry is a relational and interpretive qualitative research method that falls within a constructivist paradigm (Spector-Mersel, 2010). It is a relatively new methodology that has its roots in the humanities, however it has been widely used to guide research in a variety of disciplines, such as psychology, education, nursing, women's studies, and history (Connelly & Clandinin, 2006; Creswell & Poth, 2016). Narrative inquiry begins with an ontology of experience (Clandinin, 2007) and a fundamental belief that "humans individually and socially lead storied lives" (Connelly & Clandinin, 2006, p.477).

Connelly and Clandinin (1990) explain that "people by nature lead storied lives and tell stories of those lives, whereas narrative researchers describe such lives, collect and tell stories of them and write narratives of experience" (p. 2). Narrative inquirers hold a belief that human beings share their past experiences to make sense of them as well as to interpret who they and others are in the world (Connelly & Clandinin, 2006). It is

important to highlight that this methodology moves beyond simply collecting and describing stories; rather it uses the storied experiences of participants as a method to gain a greater understanding of new phenomenon as well as different groups within society (Berry, 2016; Rossman & Marshall, 2006). Narrative inquirers seek to examine the personal stories of participants as well as any social and institutional narratives that may be influencing their experiences (Clandinin & Rosiek, 2007). A critical narrative analysis can bring attention to power imbalances that may exist within a sociocultural context (Clandinin & Rosiek, 2007). In addition, it can provide a voice to vulnerable groups or communities that may be overlooked within society (Berry, 2016; Clandinin, 2006; Clandinin & Rosiek, 2007). New nurses could be considered a vulnerable group, as research has highlighted that this group of nurses have the highest burnout and turnover rates within the nursing profession (Dwyer et al., 2019; Rudman & Gustavsson, 2011). In addition, new nurses often tend to be low in the social hierarchy prevalent within the hospital system (Flinkman et al., 2013). This leaves new nurses particularly vulnerable to imbalanced power dynamics which could result in their opinions or views to be overlooked by other health care providers.

Implementing a narrative inquiry design to this research study provided new nurses a voice to share their stories and express their feelings, attitudes, challenges, and experiences regarding assuming the charge nurse role. As the nursing profession continues to face shortages, new nurses may be assigned to the charge nurse role at increasing rates. This research study provided a deeper understanding and an increased awareness of this new phenomenon by collecting rich and insightful personal narratives. In addition, a narrative design helped to examine how any social and institutional

narratives may be influencing the storied experiences of participants. Implementing a narrative approach to answer this research question helped to develop new knowledge that could better inform institutions on the realities of being placed in the charge nurse role at an early point in one's nursing career. This study could increase awareness of the need for positive practice changes that support and empower new nurses assuming the charge nurse role.

Three-Dimensional Inquiry Space

There are various theorists that have influenced the narrative paradigm such as Bruner (1991), Clandinin and Connelly (2000), Polkinghorne (1995), Riessman (2008) and Sandelowski (1991). This study will focus on the framework developed by Clandinin and Connelly (2000) called the three-dimensional narrative inquiry space. This section of the chapter will review John Dewey (1938)'s theory of experience, which serves as the theoretical foundation of the three-dimensional narrative inquiry space (Clandinin & Connelly, 2000). The main concepts within the inquiry space framework (Clandinin & Connelly, 1990) will then be described, such as the notion of temporality, spatiality, place, and the research relationship. Finally, this section of the chapter will conclude by describing how the implementation of the three-dimensional inquiry framework (Clandinin & Connelly, 2000) could provide a greater understanding of the lived experiences of new nurses in the charge nurse role.

Theory of Experience

In 1938, John Dewey shared his views on the importance of experiential learning in formalized education and introduced his theory of experience in his renowned book entitled "Experience and Education". Within his theory, Dewey (1938) suggested that

knowledge and growth are strongly linked to one's experiences, however, he cautioned that not all experiences result in learning (Stark, 2020). Dewey (1938) explained that there are two types of experiences, an "educative experience" or "mis-educative". An educative experience is believed to promote further growth and learning (Dewey 1938; Dewey, 1997; Stark, 2020). Whereas a mis-educative experience is described as a passive interaction that could hinder any type of development and potential for growth (Dewey, 1938).

In Dewey (1938)'s theory, he highlights that an educative experience can only occur if there is the presence of continuity and interaction. These two principles are central to his theory and are inextricably linked (Dewey, 1938). The principle of continuity recognizes the importance of the past, present, and future within an experience. Dewey (1938) proposed that the present moment within an experience is influenced by one's past experiences and will shape future experiences (Stark, 2020).

The principle of interaction recognizes the transactional nature of the conditions within an experience (Dewey, 1938). Dewey (1938) explained that "an experience is always what it is because of a transaction taking place between an individual and what, at the time constitutes his environment" (p.43). Within the principle of interaction, Dewey (1938) proposed that the environment is a crucial component that must be considered to understand an experience. Dewey (1939) described that the environment, "is whatever conditions interact with the personal needs, desires, purposes, and capacities to create the experience which is had" (p.44). In sum, a combination of continuity, interaction and environment can influence the circumstances within an experience to promote knowledge and growth (Stark, 2020).

Dewey (1938)'s theory of experience serves as the philosophical underpinnings of the three-dimensional inquiry space developed by Clandinin and Connelly (2000) (Huber et al., 2013). Their framework includes three key concepts based on Dewey (1938)'s principles of continuity and interaction, these concepts include the notion of temporality, sociality, and place. These three concepts are suggested to be relational dimensions that enable a narrative inquirer to actively engage within their inquiries by advancing forward and backward as well as inward and outward within the storied experiences of their participants (Clandinin & Connelly, 2000; Clandinin, 2006; Clandinin, 2007; Clandinin et al., 2015).

Temporality

The concept of temporality is a central feature in narrative inquiry. Temporality recognizes that every event, person, institution, and place have a past, present, and future (Connelly & Clandinin, 2006). The notion of temporality was influenced by Dewey's concept of continuity, recognizing that every experience is influenced by the past, occurs in the present and will transfer knowledge into the future (Clandinin, 2012).

While considering the notion of temporality and the experiences of new nurses in the charge nurse position, it was important to recognize that each participant had past experiences and a narrative history that impacted their current experience as a nursing leader. For example, the amount and type of nursing experience a participant may have had could have influenced how they viewed the charge nurse role. The past must be considered to better understand their current experience as a charge nurse, and their current experience will impact their future. Therefore, one's past, present, and future must be considered to better understand their experience as a whole.

Sociality

Clandinin and Connelly (2000) describe the concept of sociality as the personal and social conditions that influence an experience. This dimension was influenced by Dewey (1938)'s concept of interaction, which suggests that individuals will always be in interaction with their personal and social circumstances in any experience (Clandinin, 2012). Within the three-dimensional inquiry space, the personal conditions refer to the feelings, hopes, identities and moral dispositions of the participant or researcher (Clandinin & Connelly, 2000). The social conditions refer to the external aspects that may be influencing a participant's experience, such as the environment, sociocultural conditions, and other individuals (Clandinin & Connelly, 2000; Ollerenshaw & Creswell, 2002).

While exploring the experiences of new nurses in the charge nurse role, it was important to identify the personal and social conditions that may have been influencing a participant's experience in the role. While examining the personal conditions of each participant, it was important to explore their unique feelings, attitudes, and challenges attached to their experience in the charge nurse role. While exploring the social conditions, it was important to identify the external factors that may have been influencing their experience, such as other health care providers, nursing staff, nurse managers, bed managers, and the culture of the organization.

Place

The concept of spatiality recognizes that all experiences or events occur in a unique environment (Clandinin, 2012). This concept encourages inquirers to examine the qualities of an environment and how a place can influence a participant's experience

(Connelly & Clandinin, 2012). While investigating the experiences of new nurses in the charge nurse role, it was important to consider how the work environment and setting may have been influencing a participant's experience. In the nursing profession, work environments can be negatively impacted by organizational stressors, such as short staffing, high patient acuity or turnover. It was important to examine how different work environments, nursing units and organizations may have been influencing the experiences of new nurses in the charge nurse role.

Research Relationship

The research relationship is particularly important in narrative inquiry. The inquiry process is often deeply collaborative and involves mutual storytelling of both the researcher and the participant (Connelly & Clandinin, 1990). At the beginning of the inquiry process, narrative researchers must focus on developing a strong research relationship based on equality and trust (Connelly & Clandinin, 1990; Hogan, 1988). In this methodology, there is a large focus on reducing the power dynamics that can exist in research studies between the researcher and participant (Connelly & Clandinin, 1990; Clandinin & Connelly, 2000). An open and honest research relationship can help ensure that the voices of the researcher and participant are both heard and acknowledged (Connelly & Clandinin, 1990). Connelly and Clandinin (2006) explain that researchers cannot "bracket themselves out" of an inquiry, rather narrative researchers are often deeply involved in the inquiry process and bring their own experiences alongside those of participants (Clandinin, 2016). Connelly and Clandinin (1990) emphasize that "the two narratives of the participant and researcher become, in part, a shared narrative construction and reconstruction throughout the inquiry"(p.5). Once the inquiry process is

complete, narrative inquirers have highlighted that the research relationship can be deeply transformative and result in growth and change of both the researcher and participant (Barrett & Stauffer, 2009).

While interviewing new nurses in the charge nurse role, it was important to construct a strong research relationship by building rapport and trust to encourage participants to be open and honest about their experiences in the role. For this reason, I disclosed to the recruited participants that I was previously a novice nurse that was regularly placed in the charge nurse role. Sharing a similar background enabled the participants to share their stories more openly and contributed to the development of a stronger research relationship. Due to my previous experiences in the charge nurse role, I recognized that I may hold preconceived ideas and unconscious beliefs regarding this experience. I practiced reflexivity throughout the entire inquiry process to ensure that the voices and experiences of the participants were reflected in the final inquiry (Cypress, 2017).

Implementing the three-dimensional inquiry space as a guiding framework enabled an opportunity to collect in-depth narratives of the experiences of new nurses in the charge nurse role. Examining along the three-dimensional components of temporality, sociality and place provided a greater understanding of how the personal and social narratives of each participant impacted their experiences in the charge nurse role. This framework is particularly appropriate for a nursing research study because nursing is a relational profession that often uses storied experiences as a method to share information and transfer knowledge (Bailey & Tilley, 2002; Berry, 2016; Frost & Cliff, 2004; Green, 2013). In addition, it is a profession that recognizes the value of experiential

knowledge in daily practice. Nurses regularly draw from their knowledge from previous practice experiences to manage current situations. Incorporating the three-dimensional framework provided an opportunity to draw from the past experiences of new nurses in the charge nurse role to develop new knowledge and inform future practice changes.

Research Design

Participant Sampling

In narrative research, there are no guidelines or rules that exist when choosing a sample size (Patton, 2002). However, there are various factors that must be considered, such as the research topic, data collection procedures, the total number of desired interviews and the quality of interviews (Marshall et al., 2013). Creswell (2013) recommends a sample of one to two participants for narrative inquiries; however, collective stories were highlighted to require a greater number of participants. Polkinghorne (1995) recommends a sample of 3-5 participants for individual case studies and 12-18 participants for narrative studies that gather stories from multiple participants and configure the data into main themes and concepts (McCance et al., 2001; Price, 2011). Smaller sample sizes are ideal for narrative inquiries because it enables rich narratives to be collected and analyzed to gain a deeper understanding of experience (Chase, 2005). The guidelines for determining a sample size in narrative research are unclear and vary significantly; therefore, some researchers implement a technique called data saturation. Data saturation involves a process of recruiting participants until there is no new information that has been acquired and the data becomes repetitive (Hennink et al., 2017; Kerr et al., 2010). Several relevant narrative studies were reviewed and

reported reaching data saturation in samples ranging from 10-20 participants (Francis, 2018; Guetterman, 2015; Kendall et al., 2009; Lindsay et al., 2016; Tan & Hunter, 2003).

This study implemented a purposive sampling technique and recruited a sample of 10 participants. Purposive sampling is a technique used to recruit participants that are well informed about the phenomenon of interest (Creswell & Plano Clark, 2011). This type of sampling was appropriate for this study as it enabled a small group of individuals that are knowledgeable about the research topic to be included in the study. The inclusion criteria of this study required the participants to be a registered nurse, have less than two years of clinical experience, be working in a practice area with direct patient care and to have assumed the charge nurse role for a minimum of five shifts. The decision to set the minimum number of shifts to five was arbitrary. However, it hoped to ensure that participants had some experience working in the charge nurse role so that they could adequately reflect and share more in-depth narratives.

Due to poor retention and high turnover rates within the nursing profession (Hayward et al., 2016; Kovner et al., 2014), new nurses have been assuming the charge nurse role at increasing rates within their first two years of practice. The charge nurse role was historically reserved for more experienced nurses due to the complex responsibilities associated with this position (Sherman et al., 2011). Recruiting nurses with less than two years of experience for this study enabled a deeper understanding of this new phenomenon as well as drew attention to the need for greater support and resources for new nurses assigned to the charge nurse role.

Recruitment

To recruit participants for this study, various nursing managers, clinical nurse educators and instructors working for the Nova Scotia Health Authority were contacted via e-mail by the primary researcher to request that information regarding the study to be sent out to eligible nursing staff. As a strategy to improve recruitment efforts, a poster about the research study (Appendix A) was posted on the bulletin boards of nursing staff rooms at the Halifax Infirmary and Victoria General Hospitals. Recruitment and interviews occurred from February to July 2022.

Data Collection

Interview

There are various data collection methods that are implemented in narrative research, such as interviews, personal journals, reviewing historical documents, and observation (Polkinghorne, 1995). Interviews are the most popular data collection tool implemented in narrative research (Butina, 2015; McCance et al., 2001). This study collected data using audio-recorded, semi-structured interviews. A semi-structured interview guide (Appendix B) was used to direct the interviews and included open-ended questions designed to evoke responses from participants about their charge nurse experiences (Elmir et al., 2011; Haas, 2012). A semi-structured interview was appropriate for this study as narrative interviewing encourages participants to tell their story and explore the meaning of their experiences. Contrarily, structured interviews are often more rigid, as this style of interviewing uses close-ended questions to collect data (Kim, 2016). A structured interview could prevent participants from sharing detailed elements that contribute to their storied experiences (Kim, 2016).

The interviews were conducted during the COVID-19 pandemic and were on Zoom, a video platform. Two interviews were conducted with each participant, approximately four weeks apart. Conducting two interviews allowed the participants to reflect on their answers and experiences. Seidman (1991) posits that participants often have trouble disclosing personal details about themselves in one interview. To build trust in the research relationship, it is recommended that participants are interviewed multiple times (Polkinghorne, 2007; Seidman, 1991). Moreover, time in between interviews contributes to the temporality aspect that is highly emphasized in narrative inquiry, leading to the collection of a richer narrative (Polkinghorne, 2007).

Data Analysis

There are few structured data analysis approaches or guidelines that exist in narrative inquiry; therefore, the process is highly interpretive and unique to each researcher (Connelly & Clandinin, 2000; James, 2017). According to Polkinghorne (1995), there are two types of data analysis in narrative inquiry, "the analysis of narratives and narrative analysis" (p.12). An analysis of narratives collects stories as data from multiple participants (Polkinghorne, 1995). This data is analyzed using deductive methods to identify common themes and concepts to describe an event (Polkinghorne, 1995). Whereas narrative analysis collects details of events or situations from participants and synthesizes the data into a collective whole (Polkinghorne, 1995). Polkinghorne (1995) describes that in narrative analysis, "the researcher's task is to configure the elements into a story that unites and gives meaning to the data as contributors to a goal or purpose" (p. 15). The analysis process is complex, as researchers must ensure that the final narrative is representative of the collected data while rearranging it in a unified

manner (Polkinghorne, 1995). Moreover, researchers must discover the significance in the data that may not be immediately apparent (Polkinghorne, 1995). Polkinghorne (1995) describes the narrative configuration process as a method of "emplotment".

This research study implemented components of Polkinghorne's (1995) theory of emplotment throughout the data analysis process. In addition, this research study incorporated aspects of the narrative analysis process by Law and Chan (2015), which was developed from Clandinin and Connelly's (2000) three-dimensional inquiry space.

The data analysis process began by transcribing the interview verbatim (Holloway & Wheeler, 2002). The interviews were then re-listened to as a method to become more familiar with the data and to gain a greater understanding of the participants' experience. As the primary researcher was re-listening to the interviews, field notes were recorded regarding the participant, their experience and the interactions between the researcher and participant (James, 2017). Re-listening to the data provided an opportunity for the primary researcher to identify future follow-up questions for participants. The data was then re-read several times to gain a greater understanding of the participants' experience as a whole (Law & Chan, 2015; Polkinghorne, 1995). Any field notes that were recorded during the interviews were also reviewed at this time. Once the data was transcribed and re-read several times, the data was analyzed along the three-dimensions of temporality, sociality, and place (Clandinin & Connelly, 2000; Law & Chan, 2015). The data was analyzed along the temporality dimension by arranging the participant's experiences chronologically and gaining a greater understanding of their past histories (Law & Chan, 2015). This provided insight on their present experience and how it interacted with the context as well as the internal and external conditions (Law & Chan, 2015). The sociality

component was analyzed by examining the personal and social conditions of each participant. The personal conditions were examined by identifying each participant's feelings, emotions, and values. Whereas the social conditions were analyzed by considering how other individuals, social hierarchies, societal attitudes, and institutional cultures may be influencing each participant's experience (Law & Chan, 2015). The spatiality dimension was examined by analyzing how the environment influences each participant's story (Law & Chan, 2015).

Initial themes, plots and subplots were developed while constantly returning to the data to ensure that all key ideas were identified and to gain a better understanding of the meaning behind each participant's storied experiences (Price, 2011). The data was regularly returned to throughout the inquiry process to ensure that the voices of the participants remained at the center of analysis (James, 2017). The prominent themes, sub-themes, and potential plots of each participant's experience were then identified (Law & Chan, 2015). The participants' stories were then compared to identify any similarities or differences (Law & Chan, 2015; Price, 2011). Finally, the main themes, plots and subplots were synthesized into an integrated whole providing insight on the experiences of new nurses in the charge nurse role (Polit & Beck, 2004).

Trustworthiness

There are varying opinions and beliefs regarding the conceptualization and applicability of validity in qualitative research. Narrative theorists argue that the criteria used in quantitative research to evaluate validity cannot be applied to narrative inquiry (Riessman, 2008). Connelly and Clandinin (1990) explain that: "narrative relies on criteria other than validity, reliability and generalizability" (p.7). Narrative theorists have

highlighted that establishing validity in narrative research must be approached in a unique way as the goal of this type of inquiry is to discover "narrative truths" (Spence, 1982) rather than historical accuracies (Spence, 1982; Polkinghorne, 2007). Polkinghorne (2007) explains that: "Storied evidence is gathered not to determine if events actually happened but about the meaning experienced by people whether or not the events are accurately described" (p. 479).

In narrative research, researchers must ensure that the claims that are being made are trustworthy, credible, and plausible (Clandinin and Connelly, 1990; Polkinghorne, 2007; Sandelowski, 1993). In addition, researchers must be cognizant of the storied nature of narrative inquiry and ensure that the interpretations that are being made about human experience are believable and convincing to the reader (Polkinghorne, 2007). To ensure that narrative research remains scholarly, rigorous techniques should be implemented into the research design to support the main findings and interpretations (Polkinghorne, 1995). There are no guidelines or rules that exist to promote trustworthiness in narrative research (Clandinin & Connelly, 2000; Riessman, 2008). Therefore, it is up to the researcher to ensure that the methods that are implemented into the research design remain rigorous and are in congruence with the theoretical underpinnings of narrative inquiry (Riessman, 2008).

This section of the paper will review the strategies that were implemented throughout this research study to establish trustworthiness. It is recommended that researchers focus on producing plausible and credible findings throughout the length of their study, rather than solely demonstrating trustworthiness at the end of the study

(Morse et al., 2002). The methods that were implemented during the recruitment, data collection and analysis phase will be overviewed.

During the recruitment process, there was a focus on recruiting a sample that is appropriate for a narrative inquiry design. Therefore, a purposive sample with a small number of participants was recruited. Recruiting a small number of participants was appropriate for narrative research (Chase, 2005) and enabled in-depth narratives to be gained regarding the experiences of new nurses in the charge nurse role. Rich and thick descriptions supported a strong analysis and deeper understanding of this new phenomenon, enhancing the trustworthiness and credibility of the findings (Loh, 2013; Polkinghorne, 2007).

Throughout the data collection process, various methods were used to promote trustworthiness. A recording device was used during each interview to help ensure that the primary researcher could include statements made by the participants in the final manuscript (Riessman, 2008). In addition, recording the interviews enabled the primary researcher to revisit the raw data during data analysis rather than relying on memory to recall small details (Riessman, 2008). This enabled an opportunity for a deeper analysis and greater reliability in the data (Riessman, 2008; Wells, 2011). Other methods that were used to promote trustworthiness included, recording field notes and conducting multiple interviews with participants to clarify details regarding their storied experiences (Polkinghorne, 2007).

Practicing reflexivity and demonstrating transparency throughout the data analysis phase was particularly important in establishing plausible and trustworthy findings (Angen, 2000; Riessman, 2008). Practicing reflexivity promoted self-reflection and

demonstrated how the primary researcher's original views regarding the research topic may have evolved over the course of the study (Angen, 2000; Bergum, 1991). In addition, it helped to ensure that any preconceived ideas or beliefs that the primary researcher may have held did not misconstrue the meaning behind the participants' stories. To promote transparency in this study, the decisions and interpretations that were derived from the data were recorded in a journal (Riessman, 2008). Documenting each stage of the research study, the interpretations as well as the decisions that were made provided a trail of evidence for readers to evaluate the credibility and trustworthiness of the findings (Angen, 2000; Bjerrum Nielsen, 1995). Other methods that were implemented to promote trustworthiness included, holding debriefings with the researcher supervisor to discuss findings and inserting direct quotes made by the participants into the final manuscript (Jensen, 2008a; Krefting, 1991; Riessman, 2008).

This research study integrated strategies throughout the inquiry to promote trustworthiness (Cypress, 2017). Applying strategies that promoted methodological coherence (Morse et al., 2002) as they relate to the recruitment, data collection and analysis process were important in establishing credible and plausible findings. As the primary researcher, it was my responsibility to implement strategies that promoted transparency and trustworthiness of the interpretations and findings. Contrarily, it will be up to the readers to evaluate the plausibility and credibility of the findings as well as to determine if the study produces valuable knowledge that supports further research in this area (Riessman, 2008).

Ethical Considerations

Informed Consent

Ethical approval was obtained from the Nova Scotia Health Authority Ethics board (REB#1027610). It is important to note that the primary researcher was an employee of the Nova Scotia Health Authority. To prevent a potential conflict of interest, potential participants were not approached until they voluntarily contacted the researcher from the contact information on the recruitment poster. Informed consent (Appendix C) was obtained at the first interview. Prior to the first interview, the researcher reviewed the purpose of the study, the participant's role if they chose to participate and disclosed that the interview would be recorded. Prior to each interview, participants were reminded that they have the right to withdraw from the study or end the interview at any time. Pseudonyms were used for each participant to help ensure anonymity and confidentiality. There were minimal anticipated risks for participants involved in the study. However, due to the discussion of one's personal life history and past experiences, an emotional response could be triggered. The researcher reminded the participants that the interviews could be stopped at any point in time and if required, appropriate resources would be provided for support such as referral to the employee and family assistance program as well as the provincial mental health and addiction's crisis line.

Data Storage

Privacy and confidentiality were maintained throughout the length of the study using various methods. Once the audio-recorded interviews were transcribed, all names were changed to pseudonyms to ensure confidentiality and anonymity of the participants. The data was stored and saved on a password protected USB drive as well as backed up on an external password protected hard drive. All the consent forms, data, field notes and

journals were kept in a locked cabinet located in the School of Nursing at Dalhousie University that was only accessed by the research team.

Summary

Little remains known regarding the experiences of new nurses in the charge nurse role, therefore, this new phenomenon must be explored in an in-depth way. This research study investigated the experiences, narrative, challenges, and learning needs of new nurses in the charge nurse role using a narrative inquiry approach. This study implemented the theoretical framework by Clandinin and Connelly (2000) called the three-dimensional inquiry space. Exploring the personal narratives of participants along the dimensions of temporality, sociality and place enabled rich narratives and new knowledge to be derived regarding the research topic. In addition, the three-dimensional inquiry space helped to draw attention to any social or institutional narratives that may be influencing the experiences of participants.

As the nursing profession continues to face shortages, retaining new nurses in the profession should be a priority. It is imperative that there is an increased understanding of the experiences of new nurses in the charge nurse role so that they can be better supported on a personal, social, and institutional level. By implementing a narrative inquiry approach, this research study provided new nurses a voice to share their experiences and increase awareness regarding this new practice norm. This increased awareness hopes to lead to the development of effective training opportunities and practice changes that better support new nurses in the charge nurse role.

Chapter 4: Findings

There is little research exploring the experiences of new nurses in formal leadership roles, such as the charge nurse position. This study contributed to this gap in research and the narrative inquiry design enabled the participants' experiences to be explored in an in-depth way. The participants' stories revealed that there were various components that influenced their experiences in the charge nurse role. The findings of this study were separated into three main themes with subthemes that are represented in a schematic table (Appendix D), each providing insight into their experiences in the charge nurse role and building on another by considering the context, personal and social conditions as well as the influence of temporality within their narratives (Clandinin & Connelly, 2000). The three themes that will be discussed are the following: The Charge Nurse Context and Timing, Leadership Preparedness and Professional Growth: Finding Their Voice (Becoming Leaders). The first theme, The Charge Nurse Context and Timing, will explore the influential factors within the environment that impacted how the new nurses were assigned to the charge nurse role and how the position's responsibilities varied depending on the time of day of the shift. The second theme, Leadership Preparedness, explains the participants' initial emotions regarding being assigned to the position, their preparation and readiness for leadership, the challenges that they faced and any social influences. The third theme, Professional Growth: Finding Their Voice (Becoming Leaders), explores their narratives as they gained experience within the role, their evolving perceptions of leadership and the growth that they experienced both personally and professionally over time in the position.

Charge Nurse Context and Timing

In narrative inquiry, attention to context and temporality is crucial in understanding an experience or event (Connelly & Clandinin, 2006). In this section of the findings, I will overview the narratives of the participants as they relate to the context, timing and conditions that led them to be assigned to the charge nurse role. In addition, I will describe the temporal influences on the participants perceptions of the role responsibilities of the charge nurse position- specifically as it differed between the day and night shift. The following subthemes will be overviewed in this chapter: 1) Human Resource Demands: No Other Option and 2) Day and Night.

Human Resource Demands: No Other Option

Across the narratives, there were similarities in how the participants' described the context and environment that led them to assume the charge nurse role. The high turnover of senior nurses and organizational shortages on acute care nursing units were at the forefront of their stories and impacted how they were assigned to the position. The interviews occurred during the COVID-19 pandemic, which was described by participants as a compounding factor impacting the staffing shortages. While the participants level of nursing experience varied, they were all assigned to the role within seven months of their practice. In Maia's story, she was quickly assigned to the day shift role two weeks after her orientation. Maia explained:

I think at that time when I started, there was a high turnover rate. I think about 88 percent of the nurses quit... we had a nurse there for 18 years, a nurse there for six years... They all went to different spots.

In Graham's story, there was a shift in demographics on his nursing unit due to a high turnover of senior nurses shortly after he started, leading him to quickly accrue seniority. Graham shared:

When I started my job, there was kind of a mass exodus of senior nurses. And the few that did stay normally covered the charge role. But it just so happened that a few weeks down the line, I was told by my manager, "Hey, you're going to be covering charge on this day."

In Genevieve's story, the presence of a specialized care area within her nursing unit impacted how she was assigned to the charge nurse role. Due to the additional training required, the more experienced/senior nurses on her unit were often assigned to work in this area. However, this regularly left new nurses to be assigned to the charge nurse role on the nursing floor. Genevieve explained, "usually the more senior people were working in the [unit]. So, if there were no other [unit] trained nurses, and I was less senior there, there wasn't really much of a choice."

The participants' narrated that the charge nurse role was typically assigned to the most experienced nurses on their clinical units. Recently, the acute care setting has become an area in which new graduate nurses are finding themselves to be the most senior. Heidi was a novice nurse that had been assigned to the charge nurse role within six months of her practice. Heidi's narrative highlighted the internal and external pressures that she felt when she was first assigned to charge nurse role. Heidi shared, "I'm the most senior. I had been there the longest... I definitely didn't feel like I could say no."

Heidi's story drew attention to the social culture and expectations that exist between the charge nurse role and one's nursing experience. Similarly, in Jayda's story, she was assigned to the charge nurse role within seven months of her transition to practice. Within her narrative, she made sense of her experience by viewing it as a necessary responsibility due to her seniority. Jayda shared, "that time that I was charge the first time, there was literally no other option."

These participants made sense of their first experiences as a charge nurse in similar ways. Their narratives centered on seniority and perceived pressure to assume this charge nurse role responsibility. In Shameera's story, she outlined how a charge nurse is commonly chosen. Shameera explained, "but if you're like desperate for a charge nurse, you'll pick the most senior person." The narratives highlighted the contextual environment as well as the conditions that led to the participants first experiences in the charge nurse role. The participants found themselves in an environment where they were considered senior despite their limited role experience.

Day and Night

Temporality was a central theme in the findings. In addition to the fact that the timing of this study corresponded with the COVID-19 pandemic, the participants' narratives revealed significant differences in how the charge nurse role varied from day to night shift. Every participant in the study worked on a nursing unit that implemented a permanent charge nurse model, which involved having two permanent charge nurses that worked the day shift. When the permanent charge nurse was absent, such as on a night or weekend, a relief charge nurse was temporarily assigned to the role. All participants, apart from one, were assigned to the charge nurse role for the first time on a night shift.

Most of the participants found out that they were assigned to the role shortly before their shift. As the interviews progressed, the participants described distinct role differences on the day and night shift.

The charge nurse role on the night shift was described by participants as a temporary role of leadership with responsibilities that were simplistic in nature. The participants' explained that the night shift role was assigned on top of having their own patient assignment. The participants' described that the night shift charge nurse position had the following responsibilities: creating the patient-nurse assignment for the following day shift, being a support to staff, checking the crash cart, organizing breaks, managing bed flow and assigning new patient admissions to the most appropriate nurse, managing staffing levels, recalibrating the glucose meters and communicating with the bed manager regarding any issues that may arise throughout the shift. The participants' perceptions of the night shift role changed as they gained more experience in the position. For example, in Kai's story, when she was first assigned to the night shift role, she initially felt overwhelmed by the responsibility. However, over time she learned that the night shift role was highly collaborative with shared decision-making amongst staff. Kai explained, "it's not all like purely the charge nurse on nights. It's more of like a group effort if something needed to be done."

Within the narratives, the night shift role was positioned as team orientated and the responsibilities were occasionally shared among staff. In Graham's story, he viewed the night shift role as straightforward and uncomplicated, which drew attention to the differences in responsibilities within the two roles. Graham shared, "I had been charge on

night shifts lots. But really, I don't consider that too much of a charge role, if I'm being honest with you... The charge nurse for the day shift is much more involved."

Several participants viewed the night shift role as an easier position compared to the day shift. At the time of interviews, most participants had already been assigned to the night shift role several times. Therefore, their past experiences shaped their narratives and perceptions of the night shift position.

In contrast, the day shift role was viewed as challenging and complex. The participants' viewed the day shift role as a formal leadership position with various responsibilities relating to care coordination, discharge planning, and being a point of contact for the nursing unit within the health care system. The participants' described the need for strong communication skills as a large portion of the role involved managing the social environment between nurses, patients, families, and other health care providers. In Adele's story, she described the various responsibilities associated with the day shift position and its integral role in care management. Adele explained:

So, they'd be coordinating between like the docs and social work and everyone else to try to coordinate discharge. So, like with long term care homes, or transport if they were from out-of-province or something. So, they definitely have a lot more hats to wear.

Participants also shared that the day shift role involved various administrative duties with minimal direct patient contact. Maxine described, "it's a very different job than what we do on the floor. It's not quite as physical. It's more behind the scenes."

In Genevieve's story, when she was first assigned to the day charge nurse role, she viewed her experience as being starkly different and challenging in comparison to the

night shift position. Genevieve explained, "that was really stressful...being charge on days... I found it was totally different than being on nights".

Genevieve's story drew attention to the impact of timing within the narratives. Each participant was at a different stage in their transition journey. Some participants expressed that they did not believe that they could take on the responsibilities associated with the day shift role, while others shared that they were regularly assigned to the position on their nursing units.

The narratives provided a deeper understanding of the complexities of the charge nurse role and how the role and its responsibilities varied depending on the shift. The participants perceived the night shift position as uncomplicated, more relaxed, and a collaborative leadership role. In contrast, the day shift position was perceived as a complex and formal leadership role with responsibilities relating to care coordination.

Leadership Preparedness

Within the narratives, the participants had varying beliefs regarding their readiness and preparedness for leadership in the context of assuming a charge nurse role. In this section of the findings, I will discuss the participants' initial emotions and the internal challenges that the participants faced while they learned to navigate the position and manage the social environment of their nursing unit. In addition, I will overview the impact that timing and skill competency had on the participants' experiences in this leadership role and outline the formalized training opportunities and resources that were available to the participants when they were assigned to the position. The following sub-themes will be reviewed in this section: 1) Emotions: Shocked and Unprepared 2)

Perceptions of Preparedness: Timing and Mastery of Skills 3) Navigating Social Dynamics 4) Formal Training and Resources.

Emotions: Shocked and Unprepared

Most participants described their first experience in the charge nurse role as sudden and unexpected. Seven of the participants expressed that they were unaware that the charge nurse role was a position that they would need to assume so quickly in their careers. In Graham's story, he recalled feeling shocked when he was first assigned to the charge nurse role due to his inexperience within the profession. Graham expressed feeling "kind of shocked. The first time when I wasn't permanent... I was really, really new."

In Maia's story, she found out that she was assigned to the charge nurse role when she arrived for her shift and described feeling overwhelmed. Maia shared, "the fact that it was just like, "Oh, okay, here you go, you're just charge, and you're just responsible for all these patients and their lives and wellbeing, it was... kind of a little bit of a wake-up call..."

Maia recalled feeling like she was 'thrown into it' and perceived her initial experience in the position as a defining moment within her practice as she was required to adapt to a sudden increase in responsibility. In Maxine's story, she described her first experience in the role as stressful. Maxine had conflicting emotions as she recalled wanting to do well in the position, however, she also felt anxious about her capabilities as a charge nurse. Maxine explained, "the first time being charge was definitely stressful because I was worried like what if I don't do all the things I have to do? What if I can't handle all this stuff happening?"

Most participants narrated that they felt unprepared when they were first assigned to the charge nurse role. In Graham's story, his lack of knowledge and understanding of the role's responsibilities contributed to his feelings of unpreparedness. Graham explained, "at first I did not feel okay because when I was told you're going to be charge, as I said, I quite literally did not know what a charge nurse did."

In Jayda's story, she narrated feeling unprepared because she was still learning to balance her workload as a novice nurse. Jayda shared:

I felt unprepared because I feel like especially at that time, I was still time managing, and I still am, with trying to manage a 12-hour shift and trying to care for patients, let alone adding like extra things into the mix...

Similarly, in Kai's story, she related her feelings of unpreparedness to a variety of factors, such as her inexperience on her nursing unit, having poor conflict resolution skills, and her lack of readiness for leadership. Kai explained:

I felt unprepared in that I was very new... if... a family member had a big dispute with another nurse, I was very new to conflict resolution in a professional setting. Or even just discrepancies in the Pyxis, I'd never dealt with that before. So, I felt unprepared in kind of a broad sense...both in terms of the duties and also... being the one who is the go-to for the night.

Most participants described feelings of shock when they were first assigned to the charge nurse role. Three participants shared that they would have preferred to be introduced to the position as well as its expectations prior to being assigned to the role. Kai explained, "even just to be told that you're going to likely be charge within your first month, and not showing up."

Within the narratives, the sudden increase in role responsibility elicited anxiety and feeling overwhelmed. The participants' emotions were driven by their feelings of being unprepared to assume the position due to their lack of work experience and knowledge regarding the role and its responsibilities. Educating new nurses about the charge nurse role at an earlier point in their transition to practice could enable them to feel more prepared in the future.

Perceptions of Preparedness: Timing and Mastery of Skills

As the participants gained more experience in the role, they expressed different preferences regarding being assigned to the charge nurse position. The participants that enjoyed the role were eager to take on the additional responsibilities associated with the position. In Jasmine's story, she shared that she preferred being assigned to the charge nurse due to the additional tasks and authority involved with the position. Jasmine explained, "I feel like I like taking control and having more responsibility. So, when I go on nights and I'm there, I like to be charge."

Maxine's story conveyed a similar sentiment, she also enjoyed the opportunity to take on more of a leadership role within her nursing unit. Maxine shared, "I like the leadership aspect and do like the little bit of added responsibility..., I do like that I'm in charge."

In contrast, some participants were uncomfortable in the role and viewed the additional responsibilities as a stressor on their workload. In Heidi's story, she felt an internal pressure from the additional duties of the position and believed the role was poorly compensated. Heidi explained, "the 70 cents an hour you get is not worth it...the

added tasks, the added stress... There's...no benefit. You can add it to your resume, but... Maybe that's the only positive."

In Kai's story, she recognized that her negative feelings regarding the charge nurse role stemmed from her discomfort in the decision-making responsibilities associated with the position. Kai explained:

So, by the end of my time in the med surg floor, I felt... I don't love being charge, to be honest. I just don't love the decision... I like being responsible for my patients and their care... I don't want to be the one deciding who goes to break when... Truthfully, I would argue that I was comfortable in the role, but I was still uncomfortable frequently.

During the interview process, Kai had left her nursing unit to work in another care area. As she gained experience on her new nursing unit, Kai shared that she may be interested in pursuing the charge nurse role in the future. Kai explained:

On the [new unit], yes, it's something I've thought about, but I'm not confident. But for the first time I thought, you know what, maybe I'll do that... The leadership I've seen here is a lot better... It's very, very team oriented, I can't say it's a goal, but it's a direction I never ... considered myself. But I'm now kind of keeping it in the back of my mind.

Kai's story highlighted that timing and workplace setting were factors that influenced her readiness for leadership. This was an interesting finding and recognized that each novice nurse may be ready for leadership at different points within their transition to practice.

As the narratives evolved, it became apparent that the participants had varying preferences regarding being assigned to the charge nurse role. The participants that preferred to be assigned to the role felt competent in their practice and enjoyed the additional responsibilities as well as the leadership opportunity. In contrast, the participants that perceived the role negatively described feeling overwhelmed by the additional responsibilities. This finding drew attention to the impact that timing and workplace setting can have on a new nurse's readiness for leadership.

Navigating Social Dynamics

The participants' expressed that learning to navigate the social dynamics within their nursing unit was a challenging component of the position. At times, the novice professionals were assigned to the role while working with more experienced/senior nurses which led to conflicting emotions. This was described to occur in instances in which they were working with licensed practical nurses (LPNs), casual employees, or when a more experienced staff member was assigned to work in the specialized care unit within the same nursing floor. Additionally, the role was occasionally assigned to a new nurse if a more experienced staff member was orientating a new hire or student. For some participants, this led to feelings of self-doubt and a lack of confidence in their capabilities as leaders. Jayda explained:

I still struggle when I'm not very senior amongst the staff working, and there's people who have been around for 25, 30 years, or even five years. Because I still feel new, and I'm not as confident in my decisions.

Jayda's story drew attention to the intra-professional hierarchies that can be prevalent within nursing units and how it impacted her emotions within the role.

Similarly, in Adele's story, she faced self-limiting beliefs regarding her leadership abilities while working with more experienced LPNs. Adele explained:

We might have LPNs on the floor who have been there for 10 years, and have been nurses for longer than I've been alive. And I'm like, well, you guys are probably the better leader out of us. So why am I in charge?

Adele's narrative highlighted the conflicting emotions she felt as she respected the LPNs on her unit, however, she had to be assigned to the leadership role due to her status as a registered nurse.

Within the narratives, three participants expressed that managing conflict with other nurses on their unit was another aspect that impacted their self-confidence as nurses and leaders. Conflict in the charge nurse role was positioned as common and frequent. In Maia's story, she recognized that she often experienced a lack of confidence when a nurse on her unit would question her decisions while she was assigned to the charge nurse role. Maia explained:

I do find in the charge role, now more often than not, if someone questions me, I'm very quick to kind of doubt myself, and be like, yeah, I must be the one that's wrong in this situation, and not them...

Maia's narrative highlighted how she internalized her emotions after managing conflict with other nurses, which led to feelings of self-doubt regarding her decisions as a charge nurse. Similarly, in Graham's story, he interpreted conflict as a negative reflection of his capabilities as a charge nurse. Graham shared:

...the biggest thing for me was trying not to step on people's toes. So, the way that I felt supported was when I would assign a new patient to a nurse, and they

wouldn't give me grief about it... What made me feel opposite of that, like I wasn't doing a great job, is.. offering all these alternatives. And it kind of always made me second guess myself when that happened... it made me think... I wasn't doing a great job.

In Kai's story, she explained that conflict with another nurse negatively impacted her desire to be assigned to the charge nurse role. Kai shared:

It just made me not really enjoy being charge because I feel like for me, it took a long time for me to develop any sort of confidence in my decision-making. Which is still an ongoing process. So, for her to come and question things that don't affect the outcome of patient care, it just felt like kind of like a bruise to the ego.

Kai, Graham, and Maia perceived conflict with other nurses as a negative reflection of their capabilities as nurses and leaders, highlighting the difficulties that they faced in building self-confidence within the position.

Within the narratives, the participants highlighted that navigating the interpersonal social dynamics and managing conflict within a nursing unit was a challenging aspect of the charge nurse role. Several participants narrated that interpersonal conflict with other nursing staff often led them to doubt their leadership abilities as well as their practice. The participants' narratives highlighted a unique challenge that new nurses can face as they are being assigned to a leadership role while still developing self-confidence in their practice.

Formal Training and Resources

The participants' narrated their belief that being prepared for the charge nurse position required training and orientation. Most participants described a lack of

formalized training when they were first assigned to the charge nurse position. Kai shared, "I had conversations with a couple of the...new hires about how we felt we were put in charge really quickly. And it was with what I mentioned, with no warning, no training, no... just no resources."

Within the narratives, formal training opportunities were positioned as rare and infrequent. The participants' expressed a desire for more training opportunities that focused on the role's responsibilities and expectations. In Graham's story, he highlighted that his nursing unit did not regularly provide orientation to relief charge nurses. However, he was allotted two shifts at his request. Graham explained, "so I was like, 'Can I please at least have like an orientation beforehand?' And I had to really fight for that."

Graham and Adele were the only participants to receive a formal orientation shift prior to being assigned to the charge nurse position. Their formal orientation shifts involved shadowing a charge nurse to learn about the role's responsibilities. In Adele's story, she described that her orientation to the night shift role helped her gain a greater understanding of the charge nurse position. Adele explained, "I think my orientation, even though it was only one shift, was definitely very helpful. Just kind of making sense of what was my responsibility versus day shift's responsibility."

The participants described another type of training opportunity that involved assigning a less experienced nurse to the charge nurse role while a more experienced nurse was available as a resource throughout the same shift. Shameera described, "sometimes on my unit, they would put you in charge to get the experience. And the more senior staff would also be on."

The participants also narrated that there was a lack of formalized resources that were available to them when they were assigned to the position. The most common resource available to participants was a charge nurse binder. However, accessibility to a charge nurse binder was inconsistent among the narratives as they were often only available for the day shift role. In addition, the content within the binders varied among the nursing units. In Maxine's story, she described the charge nurse binder as a helpful resource. Maxine explained that on her unit, "we have a charge nurse booklet that lays out like during the day, these are the times that things typically happen. Which is nice because I've had to use it a few times to figure out what's happening."

In contrast, in Genevieve's story, she highlighted that the binder on her nursing unit was underutilized due to the large volume of information within it. Genevieve shared, "they did have a charge nurse resource binder. But it was...a really big, two-inch binder full of stuff. So kind of just very overwhelming to read."

The resources that were available to the participants for the charge nurse role were inconsistent among their nursing units. In addition, the participants highlighted that there were minimal resources available for the night shift position. The resources that did exist for the night shift were described as informal, such as a laminated piece of paper or e-mail that listed the role's responsibilities. The participants' expressed a desire for greater resources that were simple and straightforward, such as a short list, that outline the responsibilities of the charge nurse role during the shift that they are assigned.

Professional Growth: Finding Their Voice (Becoming Leaders)

As the narratives evolved, key themes emerged regarding the participants' professional growth and leadership. In this theme, I will explore how the participants

were socialized to the role through an informal and collaborative process. I will describe how the participants gained intrinsic self-confidence in the position and how they learned to become strong advocates within the context of the health care system. In addition, I will discuss the impact that role models had on the participants' experiences and how their beliefs regarding leadership changed over time. Finally, I will explore how the participants' experiences in the charge nurse position led to professional development in their capabilities as nurses and leaders. The following sub-themes will be discussed within this theme: 1) Socialization through Informal Learning, 2) Finding Their Voice, 3) Evolving Views of Self and Leadership.

Socialization through Informal Learning

In the previous section, the participants' narratives drew attention to the lack of formalized training and resources available to them when they were first assigned to the charge nurse role. As the narratives unfolded, the participants conveyed that they were socialized to the charge nurse role through an informal process. The participants described observation as an important learning tool within their socialization experiences. In Jayda's story, she described that observing the actions of both formal and informal leaders within her nursing unit helped teach her about the role and its responsibilities.

Jayda shared:

We have permanent day charge... And watching them do it, and also watching other casuals or full-time... bedside nurses on our night charge – that's who's on nights. Watching other people do it, and see the decisions that they make, it's really helpful.

Some participants narrated that observing the decision-making processes of charge nurses in different types of situations was helpful to their learning. In Jasmine's story, she observed and modeled what she learned from other charge nurses and applied it to similar situations when she was assigned to the position. Jasmine explained:

Watching the nurses that I've seen be charge on nights in the past. Like if I've seen a certain situation before, and then it's happened to me when I was charge on nights, I kind of knew how to handle it from that.

Furthermore, the participants narrated that repetition helped to consolidate their learning within the position. In Maia's story, she highlighted how work experience and hands-on learning helped socialize her to the role. Maia explained, "I learn the best by doing and performing... Being charge over and over again, and learning from my mistakes or things that I could do better..."

Similarly, in Jasmine's story, she described that time and experience in the role was fundamental to her learning. Jasmine shared, "I feel like learning through experience, and then being able to ask questions to the more senior staff... There's always something that I've never encountered before. So learning through experience through that." Jasmine's narrative described the continual process of learning and how her past experiences led to a deeper understanding of how she would manage future situations in the charge nurse role.

Within the narratives, the participants highlighted that key characters were crucial in their socialization to the role. The participants' narrated that they learned from different types of health care professionals such as peers, charge nurses, clinical nurse educators, nurses on other nursing units, and other members of the interprofessional

team. However, the participants' narrated that the most impactful characters within their socialization experiences were more experienced/senior nurses. In Kai's story, she often sought out more experienced/senior nurses for guidance due to their clinical knowledge and expertise. Kai shared:

The [unit] nurses, for me, I don't know if everyone used them, but I'd go to them a lot for both charge and non-charge duty. Like even if it was just a question about prioritization of care...They know what they're doing more.

Similarly, in Jasmine's story, she often referred to more experienced/senior nurses for questions about the role because they shared quick and reliable information. Jasmine explained:

I wasn't really looking for documents and stuff. I would just right away go to someone that I knew had the experience before because it was just easier. They were right there. If I had a question, I could clarify with the person.

Jasmine's story described the social nature of the position and how more experienced/senior nurses often provided informal mentorship to the participants.

Four participants that were regularly assigned to the day shift role highlighted that other members of the interprofessional team were important characters in their socialization process. In Graham's story, he explained that other members of the interprofessional team provided him with support and taught him about the day shift role responsibilities. Graham shared:

So they were really great in helping me learn the role that they weren't even part of. They weren't charge nurses, and they had super busy days themselves, but they kind of held me by the hand in a lot of ways.

Similarly, in Maxine's story, she highlighted how other members of the interprofessional team helped her problem-solve and taught her where to seek out resources. Maxine shared:

I know one time I was charge, we had a patient who just needed VON set up to go home. And I was like I don't know how to do that... So I called Continuing Care... And they were super helpful...So I find lots of different people can be helpful. I've had residents help me figure things out before.

Maxine and Graham's narratives highlighted how other members of the interprofessional team can be involved in the process of socialising new nurses to the charge nurse position. However, this finding is limited in its applicability because it was only mentioned in the narratives of the participants that were regularly assigned to the day shift role.

The participants' narrated that learning how to be a charge nurse was a highly social process. The participants recalled that observation was a helpful tool in learning about the role. In addition, the participants positioned time and repetition as crucial components in consolidating their learning, drawing attention to the impact of temporality within their experiences.

Finding Their Voice

The participants' narrated that developing self-confidence as a charge nurse leader was an important turning point in their stories. Learning to communicate and manage situations with other health care professionals within the charge nurse role was perceived as an initial obstacle within their stories. As they recounted their narratives, the participants highlighted that these experiences led to long-term growth in their self-

confidence and a deeper understanding of the importance of advocacy within the charge nurse role.

The participants' narrated that being assertive and speaking up to other health care professionals was initially challenging. Maxine explained, "when I was first being charge, I found it very difficult to kind of tell people no, or like I need a little bit more time before this is going to work out."

Most participants narrated that the bed manager was a common character that they felt pressured to accommodate in the charge nurse role. Graham explained:

The bed manager will be like, 'Okay, you have two beds. Can you please take... two patients because they're full' ...This is also where you'll probably get a call for floating. Somebody's always short. And you explain all the reasons that you can't float. And they'll explain all the reasons why you're going to float anyway... And you play that little game.

Similarly, in Genevieve's story, she initially believed that a charge nurse was required to be agreeable to the different decisions made by the bed manager. Genevieve shared, "at first I didn't really know we could question it or say...not say no, but kind of question... I thought we absolutely had to accept everything every time."

The narratives highlighted the organizational hierarchies and power imbalances that can be prevalent in the health care system. In Maxine's story, she described feeling an external pressure from health care professionals with a higher status within the organization. Maxine explained:

I felt like anytime somebody above me told me to do something, that I kind of had to do it when I first entered my nursing career... So my nursing manager would

still be like a supervisor to me. The bed manager is a nursing supervisor. I know that doctors aren't above me, but in my statement, I would include them.

An interesting finding was mentioned in three participants stories regarding their age impacting their confidence in communicating to different bed managers. Maia explained:

One thing that I didn't realize going into charge, too, is how like strong-willed you have to be when talking with people... I didn't realize how much authority you would have to try to have...to advocate for the floor...it's hard to be confident when having that conversation with another adult who's been in the role for so long.

Similarly, in Adele's story she mentioned that she struggled to communicate assertively and advocate to an older bed manager. Adele shared that, "as a new grad, it's hard to advocate against someone who's twice your age and has been working in that field longer than I've been alive."

Adele's story highlighted how her age impacted her confidence in her communication skills within the charge nurse role. This finding is a potential limitation to this study because the inclusion criteria did not consider the age of the participants.

As the narratives progressed, the participants developed greater self-confidence within the position. Time and experience were positioned as important factors in developing greater self-confidence in the charge nurse role. In Shameera's story, her confidence in speaking up increased as she gained more experience in the role. Shameera explained:

Now if there was a situation where I was like this is not okay, I would probably stick up for myself a lot more now than when I was freshly out of school... I feel like I have a voice more.

Within Shameera's story, she later mentioned that she developed a greater understanding of the health care system over time, which helped her assertiveness in the charge nurse role. Maxine shared a similar experience, she narrated that her confidence increased as she learned to manage different types of situations in the position. Maxine shared:

When I was first being charge, I found it very difficult to kind of tell people no, or I need a little bit more time before this is going to work out... But now I don't. I have no problem... saying, "This is not safe, and I'm telling you no. I will accept this person, but it needs to be a better circumstance because it just can't happen right now." But that also took me a long time to get to that point.

Maxine's beliefs regarding the charge nurse role changed as she gained more experience in the position. Advocacy and patient safety became fundamental to her practice as a leader. As the participants' narratives evolved, advocacy was later positioned as an integral responsibility of the charge nurse role. In Adele's story, she highlighted how her experiences in the role impacted her understanding of the importance of advocacy within the position. Adele shared:

Being able to advocate for... safe staffing... If we would get an admission like, "that person's really not appropriate for our floor or to put in that room because they're a full code, confused."...So it did help with my ability to actually advocate for my patient, and my colleagues and myself.

Genevieve's story further emphasises this sentiment, she highlighted how the charge nurse role enabled her to improve her advocacy skills within the context of the health care system. Genevieve explained, "at first we learned to advocate for patients. And then... advocating for ourselves as a floor charge. "

The participants' narratives highlighted how they developed self-confidence over time in the charge nurse position. As the participants recounted their stories, their beliefs about the charge nurse position changed. Advocacy was positioned as an integral aspect of being a strong charge nurse leader. In addition, developing the confidence to speak up and question the decisions of other health care professionals was an important moment in their stories.

Evolving Views of Self and Leadership

The participants' faced unique challenges in the charge nurse role, however, they all narrated that they experienced professional growth as nurses and leaders. Gaining work experience as a charge nurse enabled some participants to explore their own leadership styles and aspirations. In addition, role models were described as important characters that helped shape their views regarding leadership.

The notion of time was positioned as an influential component in recognizing their professional growth. The participants' narrated that the charge nurse position helped them develop various types of leadership skills, such as conflict-resolution, problem-solving, communication, and critical thinking. In Maia's story, she highlighted how the role helped improve her ability to communicate with various types of patients and practitioners. Maia shared, "so it has helped... develop my confidence just in terms of talking to patients, and talking to people in general, and my own self-confidence."

Similarly, in Kai's story, she identified that her problem-solving skills improved as she gained more experience in the role. Kai explained:

Someone... could come to me with little things, like discrepancies... I feel I have... more input on how I would manage a situation. Versus when I started or before I was charge, I would kind of just have to guess everything.

The participants also shared that the position helped deepen their knowledge regarding patient outcomes and their care trajectory. Maxine explained:

It...gave me a better image into how patients progress... Knowing all the background that goes into things ... definitely helps me figure out what to tell them... I feel like I have almost the whole picture of what their care looks like, where they need to go. So it lets me kind of guide my care appropriately.

Similarly, Jayda highlighted how she gained a broader perspective of the health care system and care delivery. Jayda shared:

Now I understand the behind-the-scenes stuff more than I did before. And so in explaining to patients how things work, before I would say it and not really understand how things work...But now I know things that need to go into arranging for physio or arranging for home care...

For some participants, their beliefs and attitudes regarding their leadership styles evolved as they gained more experience in the role. In Kai's story, she expressed that having the opportunity to be a charge nurse on various occasions helped to embolden her aspirations regarding leadership. Kai shared, "I feel like it helped me work on my leadership skills, and kind of figuring out what kind of leader I aspire to be." In Jayda's story, her work experience as a charge nurse enabled her to learn about the different types

of leadership roles that exist within the health care system. During Jayda's second interview, she highlighted that her perspective on leadership changed throughout the interviews. Jayda shared:

I don't know if it's specifically since we've been talking--I think it is ... I'm trying now to take that smaller step and be maybe a little bit of a leader... There's so many different styles of leadership, and there's so many different types of leadership. You don't have to be in the charge nurse role to be a leader.

Jayda's story highlighted the impact of storytelling and how it helped her to reflect and develop a new perspective regarding leadership. For some participants, retelling their stories revealed new insights about themselves and was a beneficial tool in identifying their professional growth. In Maia's story, the process of verbalizing her story enabled her to recognize her growth as a practitioner. Maia explained, "going through the interview and... saying these things out loud, it was kind of like okay, I'm ticking off these boxes that I want to be doing to be a good nurse." Maxine shared a similar sentiment, as she explained that reflecting on her past experiences improved her confidence in her capabilities as a charge nurse. Maxine shared, "I think talking about all these experiences, my talking about the differences between when I started and when I finished, did make me feel actually probably more confident..."

The participants also narrated that role models were important characters that helped shape their views of leadership. The participants' described a role model as an individual with whom they developed a strong relationship with and looked up to in their nursing practice. Graham explained, " I just knew we had this really great charge nurse on our floor. And he was just fantastic. He just knew everything. And I really looked up

to him." Graham's narrative highlighted how his experience working with a highly adept charge nurse and role model inspired and influenced his beliefs regarding leadership.

In Adele's story, she narrated that her preceptors were important in shaping her nursing practice. Adele explained:

There were a couple of nurses. Especially I found the ones who orientated me to the unit when I first started... had a big impact on me. And I'm like, okay, I want to be like [nurse] or I want to be like [nurse]...seeing how they handle stress, and how they handle the day-to-day. Having them to...model my own practice after was definitely great.

Adele's story highlighted the impact that mentorship from strong role models can have on one's practice. Similarly, in Kai's story, she narrated that her role model was her preceptor. Kai explained that her role model helped her to decipher qualities that she believed were important in a leader, influencing her own leadership style. Kai shared:

I looked to her as a nurse and as a charge nurse. However, I did also pick out some aspects of her leadership that I would not carry into my own, and I picked out some items of her leadership that I did use as my own.

The participants' narrated that their experiences in the charge nurse role enabled them to gain different types of leadership skills, greater self-confidence in their practice, as well as a broader understanding of the health care system. For some participants, reflection and storytelling enabled them to examine their past experiences and develop new insights regarding their professional growth as leaders. Being assigned to the charge nurse role provided participants an opportunity to explore their leadership styles. Some participants expressed that their experience in the role helped them to discover what type

of leader they wanted to be in relation to the health care system. Moreover, role models were impactful within the narratives and helped participants identify which qualities they believed were important in charge nurse leaders.

Summary

The participants' narratives initially centered around the nursing shortages and the conditions that led them to be assigned to the charge nurse role. Their narratives drew attention to the sociohistorical beliefs that are prevalent within the nursing profession regarding the charge nurse position and seniority. Most participants recalled feeling shocked, overwhelmed, and unprepared when they were first assigned to the charge nurse role. In addition, the participants narrated a gap in resources and formalized training within the position.

Through the retelling of their stories, a prominent theme regarding professional growth and leadership emerged. Temporality was embedded within the narratives as time influenced their past, present, and future experiences within the charge nurse position. The participants narrated that they were socialized to the role informally and socially. Some participants faced distinct obstacles regarding self-confidence as they learned to navigate the social dynamics within the health care environment. Learning to communicate assertively and advocate for their nursing unit was an important turning point in their stories.

As the narratives evolved, the participants' attitudes and beliefs regarding leadership changed as they gained more experience in the position. Within their stories, it became evident that each participant had varying preferences regarding being assigned to the charge nurse role. Some participants enjoyed being in a leadership role, while others

were overwhelmed by the additional responsibility. Despite their preferences regarding leadership, each participant shared that they developed new skills that enabled them to grow as nurses and leaders.

The narratives provided a greater understanding of a new graduate nurse's experience in the charge nurse role, exploring the challenges that they faced, how they were socialized to the position, their evolving attitudes regarding leadership as well as their professional growth.

Chapter 5: Discussion

Due to the global shortages in the nursing profession, new nurses are now being assigned to formal and informal leadership positions at a faster rate in their careers. Although there is an abundance of research investigating a new graduate's transition to practice, there are few studies exploring their experiences with leadership. This research study explored the experiences of new graduate nurses in charge nurse positions using a narrative inquiry design. This study answered the following research question: "What are the experiences of new graduate nurses assigned to the charge nurse role in the acute care setting?".

This research provides an in-depth understanding about a new nurse's experience in the charge nurse role. In addition, it contributes new knowledge to the literature regarding leadership readiness and preparedness in new graduate nurses. This study also provides insight regarding the charge nurse position, as it outlines the varying role responsibilities of the day and night shift as well as formal training opportunities and resources. This discussion chapter will elaborate on the following findings: leadership preparedness and readiness, key leadership skills required for the position as well as the importance of formal orientation and resources for new nurses in the charge nurse role. In addition, I will outline the various implications that this study has in informing clinical practice changes, nursing education and future research.

Leadership Preparedness and Readiness

In the acute care setting, the charge nurse role is a formal leadership position that is crucial to the functioning of a nursing unit. Historically, the charge nurse role was typically assigned to senior nurses on a clinical unit due to their knowledge and

experience (Sherman et al., 2011; Thomas, 2012). This study drew attention to a new phenomenon in the nursing profession involving new nurses being assigned to the charge nurse position.

All the participants in this study were assigned to the charge nurse role within their first seven months of practice, with one participant being assigned two weeks after their orientation. Our participants highlighted that the high turnover of senior staff in the acute care setting and the nursing shortages, further exacerbated by the COVID-19 pandemic, influenced how they were assigned to the charge nurse role. The participants' voiced that they did not expect to be assigned to the role so early in their careers. In addition, they were provided with little notice and often only found out that they were assigned to the role when they arrived for their shift. The participants highlighted that the predominant norm on their nursing units was to assign the charge nurse role to the most experienced nurse. As they recalled their first experiences in the role, most participants described feeling a sense of responsibility and pressure to assume the position because they were the most experienced nurse working on the unit at the time. This drew attention to the social norms and expectations that the nursing profession perpetuates regarding the charge nurse role, highlighting that it is often assigned based on seniority and work experience. This social norm fails to consider how quickly new nurses have acquired seniority within the profession due to health human resource shortages.

An important finding of this study was that the participants felt unprepared to be assigned to the charge nurse position. The participants' described feeling shocked, stressed, and overwhelmed the first time that they were assigned to the position. There were various factors that contributed to these emotions such as a poor understanding of

the role and its responsibilities, lack of work experience as a nurse, having under-developed conflict resolution skills and a lack of readiness for leadership. Hallaran et al. (2023) found a similar finding in their study that explored the facilitators and barriers of a new graduate nurse's transition to practice. Some participants reported that a barrier to their transition was feeling unprepared for responsibilities that included being in-charge roles. A study by Ting (2021) also reported a similar finding in their study exploring new graduate nurses in charge nurse roles. Within the study, some participants reported a lack of preparation for the position in undergraduate education and in the clinical setting. This finding is important to consider for healthcare organizations and educational institutions as there should be a greater focus on better preparing new nurses for informal and formal leadership roles in nursing school and in clinical practice. Moreover, if it is an expectation that new graduates will be assigned to the charge nurse position, this needs to be made clear during orientation.

Another important consideration and finding of this study were the differing perceptions that the participants had regarding the charge nurse role depending on the time of their work shift. All participants, apart from one, were assigned to the charge nurse role for the first time on a night shift. The participants explained that the night shift charge nurse also has their own patient assignment on top of the additional leadership responsibilities of the position. The participants perceived the night shift position as a collaborative and temporary role of leadership with shared decision making among staff. Additionally, the night shift position was described to have simple responsibilities such as checking the crash cart, creating the patient-nurse assignment for the following shift, being a support to staff, organizing breaks, managing staffing levels and communicating

with the bed manager regarding any issues that may arise throughout the shift. In contrast, the day shift role was described as a formal leadership position with complex responsibilities relating to care coordination, discharge planning and being a point of contact for the nursing unit and the rest of the health care system. The day shift role was described to have various administrative responsibilities, with minimal direct patient contact. As a result of these responsibilities, the charge nurse position on day shifts was perceived as more challenging and overwhelming compared to the night shift.

As the participants' gained experience in the role, they had different preferences regarding being assigned to the position. Some participants expressed that they preferred to be assigned to the role because they enjoyed the additional responsibilities and the opportunity for leadership. In contrast, the participants that had a negative perception of the role explained how they were uncomfortable in the position, viewed the additional responsibilities as a stressor and were poorly compensated. One of the participants that initially perceived the role negatively had expressed an interest in pursuing the charge nurse role after they had changed workplaces and gained work experience. This finding highlighted how timing, skill competency and workplace setting can impact one's leadership readiness. A study by Pedersen (2020) exploring leadership preparedness and readiness in new graduate nurses reported a similar finding. Although not directly related to the charge nurse role, the participants within this study reported that timing and work experience impacted their readiness to assume greater leadership responsibilities associated with their role as a registered nurse.

The participants' varying preferences regarding being assigned to the charge nurse role highlighted how each new graduate nurse's transition to practice is

individualized and they may be ready for leadership at different points in time. The principles of Benner's (1984) Novice to Expert theory are applicable to these findings. Benner (1984) posits that new graduate nurses are learners who acquire skills and knowledge over time through clinical practice. Benner (1984) acknowledges that a new graduate nurse may advance between stages of the Novice to Expert model at different rates. In addition, skill competency is individualized to the nurse as they gain knowledge from exposure to different types of clinical situations (Benner, 1984). Within the literature, it has been suggested that the skill acquisition outlined by Benner's (1984) clinical competency model is also applicable to nursing leadership (Abraham, 2011; Quinn, 2020). Nurses can advance through novice to expert stages of leadership as they acquire skills and knowledge through practice experiences and experiential learning over time (Abraham, 2011; Quinn, 2020). A systematic review by Galuska (2012) also highlighted that providing nurses with practice opportunities related to leadership can help support their professional development as leaders. This finding has important considerations for new nurses in leadership positions.

Our study findings indicate that new nurses, who show interest and preparedness in the charge nurse position, should be supported to acquire the experience, knowledge and skill to be successful in this role. However, it is important for nursing leaders to recognize that new graduates may be ready for leadership at different points in their transition to practice and this must be considered prior to assigning them to the charge nurse position. Additionally, it is important to consider the shift that a new nurse is being assigned to the charge nurse role due to varying leadership responsibilities associated with the time of day.

Key Leadership Skills

The charge nurse role is a position that requires strong communication and conflict-resolutions skills due to the complexity and expectations of the position (Delamater & Hall, 2018; Wojciechowski et al., 2011). When the participants in this study were assigned to the position, they expressed a lack of confidence in their capabilities to manage conflict with nurses on their clinical unit and in their ability to communicate with different health care professionals.

The participants reported that conflict was a common occurrence within the charge nurse role. Learning to manage conflict with families as well as nurses on their unit was described as challenging. Some participants expressed that when conflict with other staff members would occur, it was perceived as a negative reflection of their capabilities as nurses and leaders, impacting their self-confidence within the role. Additionally, the perception that the role involved managing interpersonal conflict was a deterrent to assuming the role for some. Within the literature, it has been widely documented that new nurses lack conflict-resolution skills (Dyess & Sherman, 2009; Olson, 2009; Song & McCreary, 2020; Theisen & Sandau, 2013). Learning to manage conflict effectively is a challenging skill. However, it is a necessary skill for a nurse in a leadership position. The participants in a study by Sherman et al. (2011) reported that one of the biggest challenges in the charge nurse role was learning to manage conflict with fellow nurses and other members of the interprofessional team. Sherman et al.'s (2011) study sample consisted of experienced charge nurses from different specialties that attended a professional development workshop. Within this study, the participants expressed a desire for greater professional development opportunities focused on

conflict-resolution. This draws attention to the complexity of this skill and its importance in the charge nurse position. Based on the findings of our study, new nurses may need additional support in developing self-efficacy in their conflict-resolution skills.

Within this study, the participants also expressed that they faced challenges in communicating with other health care professionals while they were assigned to the charge nurse role. The participants' reported that they initially had a lack of confidence in being assertive, speaking up, questioning decisions, and advocating to other health care professionals with a 'higher' status within the organization. Research studies have found that new graduate nurses often lack confidence in their communication skills upon transitioning to practice (Forbes & Evans, 2022; Najafi & Nasiri, 2023; Song & McCreary, 2020). Within this study, the participants reported that having strong communication skills was important in the charge nurse position because they are a point of contact for their nursing unit, families, and the rest of the health care system. Having strong communication skills was reported to be particularly important in the day shift role because a large portion of the role involved managing the social environment between nurses, patients, families, and other health care providers. This finding was consistent within the charge nurse literature as various studies have found that having well-developed communication skills was vital to being successful in the position (Delamater & Hall, 2018; Doherty et al., 2022).

Within this study, the participants' reported that their experiences in the charge nurse role led to long-term growth and they developed confidence in being assertive and speaking up over time in the position. Their experiences in the position helped them to develop key leadership skills such as conflict-resolution, problem-solving,

communication and critical thinking. This finding has important considerations for health care institutions. It is important that new nurses are provided with opportunities to develop self-efficacy in their communication and conflict-resolution skills earlier in their practice to help ensure that they are well developed if they are going to be assigned to the charge nurse position. A study by Doherty et al. (2022) found a similar finding in their study exploring the transition experiences of novice charge nurses. The participants in their study reported a desire for greater professional development opportunities that aimed to improve their conflict-resolution and communication skills. Doherty et al.'s (2022) study included nurses with greater levels of experience than this study. New nurses may face even greater challenges while being assigned to a leadership position with under-developed communication and conflict-resolution skills. This finding has important considerations for patient safety and providing quality care as poor communication between health care professionals can lead to errors, adverse events, and patient harm (Hu et al., 2012; Sutcliffe et al., 2004; The Joint Commission, 2023). Additionally, the Canadian Interprofessional Health Collaborative has identified conflict-resolution and communication as essential competencies in their framework that was developed to guide interprofessional collaboration and education amongst health care professionals (Canadian Interprofessional Health Collaborative [CIHC], 2010). Effective interprofessional collaboration between health care professionals is imperative in improving patient health outcomes (CIHC, 2010). Health care organizations should consider developing tailored interventions and offering professional development opportunities for new graduate nurses that aim to improve their self-efficacy in their

communication and conflict-resolution skills. In addition, educational institutions should better prepare nursing students to develop these skills prior to entering practice.

Formalized Orientation and Resources

The participants in our study identified that having access to formal orientation and resources was essential to be successful within the charge nurse position. However, most participants in this study were not provided with any formal orientation prior to being assigned to the position and had access to limited resources. This finding is consistent with the current literature as it has been highlighted that there is often a lack of formalized orientation or training provided to charge nurses (Delamater & Hall, 2018; Spiva et al., 2020). The participants in this study learned about the position informally and were socialized to the role by various health care professionals such as nursing peers, senior nurses, nurses on other clinical units and other members of the interprofessional team. Additionally, the participants learned about the role through various experiential learning strategies such as observation, modeling, repetition, and hands-on experience in the position. Hands-on learning was described by some participants as the most effective way that they learned about the role as well as having the opportunity to ask more experienced staff questions while being assigned to the position.

Within the literature, there have been various types of teaching strategies implemented in charge nurse education such as didactic classroom sessions, online learning formats, group discussion, role play, case studies and simulation (Bateman, 2020; Clark & Yoderwise, 2015; Medero et al., 2023; Normand et al., 2014; Spiva et al., 2020). Based on the findings of this study and how the participants reported learning about the role, incorporating experiential learning strategies could be an effective way to

teach charge nurses about the role by using hands-on learning approaches. There are few charge nurse education programs that have evaluated the integration of experiential learning approaches. However, a study by Kramer and Davies (2021) evaluated a formal orientation program that used a self-assessment tool as an experiential learning strategy as well as held classroom sessions. The participants completed the self-assessment tool at different points in the program and the educational activities were modified based on their identified learning needs. Kramer and Davies (2021) study reported a significant increase in the participants' self-confidence to perform in the charge nurse role and in various leadership skills required in the position.

Within this study, our participants also highlighted a desire for formal mentorship as it was invaluable in how they learned about the role. Mentorship has been widely documented to have a positive impact on the practice of new nurses and a facilitator in their transition to practice (Hallaran et al., 2023; Kennedy et al., 2021). The participants in this study reported that they often sought out more experienced nurses for informal mentorship and support. Additionally, they often used observation to analyze and learn from informal and formal leaders on their nursing units regarding their decision-making processes. A study by Rankin et al. (2016) exploring the experiences of senior charge nurses identified a similar finding. Within Rankin et al.'s (2016) study, the participants expressed a desire for greater mentorship to better support them in the charge nurse position.

Although there are few studies that explore the integration of mentorship in charge nurse training, a study by Johnson et al. (2010) explored this by pairing ten charge nurses with a coach in a formal leadership development program. The program included

didactic classroom presentations and one-on-one coaching sessions for each participant while they were working in the role for a three-month period. At the end of the program, the participants reported improved skill development and knowledge in the position (Johnson et al., 2010). A study by Ramseur et al. (2018) found a similar finding. Their study implemented a leadership program for nurses working in clinical leadership roles and charge nurse positions. The program required participants to complete modules asynchronously and were assigned a mentor. The study reported an increase in the participants' leadership competencies after the program. These studies demonstrate the impact that a mentor can have on a charge nurse's transition to the role. It is important to note that it may not be feasible for health care organizations to implement a one-on-one coaching program for charge nurses. However, there is a need for health care organizations to develop feasible options that provide new graduate nurses access to mentorship to help them feel supported within the charge nurse position.

Within the narratives, the participants also highlighted the need for resources to support them within the position. Within this study, it was noted that the participants working in the same healthcare organization had varying access to resources for the position. A charge nurse binder was reported as the most common resource accessible to the nurses depending on their unit. However, access to a binder was inconsistent and was not always available for the night shift role. Additionally, some participants found the binders on their nursing unit to be poorly organized, impacting its utilization. Developing standardized resources for nursing units that have the same acuity level within an organization could be helpful. Additionally, integrating technology to develop a resource could also be beneficial to support new nurses in the charge nurse role. The participants

within this study emphasized that resources should be simple, concise, and easy to read. Although not directly related to paper-based resources, this finding was consistent with a study by O'Connor and Andrews (2018) exploring nursing students' perceptions of the use of technology to support clinical related education. Within the study, the participants highlighted the importance of presenting information in a concise and straightforward way on mobile applications because of the time constraints that can arise in clinical practice. It is important that new resources are developed to better support new nurses in the charge nurse role by ensuring that they are accessible, reliable, and efficient.

Implications

Nursing Education

The findings of this research study have various implications for educational institutions. To better prepare new nurses for the charge nurse role, it is important that there is greater exposure to the position in nursing school and especially in their final clinical rotation before graduation. The participants in this study highlighted how the charge nurse role was a position that they believed they would be assigned to later in their career. However, all the participants were assigned within their first year of practice and had a lack of understanding of what a charge nurse did. Nursing students should be introduced to the charge nurse role during their formal nursing education so that they have a better understanding of the role and its responsibilities upon transitioning to practice.

There are various ways that nursing schools can begin educating students regarding the position. Developing simulation scenarios that focus on the charge nurse position could be a way to introduce students to the role and its responsibilities. For

example, a study by Thomas and Hodson-Carlton (2011) integrated a charge nurse simulation exercise for senior nursing students. The simulation assigned each student to the charge nurse role for 30 minutes, while the other students were assigned to role play patients, families, and other members of the interprofessional team. The simulation improved the students understanding of the charge nurse position and 82% of the participants felt more prepared to be assigned to the role. Another strategy that could be implemented by nursing schools is to ensure that final nursing practicums include a shift that a student is required to shadow a charge nurse. Alternatively, assigning a student nurse to have a charge nurse as a preceptor could be another option to increase exposure to the role especially in their final clinical practicum.

Within the findings of this study, the new nurses reported facing challenges in their conflict-resolution and communication skills. These key leadership skills are integral to the position. Although leadership courses are often offered by nursing programs, it may be more effective to offer nursing students the opportunity to develop these skills over time throughout their degree. Nursing schools offer leadership courses; however, they have been highlighted to be primarily theory-based (Groh et al., 2011; Pedersen, 2020). Nursing schools should re-examine their current curriculums, particularly in leadership courses, to identify ways to integrate hands-on learning interventions that focus on developing these key leadership skills. For example, a study by Sowko et al. (2019) introduced an innovative teaching strategy that aimed to improve nursing students' confidence in communicating during challenging conversations. The pilot study implemented different learning strategies that shifted from their traditional lecture focused education. The pilot study implemented trigger videos that enabled the

students to view a challenging workplace conversation and learn techniques to navigate it. The students were then required to complete a video assignment using a smartphone that required them to respond to a challenging conversation and were provided with feedback in small groups. This study provides an alternative method to assist nursing students in improving their confidence in their communication skills.

Simulation is another hands-on learning tool that could be implemented to focus on improving self-efficacy in communication and conflict-resolution skills. A randomized control trial by Hsu et al. (2015) compared a simulation training course to a traditional lecture-based communication course to improve self-efficacy and competency in the communication skills of nurses. The study found that the participants in the simulation-based training program reported higher levels of self-efficacy in communication skills. Similarly, a study by Clark and Yoder-Wise (2015) integrated a complex simulation into their charge nurse education program. The participants within the simulation were new charge nurses and they reported that the simulation helped to improve their leadership skills. Developing a simulation that focuses on navigating the complexities of the charge nurse role could introduce nursing students to the position and help them develop self-efficacy in their communication and conflict-resolution skills through experiential learning. Additionally, it is recommended that educational institutions modify the curriculum of various courses to provide nursing students an opportunity to develop self-efficacy of their communication and conflict-resolution skills over time. This strategy could better prepare nursing students for informal and formal leadership roles in the future. In addition, interprofessional education, having diverse

health professional students learn with, from and about one another can help students develop competencies related to team communication and conflict resolution.

Clinical Practice

The findings of this research study have various implications for clinical practice. Leadership readiness is an important factor that health care institutions should consider prior to assigning a new nurse to the charge nurse role. New nurses may be ready for leadership at different points in their practice and as they gain skill competency. Within the narratives, the position was described to be assigned based on one's seniority on the nursing unit, rather than considering one's readiness for leadership. It is important that health care leaders assess a new graduate nurse's readiness for leadership prior to assigning them to the role. This could better prepare them for the position and enable them an opportunity to identify if they are ready to be assigned to a leadership role. The participants suggested exploring this with an individual in leadership, such as a mentor, charge nurse or manager. Another way to help new graduate nurses determine their leadership readiness is through a self-assessment tool. Self-assessment tools are commonly used in the nursing profession and enable nurses an opportunity evaluate their clinical competencies and identify their learning needs (Brixey & Mahon, 2010; Kajander-Unkuri et al., 2014). Most of the reported tools for nursing leadership focus on evaluating leadership competency development and skills (Ecoff & Stichler, 2022; Shillam et al., 2018). There are few self-assessment tools focused on evaluating a nurse's readiness for leadership. This was also noted in a study by LaCross et al. (2019) where they developed a tool to assess a nurse's readiness for managerial positions at different points in their succession planning program due to the lack of instruments that matched

their assessment needs. Developing a self-assessment tool aimed at exploring leadership readiness could help clinical leaders, educators, and managers implement a collaborative approach in identifying which new graduate nurses' may be ready and interested in being assigned to the charge nurse role. In addition, it could give each nurse an opportunity to identify any learning needs or gaps that they may have regarding the position.

This study also highlighted the varying role responsibilities of the charge nurse role during the day and night shift. The day shift role was described as a formal leadership position with complex role responsibilities relating to care coordination and managing the social environment of a nursing unit. In contrast, the night shift was described as a collaborative role with shared decision making amongst staff and simple responsibilities. Although there is little research exploring the differences in responsibilities of the day and night shift, it is important that nursing leaders consider this when assigning a new nurse to the charge nurse position. A suggested implication based on the findings of this study is to introduce a new nurse to the role by assigning them to the night shift position. This could be a more effective way for them to become comfortable in the role and enable them an opportunity to build confidence in their leadership capabilities over time.

Another important finding was that the participants reported feeling 'unprepared' to be assigned to the charge nurse role. When they were first assigned, they reported feeling shocked, overwhelmed and had a poor understanding of the role and its responsibilities. Additionally, they did not believe they would be assigned to the role so early in their careers. A similar finding was identified in Pederson's (2020) study exploring leadership readiness and preparedness in new graduate nurses. Some of the

participants in the study reported that they did not pursue the charge nurse workshops that were available at their health authorities because they were infrequent, and they did not believe they would be assigned to the position within their first year of practice. It is important that new nurses understand that they may be assigned to the charge nurse role and are educated about its responsibilities prior to being assigned to the position. A recommended implication is to introduce new nurses to the role while they are transitioning to practice, such as during their orientation. Dillard-Hendersen (2018) reported a similar finding and suggested that training should be offered on a continual basis to every nurse beginning in orientation.

The participants highlighted that being provided with adequate orientation and resources is important in being prepared for the position. Most of the participants did not receive any formal orientation or training prior to being assigned to the position. It has been widely documented in the literature that health care organizations often provide nurses with little training or orientation to the charge nurse position (Delamater & Hall, 2018; Eggenberger, 2012; Homer & Ryan, 2013; Spiva et al., 2020). Failing to adequately prepare nurses for the charge nurse role can cause them to face challenges (Dillard-Hendersen, 2018) and hinder their ability to develop confidence in the leadership skills that are necessary to function effectively in the position (Delamater & Hall, 2018; Homer & Ryan, 2013; Wolf et al., 2022; Yaghobian et al., 2020). It is recommended that health care institutions allocate resources to provide formal orientation, training and supports to new nurses being assigned to the position. The findings of this study highlighted that the participants learned about the position the most effectively through hands-on experiences in the role and having access to mentorship. Developing formal

orientation and training to include experiential learning strategies as well as offering mentorship could be an effective way to prepare new nurses for the charge nurse position. Some feasible ways to offer mentorship could be to pair an experienced nurse with a new nurse for their first shift in the charge nurse position. Additionally, another method could be to develop a 'co-charge' role that involves two nurses being assigned to the position to provide support in problem-solving different types of scenarios that may arise during a shift. A study by Klinga et al. (2016) explored a co-leadership model that was implemented for managers at a mental health care organization. The participants reported that the co-leadership model was an effective way to provide guidance, mentorship, and support to both leaders. Additionally, a study by Dillard-Henderson (2018) suggested that a co-leadership model should be implemented for the charge nurse role due to the increasing responsibilities and complexity of the position.

Health care organizations should also develop resources to better support new nurses in the charge nurse position. Within this study, resources for the charge nurse role were inconsistent among the different nursing units within the same organization. It is important that there are consistent resources that are accessible to all nurses assigned to the position. As the new generation of nurses enter the profession, it is important to consider their proficiency and competency with technology as they have grown up with the internet (Newton, 2020). Integrating technology to develop resources for the charge nurse role could be an effective way to provide new graduate nurses with reliable, consistent, and accessible information. There are various ways that mobile technology is being utilized in health care to develop resources. For example, a study by O'Neill et al. (2018) developed a mobile platform that incorporated gamification and just-in-time

initiatives to educate nurses on best practices related to catheter-associated urinary tract infections. Similarly, Froedge et al. (2018) shifted their onboarding for new nurse managers from physical binders to an online application that provided leaders with more readily accessible information in a centralized location. The transition from paper-based resources to a digital application was a successful change in their onboarding process that has been beneficial for both new and existing nurse managers.

Developing a mobile application as a resource for the charge nurse role could be a method to condense a large volume of information in an organized way and improve accessibility to information that may be required for the role. It could include a section for situation-based information that aim to support charge nurses in challenging situations, commonly asked questions, an online checklist of the role responsibilities varying by day and night shift as well as general contact information of health care professionals that may need to be contacted throughout a shift. Within the literature, it was noted that the end-users should be involved within the design of mobile technology resources as it can help improve usability and acceptance of the application (Ehrler et al., 2019). Healthcare institutions should engage front-line staff in the development of beneficial resources, both paper and technology-based, to help ensure that they are straightforward, efficient for workflow, and informative. Another suggested resource by the participants in this study was to develop a short checklist outlining the role responsibilities of the position during the day and night shift.

Finally, health care institutions should provide new nurses with ongoing professional development opportunities after they are assigned to the position. Various studies have found that providing charge nurses with professional development

opportunities have helped to improve their confidence in their leadership skills (Clark & Yoder-Wise, 2015; Delamater & Hall, 2018; Thomas, 2012) and in feeling better supported by their organization (Schwarzkopf et al., 2012). Within the findings, the participants struggled with conflict-resolution and in communicating to various types of health care professionals. It is important that new nurses develop self-efficacy in their conflict-resolution and communication skills as they are integral to being successful within the position. Offering ongoing professional development opportunities that aim to improve self-efficacy in key leadership skills such as conflict-resolution and communication could be beneficial for new nurses, new charge nurses and to various types of nurses of different experience levels.

Future Research

The predominant focus of new graduate nurse literature focuses on their transition to practice. However, there continues to be a practice-research gap that fails to recognize the additional leadership responsibilities that new nurses are assuming in certain care areas due to the organizational shortages in the profession. There is a need for greater qualitative and quantitative research that aim to explore leadership at the new graduate nurse level. A recommended area of research is to explore how new nurses' leadership readiness and preparedness may vary at different points within their transition to practice. A longitudinal approach could offer in-depth knowledge regarding this research topic and how new nurses' learning needs may fluctuate as they gain work experience. Moreover, given the prevalence of burnout among new graduates, future research could explore if the impact of being assigned to additional leadership responsibilities such as the charge nurse has any effect on the risk for developing burnout among this cohort.

Within the findings, it became evident that there is a gap in the research exploring the use of mentorship in formal charge nurse orientation and training. Further research is recommended exploring how incorporating mentorship in charge nurse training programs may impact the leadership skills and self-efficacy of new charge nurses. It may also be beneficial to explore how offering mentorship in charge nurse education programs can impact patient care, patient safety, nurse retention and system-wide outcomes.

Strengths and Limitations

The purpose of narrative inquiry is to gain a deeper understanding of the meaning within the experiences of participants, rather than a factual description of a sequence of events (Polkinghorne, 2007). Utilizing narrative inquiry as a methodology enabled in-depth descriptions regarding the experiences of new graduate nurses in the charge nurse role to be gained. This study integrated various strategies to promote the trustworthiness of the findings. The decision to conduct two interviews with each participant was a strength of this study, as prolonged engagement provided the time required to build a stronger research relationship and rich data to be collected. The time lapse between the interviews enabled me to re-listen to the first interview, which led me to develop new questions and an opportunity to gain clarification regarding certain aspects of their stories. Additionally, it contributed to the aspect of temporality within the narratives and enabled the participants to reflect on their stories and share new insights, contributing to a richer narrative (Polkinghorne, 2007).

During data analysis, the interviews were re-listened to and re-read several times to ensure that their stories were understood in a holistic way. Field notes were recorded during the interviews as another method to capture the participants stories, identify

potential themes, ideas and document any thoughts that I had throughout the interviews (Creswell, 2013; Shufutinsky, 2019). This provided another method of triangulation to clarify consistencies in the participant's stories and was reviewed during data analysis (Mishler, 1990, p. 427; Loh, 2013). Additionally, I consulted with my thesis supervisor throughout the data analysis process to ensure that I was interpreting the participants' experiences in a way that was consistent with their stories. Another strength of this study was that I kept an audit trail that documented my findings, analysis, and the interpretations of the data.

There are some limitations of this research study such as the lack of diversity of the sample being predominantly cis-Caucasian females. The small sample size of this research study was appropriate for a narrative inquiry design; however, it impacts the generalizability of the findings. Additionally, the study was conducted at a tertiary care center in an urban setting and investigated the experiences of new nurses working in the acute care area. Therefore, it may not be applicable to other care settings or rural centers.

Summary

This research study aimed to understand the experiences of new nurses assigned to the charge nurse role in the acute care setting. There are few studies that focus on new graduate nurses' experiences with leadership, particularly in formal leadership roles such as the charge nurse position. Given the organizational shortages within the profession, new nurses will continue to be assigned to the charge nurse position at increasing rates. This study was novel as there are few studies that explore the in-depth experiences of new nurses and leadership. The narrative inquiry design enabled the participants experiences to be explored in a holistic way, considering how their emotions, challenges,

professional growth, social relationships, temporality, and the environment, influenced their experiences.

The key findings of this study contribute valuable knowledge regarding new nurses and the charge nurse role. Within this study, the new nurses reported that they were often assigned to the role due to their seniority, with little consideration of their preparedness and readiness for leadership. Additionally, they often felt unprepared to be assigned to the charge nurse position and had a lack of understanding of the role and its responsibilities. The new nurses expressed that they needed support in the role, emphasizing the desire for greater formal orientation, resources and professional development opportunities focused on the charge nurse position. Additionally, a key area that the new nurses struggled with in the role was with communication and conflict-resolution skills as they had to learn to manage the social environment within their nursing units. These key leadership skills are integral to the charge nurse role and areas that they explained that they improved on over time in the position.

This study has various implications in nursing education, clinical practice, and research. New nurses must be introduced to the charge nurse position at an earlier period, as it has become a reality that they may be assigned to the position within their first year of practice. It is important that educational institutions begin to introduce nursing students to the position so that they can understand what the purpose of the role is and its responsibilities. Additionally, it is recommended that nursing students are provided learning opportunities to develop their self-efficacy in their communication and conflict-resolution schools throughout their degrees. Allocating resources to develop these key

leadership skills would be beneficial for their practice as well as for leadership roles in the future.

Within clinical practice, health care leaders should be intentional about assigning a nurse to the charge nurse position. The organizational shortages have accelerated the rate in which new nurses acquire seniority within their nursing units. It is important that leadership preparedness and readiness are considered prior to assigning a new nurse to the position. Throughout this study, it became evident that new nurses are more than capable to be assigned to the charge nurse position and some have decided to pursue the role on a permanent basis. However, they have identified that they do need support to ensure that they can succeed in the role. The participants highlighted a need for greater formal orientation, mentorship, and ongoing professional development opportunities for new nurses assigned to the charge nurse role. This research study also identified future areas of recommended research. There is a need for greater research exploring new graduate nurses and leadership. There needs to be a greater understanding of how a new nurse's leadership readiness and preparedness may vary throughout their transition to practice. Additionally, there is a need for greater research exploring how incorporating mentorship in charge nurse education programs can impact system-wide outcomes.

This research study addressed a gap in the research and contributes invaluable knowledge of the experiences of new graduate nurses in the charge nurse position. It has drawn attention to the increased leadership responsibilities that new nurses are assuming during their transition to practice. It is important that new nurses feel supported in their practice and in the charge nurse role. This research study identifies various implications

for nursing schools, health care institutions and researchers that could better support new nurses in informal and formal leadership positions in the future.

References

- Abraham, P. J. (2011). Developing nurse leaders: A program enhancing staff nurse leadership skills and professionalism. *Nursing Administration Quarterly*, 35(4), 306-312. <https://doi.org/10.1097/NAQ.0b013e31822ecc6e>
- Ahmed, H. E. B., & Bourgeault, I. L. (2022). *Sustaining nursing in Canada*. Ottawa: Canadian Federation of Nurses Unions. https://nursesunions.ca/wp-content/uploads/2022/11/CHWN-CFNUReport_-Sustaining-Nursing-in-Canada2022_web.pdf
- Alameddine, M., Baumann, A., Laporte, A., O'Brien-Pallas, L., Levinton, C., Onate, K., & Deber, R. (2009). Career trajectories of nurses leaving the hospital sector in Ontario, Canada (1993–2004). *Journal of Advanced Nursing*, 65(5), 1044-1053. <https://doi.org/10.1111/j.1365-2648.2009.04965.x>
- Angen, M. J. (2000). Evaluating interpretive inquiry: Reviewing the validity debate and opening the dialogue. *Qualitative Health Research*, 10(3), 378-395. <https://doi.org/10.1177/104973230001000308>
- Armstrong, L., & Hedges, C. (2006). An evidence-based approach to improving performance standards of the charge nurse role in a union environment. *Newborn and Infant Nursing Reviews*, 6(1), 25-29. <https://doi.org/10.1053/j.nainr.2005.12.004>
- Auerbach, D., Buerhaus, P., & Staiger, D. (2014). Registered nurses are delaying retirement, a shift that has contributed to recent growth in the nurse workforce. *Health Affairs*, 33(8), 1474-1480. <https://doi.org/10.1377/hlthaff.2014.0128>

- Bae, S. H., Mark, B., & Fried, B. (2010). Impact of nursing unit turnover on patient outcomes in hospitals. *Journal of Nursing Scholarship*, 42(1), 40-49.
<https://doi.org/10.1111/j.1547-5069.2009.01319.x>
- Bailey, P. H., & Tilley, S. (2002). Storytelling and the interpretation of meaning in qualitative research. *Journal of Advanced Nursing*, 38(6), 574-583.
<https://doi.org/10.1046/j.1365-2648.2000.02224.x>
- Baumann, A., Crea-Arsenio, M., Blythe, J. (2021). Incentivizing full-time employment for new graduate nurses in Ontario: Impact of policy on care. *Health Reform Observer - Observatoire des Réformes de Santé*, 9 (2), 1-11.
<https://doi.org/10.13162/hro-ors.v9i2.4594>
- Barrett, M. S., & Stauffer, S. L. (Eds.). (2009). *Narrative inquiry in music education: Troubling certainty*. Springer. <https://doi.org/10.1007/978-1-4020-9862-8>
- Baumann, A., Giovannetti, P., O'Brien-Pallas, L., Mallette, C., Deber, R., Blythe, J., ... & DiCenso, A. (2001). Healthcare restructuring: The impact of job change. *Canadian Journal of Nursing Leadership*, 14(1), 14-20.
<https://doi.org/10.12927/cjnl.2001.16306>
- Bard, B. (2018). The permanent team leader model vs the rotating nurse in charge Model. *EC Psychology and Psychiatry*, 7, 729-733.
https://www.researchgate.net/publication/328052094_The_Permanent_Team_Leader_Model_vs_the_Rotating_Nurse_in_Charge_Model
- Bartels, D., Good, V., & Lampe, S. (1977). The role of the head nurse in primary nursing. *The Canadian Nurse*, 73(3), 26-30.

- Bateman, J. M. (2020). Charge nurse leadership training comparison: Effective and timely delivery. *Pediatric Nursing*, 46(4), 189–195.
- Baumann, A., & Crea-Arsenio, M. (2023). The crisis in the nursing labour market: Canadian policy perspectives. *Healthcare (Basel)*, 11(13), 1954.
<https://doi.org/10.3390/healthcare11131954>
- Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. Addison-Wesley.
- Benner, P. (2004). Using the Dreyfus model of skill acquisition to describe and interpret skill acquisition and clinical judgment in nursing practice and education. *Bulletin of Science, Technology & Society*, 24(3), 188-199.
<https://doi.org/10.1177/0270467604265061>
- Bergum, V. (1991). Being a phenomenological researcher. In J. Morse (Eds.), *Qualitative nursing research: A contemporary dialogue*. (pp. 55-71). Sage.
- Berry, L. E. (2016). The research relationship in narrative enquiry. *Nurse Researcher*, 24(1). <https://doi.org/10.7748/nr.2016.e1430>
- Berry, L., & Curry, P. (2012). *Nursing workload and patient care: Understanding the value of nurses, the effects of excessive workload, and how nurse-patient ratios and dynamic staffing models can help*. The Canadian Federation of Nurses Unions (CFNU). https://nursesunions.ca/wp-content/uploads/2017/07/cfnu_workload_printed_version_pdf.pdf
- Bjerrum Nielsen, H. (1995). Seductive texts with serious intentions. *Educational Researcher*, 24(1), 4-12. <https://doi.org/10.3102/0013189X024001004>

- Blum, C. A. (2010). Using the Benner intuitive-humanistic decision-making model in action: A case study. *Nurse Education in Practice*, 10(5), 303-307.
<https://doi.org/10.1016/j.nepr.2010.01.009>
- Boamah, S. A., Read, E. A., & Spence Laschinger, H. K. (2017). Factors influencing new graduate nurse burnout development, job satisfaction and patient care quality: A time-lagged study. *Journal of Advanced Nursing*, 73(5), 1182-1195.
<https://doi.org/10.1111/jan.13215>
- Bochner, A. (2000). Criteria against ourselves. *Qualitative Inquiry*, 6(2), 266-272.
<https://doi.org/10.1177/107780040000600209>
- Bognar, L. (2019). *A multi-perspective qualitative study exploring the charge nurse role and safety practices* [Unpublished doctoral dissertation]. The State University of New Jersey.
- Brixey, M. J., & Mahon, S. M. (2010). A self-assessment tool for oncology nurses. *Clinical Journal of Oncology Nursing*, 14(4), 474-480.
<https://doi.org/10.1188/10.CJON.474-480>
- Brook, J., Aitken, L., Webb, R., MacLaren, J., & Salmon, D. (2019). Characteristics of successful interventions to reduce turnover and increase retention of early career nurses: A systematic review. *International Journal of Nursing Studies*, 91, 47-59.
<https://doi.org/10.1016/j.ijnurstu.2018.11.003>
- Bruner, J. (1991). The narrative construction of reality. *Critical Inquiry*, 18(1), 1-21.
<http://doi.org/10.1086/448619>

- Burke, R. J., Ng, E. S., & Wolpin, J. (2016). Effects of hospital restructuring and downsizing on nursing staff: The role of union support. *Journal of Health Management, 18*(3), 473-488. <https://doi.org/10.1177/0972063416651598>
- Calpin-Davies, P. J. (2003). Management and leadership: a dual role in nursing education. *Nurse Education Today, 23*(1), 3-10. [https://doi.org/10.1016/S0260-6917\(02\)00157-0](https://doi.org/10.1016/S0260-6917(02)00157-0)
- Canadian Association of Schools of Nursing. (2010). *The case for healthier Canadians: Nursing workforce education for the 21st century*. <https://casn.ca/wp-content/uploads/2014/10/CASN2010draftJune1.pdf>
- Canadian Federation of Nurses Union. (2012). *Nursing workload and patient care: Understanding the values of nurses, the effects of excessive workload, and how nurse patient-ratios and dynamic staff models can help*. https://nursesunions.ca/wp-content/uploads/2017/07/cfnu_workload_printed_version_pdf.pdf
- Canadian Federation of Nurses Union. (2020). *Outlook on nursing: A snapshot from Canadian nurses on work environments pre-COVID-19*. https://nursesunions.ca/wp-content/uploads/2020/12/CFNU_outlook_ENfinal_web.pdf
- Canadian Institute for Health Information. (2010). *Registered nurses: Canadian trends, 2004 to 2008*. https://publications.gc.ca/collections/collection_2012/ici-cihi/H115-48-2010-eng.pdf

Canadian Institute for Health Information. (2016). *Definitions and guidelines to support ALC designation in acute inpatient care.*

https://www.cihi.ca/sites/default/files/document/acuteinpatientalc-definitionsandguidelines_en.pdf

Canadian Institute for Health Information. (2018). *Nursing in Canada, 2018: A lens on supply and workforce.* <https://www.cihi.ca/sites/default/files/document/regulated-nurses-2018-report-en-web.pdf>

Canadian Interprofessional Health Collaborative (2010). *A national interprofessional competency framework.* <https://www.cihc-cpis.com/publications1.html>

Canadian Medical Association. (2013). *Health and health care for an aging population.* https://www.cma.ca/sites/default/files/2018-11/CMA_Policy_Health_and_Health_Care_for_an_Aging-Population_PD14-03-e_0.pdf

Canadian Nurses Association. (2009a). *Nursing leadership position statement.* https://hl-prod-ca-oc-download.s3-ca-central-1.amazonaws.com/CNA/2f975e7e-4a40-45ca-863c-5ebf0a138d5e/UploadedImages/documents/Nursing_Leadership_position_statement.pdf

Canadian Nurses Association. (2009b). *Tested solutions for eliminating Canada's registered nurse shortage.* https://cna-aiic.ca/-/media/cna/page-content/pdf/en/rn_highlights_e.pdf?la=en&hash=22B42E6B470963D8EDEAC3DCCBD026EDA1F6468D

- Canadian Nurses Association. (2012). *Pan-Canadian health human resources planning*.
https://www.cna-aiic.ca/~media/cna/page-content/pdf-en/ps118_pan_canadian_hhr_planning_2012_e.pdf?la=en
- Carayon, P., & Gurses, A. P. (2008). Nursing workload and patient safety—A human factors engineering perspective. In R. G. Hughes (Ed.), *Patient safety and quality: An evidence-based handbook for nurses*. Agency for Healthcare Research and Quality (US). <https://pubmed.ncbi.nlm.nih.gov/21328758/>
- Castle, N. G., & Engberg, J. (2005). Staff turnover and quality of care in nursing homes. *Medical Care*, 616-626.
<https://doi.org/10.1097/01.mlr.0000163661.67170.b9>
- Chappell, K. B., & Richards, K. C. (2015). New graduate nurses, new graduate nurse transition programs, and clinical leadership skill: A systematic review. *Journal for Nurses in Professional Development*, 31(3), 128-137.
<https://doi.org/10.1097/NND.0000000000000159>
- Chase, S. E. (2005). Narrative inquiry: Multiple lenses, approaches, voices. In N. K. Denzin & Y. S. Lincoln (Eds.), *The sage handbook of qualitative research* (3rd ed.). Sage Publications.
- Cho, J., Laschinger, H. S., & Wong, C. (2006). Workplace empowerment, work engagement and organizational commitment of new graduate nurses. *Nursing Leadership-Academy of Canadian Executive Nurses*, 19(3), 43.
<https://doi.org/10.12927/cjnl.2006.18368>

- Clandinin, J., Caine, V., Estefan, A., Huber, J., Murphy, M., & Steeves, P. (2015). Places of practice: Learning to think narratively. *Narrative Works*, 5(1), 22-39.
<https://journals.lib.unb.ca/index.php/NW/article/view/23783>
- Clandinin, D. J., & Connelly, F. M. (2000). *Narrative inquiry: Experience and story in qualitative research*. Jossey-Bass.
- Clandinin, D. J. (2006). Narrative inquiry: A methodology for studying lived experience. *Research Studies in Music Education*, 27(1), 44-54.
<https://doi.org/10.1177/1321103X060270010301>
- Clandinin, D. J. (Ed.). (2007). *Handbook of narrative inquiry: Mapping a methodology*. Sage Publications. <https://doi.org/10.4135/9781452226552>
- Clandinin, D. J. (2016). *Engaging in narrative inquiry*. Routledge.
<https://doi.org/10.4324/9781315429618>
- Clandinin, D. J., & Rosiek, J. (2007). Mapping a landscape of narrative inquiry: Borderland spaces and tensions. In D. J. Clandinin (Ed.), *Handbook of narrative inquiry: Mapping a methodology* (pp. 35–75). Sage Publications Inc. <https://doi.org/10.4135/9781452226552.n2>
- Clark, T. J., & Yoder-Wise, P. S. (2015). Enhancing trifocal leadership practices using simulation in a pediatric charge nurse orientation program. *The Journal of Continuing Education in Nursing*, 46(7), 311-317.
<https://doi.org/10.3928/00220124-20150619-02>
- Connelly, L. (2016). Trustworthiness in qualitative research. *Medsurg Nursing: Official Journal of the Academy of Medical-Surgical Nurses*, 25(6), 435-436.

- Connelly, F. M., & Clandinin, D. J. (1990). Stories of experience and narrative inquiry. *Educational Researcher*, 19(5), 2-14.
<https://doi.org/10.3102/0013189X019005002>
- Connelly, F.M., & Clandinin, D.J. (2006). Narrative inquiry. In Green, J. L., Camilli, G., & Elmore, P. B. (Eds.). (2012). *Handbook of complementary methods in education research*. Routledge.
- Connelly, L. M., & Yoder, L. H. (2003). A qualitative study of barriers and facilitators of the charge nurse role. *Nursing leadership forum*, 7(4), 157–164
- Connelly, L. M., Yoder, L. H., & Miner-Williams, D. (2003). A qualitative study of charge nurse competencies. *Medsurg Nursing: Official Journal of the Academy of Medical-Surgical Nurses*, 12(5), 298-305.
- Creswell, J., & Plano Clark, V. (2011). *Designing and conducting mixed methods research* (2nd ed.). Sage Publications.
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches*. Sage Publications.
- Creswell, J. W., & Poth, C. N. (2016). *Qualitative inquiry and research design: Choosing among five approaches*. Sage publications.
- Crismon, D., Mansfield, K. J., Hiatt, S. O., Christensen, S. S., & Cloyes, K. G. (2021). COVID-19 pandemic impact on experiences and perceptions of nurse graduates. *Journal of Professional Nursing*. 37(5), 857-865.
<https://doi.org/10.1016/j.profnurs.2021.06.008>

- Crowfoot, G. (2016). *Unlocking the puzzles: A narrative inquiry into the experiences of people with transient ischaemic attack or minor story*. [Unpublished doctoral dissertation]. University of Newcastle.
- Cummings, G., & Estabrooks, C. A. (2003). The effects of hospital restructuring that included layoffs on individual nurses who remained employed: A systematic review of impact. *International Journal of Sociology and Social Policy*, 23(8/9), 8-53. <https://doi.org/10.1108/01443330310790633>
- Cypress, B. S. (2017). Rigor or reliability and validity in qualitative research: Perspectives, strategies, reconceptualization, and recommendations. *Dimensions of Critical Care Nursing*, 36(4), 253-263. <https://doi.org/10.1097/DCC.0000000000000253>
- Delamater, L., & Hall, N. (2018). Charge nurse development: What does the literature say? *Nursing Management*, 49(7), 34-40. <https://doi.org/10.1097/01.NUMA.0000538914.53159.fc>
- Denton, F. T., & Spencer, B. G. (2010). Chronic health conditions: Changing prevalence in an aging population and some implications for the delivery of health care services. *Canadian Journal on Aging/La Revue Canadienne Du Vieillessement*, 29(1), 11-21. <https://doi.org/10.1017/S0714980809990390>
- Dewey, J. (1938). *Experience and education*. New York: Macmillan.
- Dillard-Henderson, C. G. (2018). *Exploring the lived experiences of charge nurse leaders: A qualitative interpretive phenomenological study* (Publication No. 13811062) [Doctoral Dissertation, University of Phoenix]. ProQuest Dissertations Publishing.

- Djukic, M., Kovner, C. T., Brewer, C. S., Fatehi, F. K., & Seltzer, J. R. (2013). A multi-state assessment of employer-sponsored quality improvement education for early-career registered nurses. *The Journal of Continuing Education in Nursing, 44*(1), 12-19. <https://doi.org/10.3928/00220124-20121115-68>
- Doherty, D. P., Revell, S. M. H., McCurry, M., & Asselin, M. E. (2022). Exploring the charge nurse role transition: A qualitative study of the novice's perspective. *Journal for Nurses in Professional Development, 38*(4), 196-205. <https://doi.org/10.1097/NND.0000000000000780>
- Doucette, K. (2021). *Nova Scotia Nurses' Union warns staff shortages have reached critical point*. CTV News Atlantic. <https://atlantic.ctvnews.ca/nova-scotia-nurses-union-warns-staff-shortages-have-reached-critical-point-1.5589417>
- Dreyfus, S. E., & Dreyfus, H. L. (1980). *A five-stage model of the mental activities involved in directed skill acquisition*. California Univ Berkeley Operations Research Center. <https://doi.org/10.21236/ADA084551>
- Duchscher, J. B. (2008). A process of becoming: The stages of new nursing graduate professional role transition. *The Journal of Continuing Education in Nursing, 39*(10), 441-450. <https://doi.org/10.3928/00220124-20081001-03>
- Duchscher, J. E. B. (2009). Transition shock: The initial stage of role adaptation for newly graduated registered nurses. *Journal of Advanced Nursing, 65*(5), 1103-1113. <https://doi.org/10.1111/j.1365-2648.2008.04898.x>

- Dwyer, P. A., Hunter, R. S., Sethares, K. A., & Ayotte, B. J. (2019). The influence of psychological capital, authentic leadership in preceptors, and structural empowerment on new graduate nurse burnout and turnover intent. *Applied Nursing Research: ANR*, 48, 37-44. <https://doi.org/10.1016/j.apnr.2019.04.005>
- Dyess, S. M., & Sherman, R. O. (2009). The first year of practice: New graduate nurses' transition and learning needs. *The Journal of Continuing Education in Nursing*, 40(9), 403–410. <https://doi.org/10.3928/00220124-20090824-03>
- Dyess, S., & Sherman, R. O. (2010). Developing a leadership mindset in new graduates. *Nurse Leader*, 8(1), 29-33. <https://doi.org/10.1016/j.mnl.2009.11.004>
- Dyess, S., & Sherman, R. (2011). Developing the leadership skills of new graduates to influence practice environments: a novice nurse leadership program. *Nursing Administration Quarterly*, 35(4), 313-322. <https://doi.org/10.1097/NAQ.0b013e31822ed1d9>
- Eckermann, A. K., Dowd, T., Chong, E., Gray, R., & Nixon, L. (2010). *Binan Goonj: Bridging cultures in Aboriginal health*. Elsevier Australia.
- Ecoff, L. & Stichler, J. (2022). Development and psychometric testing of a leadership competency assessment. *JONA: The Journal of Nursing Administration*, 52 (12), 666-671. <https://doi.org/10.1097/NNA.0000000000001229>
- Eggenberger, T. (2012). Exploring the charge nurse role: Holding the frontline. *JONA: The Journal of Nursing Administration*, 42(11), 502-506. <https://doi.org/10.1097/NNA.0b013e3182714495>

- Ehrler, F., Lovis, C., & Blondon, K. (2019). A mobile phone app for bedside nursing care: Design and development using an adapted software development life cycle model. *JMIR mHealth and uHealth*, 7(4), e12551–e12551.
<https://doi.org/10.2196/12551>
- Ehrlich, H., McKenney, M., & Elkbuli, A. (2020). Protecting our healthcare workers during the COVID-19 pandemic. *The American Journal of Emergency Medicine*, 38(7), 1527-1528. <https://doi.org/10.1016/j.ajem.2020.04.024>
- Ekström, L., & Idvall, E. (2015). Being a team leader: Newly registered nurses relate their experiences. *Journal of Nursing Management*, 23(1), 75-86.
<https://doi.org/10.1111/jonm.12085>
- Elmir, R., Schmied, V., Jackson, D., & Wilkes, L. (2011). Interviewing people about potentially sensitive topics. *Nurse Researcher*, 9(1), 12-16.
<https://doi.org/10.7748/nr2011.10.19.1.12.c8766>
- Ervin, N. E., Bickes, J. T., & Schim, S. M. (2006). Environments of care: A curriculum model for preparing a new generation of nurses. *Journal of Nursing Education*, 45(2), 75-80. <https://doi.org/10.3928/01484834-20060201-06>
- Fardellone, C., Musil, C. M., Smith, E., & Click, E. R. (2014). Leadership behaviors of frontline staff nurses. *The Journal of Continuing Education in Nursing*, 45(11), 506-513. <https://doi.org/10.3928/00220124-20141023-05>

- Fernandez, R., Lord, H., Halcomb, E., Moxham, L., Middleton, R., Alananzeh, I., & Ellwood, L. (2020). Implications for COVID-19: A systematic review of nurses' experiences of working in acute care hospital settings during a respiratory pandemic. *International Journal of Nursing Studies, 111*, 103637. <https://doi.org/10.1016/j.ijnurstu.2020.103637>
- Flinkman, M., Isopahkala-Bouret, U., & Salanterä, S. (2013). Young registered nurses' intention to leave the profession and professional turnover in early career: A qualitative case study. *International Scholarly Research Notices, 2013*, 1-12. <http://doi.org/10.1155/2013/916061>
- Flinkman, M., & Salanterä, S. (2015). Early career experiences and perceptions—A qualitative exploration of the turnover of young registered nurses and intention to leave the nursing profession in Finland. *Journal of Nursing Management, 23*(8), 1050-1057. <https://doi.org/10.1111/jonm.12251>
- Flynn, J. P., Prufeta, P. A., & Minghillo-Lipari, L. (2010). Cultivating quality: An evidence-based approach to taking charge. *AJN The American Journal of Nursing, 110*(9), 58-63. <https://doi.org/10.1097/01.NAJ.0000388268.65499.bc>
- Forbes, T. H., & Evans, S. (2022). From anticipation to confidence: A descriptive qualitative study of new graduate nurse communication with physicians. *Journal of Nursing Management, 30*(6), 2039–2045. <https://doi.org/10.1111/jonm.13656>
- Francis, M. (2018). A narrative inquiry into the experience of being a victim of gun violence. *Journal of Trauma Nursing, 25*(6), 381-388. <https://doi.org/10.1097/JTN.0000000000000406>

- Froedge, B., Jordan, B. K., McNulty, S., Shuttz, A., & Weirich, B. (2018). An Innovative Approach to Onboard New Nurse Leaders. *Nurse Leader, 16*(5), 323–325.
<https://doi.org/10.1016/j.mnl.2018.03.013>
- Frögli, E., Rudman, A., Lövgren, M., & Gustavsson, P. (2019). Problems with task mastery, social acceptance, and role clarity explain nurses' symptoms of burnout during the first professional years: A longitudinal study. *Work, 62*(4), 573-584.
<https://doi.org/10.3233/WOR-192892>
- Frost, S., & Cliff, D. (2004). Narrative approaches for research in community nursing. *British Journal of Community Nursing, 9*(4), 172-178.
<https://doi.org/10.12968/bjcn.2004.9.4.12587>
- Fulks, C., & Thompson, J. (2008). *Charge nurses: Investing in the future*.
http://www.besmith.com/Repository/6/Document/08_Charge%20Nurses%20whitepaper.pdf
- Galuska, L. A. (2012). Cultivating nursing leadership for our envisioned future. *Advances in Nursing Science, 35*(4), 333-345.
<https://doi.org/10.1097/ANS.0b013e318271d2cd>
- Gellerstedt, L., Moquist, A., Roos, A., Karin, B., & Craftman, Å. G. (2019). Newly graduated nurses' experiences of a trainee programme regarding the introduction process and leadership in a hospital setting—A qualitative interview study. *Journal of Clinical Nursing, 28*(9-10), 1685-1694.
<https://doi.org/10.1111/jocn.14733>

- Gibson, G., Timlin, A., Curran, S., & Wattis, J. (2004). The scope for qualitative methods in research and clinical trials in dementia. *Age and Ageing*, 33(4), 422-426.
<https://doi.org/10.1093/ageing/afh136>
- Glerean, N., Hupli, M., Talman, K., & Haavisto, E. (2017). Young peoples' perceptions of the nursing profession: An integrative review. *Nurse Education Today*, 57, 95-102. <https://doi.org/10.1016/j.nedt.2017.07.008>
- Graf, A. C., Jacob, E., Twigg, D., & Nattabi, B. (2020). Contemporary nursing graduates' transition to practice: A critical review of transition models. *Journal of Clinical Nursing*, 29(15-16), 3097-3107. <https://doi.org/10.1111/jocn.15234>
- Grant, K. (2021). *Canadian nurses are leaving in droves, worn down by 16 merciless months on the front lines of COVID-19*. The Globe and Mail.
<https://www.theglobeandmail.com/canada/article-canadian-nurses-are-leaving-in-droves-worn-down-by-16-merciless-months/>
- Green, B. (2013). Narrative inquiry and nursing research. *Qualitative Research Journal*, 13(1), 62-71. <https://doi.org/10.1108/14439881311314586>
- Greenglass, E. R., & Burke, R. J. (2001). Stress and the effects of hospital restructuring in nurses. *Canadian Journal of Nursing Research Archive*, 33(2), 93-108.
<https://cjr.archive.mcgill.ca/article/view/1637>
- Groh, C. J., Stallwood, L. G., & Daniels, J. J. (2011). Service-learning in nursing education: Its impact on leadership and social justice. *Nursing Education Perspectives*, 32(6), 400-405. <https://doi.org/10.5480/1536-5026-32.6.400>
- Grossman, S. C., & Valiga, T. M. (2020). *The new leadership challenge: Creating the future of nursing*. FA Davis.

- Goldblatt, H., Granot, M., Admi, H., & Drach-Zahavy, A. (2008). The experience of being a shift-leader in a hospital ward. *Journal of Advanced Nursing*, 63(1), 45-53. <https://doi.org/10.1111/j.1365-2648.2008.04650.x>
- Gottlieb, L. N., Gottlieb, B., & Bitzas, V. (2021). Creating empowering conditions for nurses with workplace autonomy and agency: how healthcare leaders could be guided by strengths-based nursing and healthcare leadership (SBNH-L). *Journal of Healthcare Leadership*, 169-181. <https://doi.org/10.2147/JHL.S221141>
- Guba, E.G., & Lincoln, Y. (1994). Competing paradigms in qualitative research. In N. Denzin & Y. Lincoln (Eds.), *Handbook of qualitative research* (pp. 105-117). Sage Publications.
- Guetterman, T. (2015). Descriptions of sampling practices within five approaches to qualitative research in education and the health sciences. *Forum, Qualitative Social Research*, 16(2), 23. <https://digitalcommons.unl.edu/edpsychpapers/263>
- Haas, E. (2012). *Adolescent perceptions of living with crohn's disease*. [Unpublished master's thesis]. Dalhousie University
- Haddad, L. M., Annamaraju, P., & Toney-Butler, T. J. (2020). Nursing shortage. *StatPearls*. StatPearls Publishing. Retrieved March 20, 2024 from <https://www.ncbi.nlm.nih.gov/books/NBK493175/>
- Hallaran, A. J., Edge, D. S., Almost, J., & Tregunno, D. (2021). New registered nurse transition to the workforce and intention to leave: Testing a theoretical model. *Canadian Journal of Nursing Research*, 53(4), 384-396. <https://doi.org/10.1177/0844562120957845>

- Hallaran, A. J., Edge, D. S., Almost, J., & Tregunno, D. (2023). New nurses' perceptions on transition to practice: A thematic analysis. *Canadian Journal of Nursing Research, 55*(1), 126–136. <https://doi.org/10.1177/08445621221074872>
- Hall-Ellis, S. D., & Grealy, D. S. (2013). The Dreyfus model of skill acquisition: A career development framework for succession planning and management in academic libraries. *College & Research Libraries, 74*(6), 587-603. <https://doi.org/10.5860/crl12-349>
- Hammarberg, K., Kirkman, M., & de Lacey, S. (2016). Qualitative research methods: When to use them and how to judge them. *Human Reproduction, 31*(3), 498-501. <https://doi.org/10.1093/humrep/dev334>
- Harless, D. W., & Mark, B. A. (2010). Nurse staffing and quality of care with direct measurement of inpatient staffing. *Medical Care, 48*(7), 659-663. <https://doi.org/10.1097/MLR.0b013e3181dbe200>
- Hayward, D., Bungay, V., Wolff, A. C., & MacDonald, V. (2016). A qualitative study of experienced nurses' voluntary turnover: Learning from their perspectives. *Journal of Clinical Nursing, 25*(9-10), 1336-1345. <https://doi.org/10.1111/jocn.13210>
- Hennink, M. M., Kaiser, B. N., & Marconi, V. C. (2017). Code saturation versus meaning saturation: How many interviews are enough? *Qualitative Health Research, 27*(4), 591- 608. <https://doi.org/10.1177/1049732316665344>
- Hickam, D. H., Severance, S., Feldstein, A., Ray, L., Gorman, P., Schuldheis, S., ... & Helfand, M. (2003). The effect of health care working conditions on patient safety. *Evidence Report/Technology Assessment (Summary), (74)*, 1-3.

- Hinkle, M. T., & Hinkle, B. J. (1977). Priorities of the charge nurse-part I. *Supervisor Nurse*, 8(11), 47-54.
- Hirshon, J. M., Risko, N., Calvello, E. J., Ramirez, S. S. D., Narayan, M., Theodosios, C., & O'Neill, J. (2013). Health systems and services: The role of acute care. *Bulletin of the World Health Organization*, 91, 386-388.
<https://www.scielosp.org/article/bwho/2013.v91n5/386-388/>
- Hodges, H. F., Keeley, A. C., & Troyan, P. J. (2008). Professional resilience in baccalaureate- prepared acute care nurses: First steps. *Nursing Education Perspectives*, 29(2), 80-89.
- Hofler, L., & Thomas, K. (2016). Transition of new graduate nurses to the workforce: Challenges and solutions in the changing health care environment. *North Carolina Medical Journal*, 77(2), 133-136.
- Hogan, P. (1988). A community of teacher researchers: A story of empowerment and voice. [Unpublished manuscript]. University of Calgary.
- Holloway, I., & Wheeler, S. (2002). *Qualitative research in nursing*. Wiley-Blackwell.
- Homer, R., & Ryan, L. (2013). Making the grade: Charge nurse education improves job performance. *Nursing Management*, 44(3), 38-44.
<https://doi.org/10.1097/01.NUMA.0000427183.65177.76>
- Hu, Y. Y., Arriaga, A. F., Roth, E. M., Peyre, S. E., Corso, K. A., Swanson, R. S., ... & Greenberg, C. C. (2012). Protecting patients from an unsafe system: the etiology and recovery of intraoperative deviations in care. *Annals of surgery*, 256(2), 203-210. <https://doi.org/10.1097/SLA.0b013e3182602564>

- Hsu, L.-L., Chang, W.-H., & Hsieh, S.-I. (2015). The effects of scenario-based simulation course training on nurses' communication competence and self-efficacy: A randomized controlled trial. *Journal of Professional Nursing, 31*(1), 37–49.
<https://doi.org/10.1016/j.profnurs.2014.05.007>
- Huber, J., Caine, V., Huber, M., & Steeves, P. (2013). Narrative inquiry as pedagogy in education: The extraordinary potential of living, telling, retelling, and reliving stories of experience. *Review of Research in Education, 37*(1), 212-242.
<https://doi.org/10.3102/0091732X12458885>
- Hughes, C., & Kring, D. (2005). Consistent charge nurses improve teamwork. *Nursing Management, 36*(10), 16.
- Hussein, R., Everett, B., Ramjan, L. M., Hu, W., & Salamonson, Y. (2017). New graduate nurses' experiences in a clinical specialty: A follow up study of newcomer perceptions of transitional support. *BMC nursing, 16*(1), 1-9.
<https://doi.org/10.1186/s12912-017-0236-0>
- Iacovides, A., Fountoulakis, K. N., Moysidou, C., & Ierodiakonou, C. (1999). Burnout in nursing staff: Is there a relationship between depression and burnout? *The International Journal of Psychiatry in Medicine, 29*(4), 421-433.
<https://doi.org/10.2190/5YHH-4CVF-99M4-MJ28>
- James, G. (2017). Cul-de-sacs and narrative data analysis—A less than straightforward journey. *The Qualitative Report, 22*(12), 3102-3117.
<http://nsuworks.nova.edu/tqr/vol22/iss12/2/>

- Jasper, M. A., Grundy, L., Curry, E., & Jones, L. (2010). Challenges in designing an All-Wales professional development programme to empower ward sisters and charge nurses. *Journal of Nursing Management*, *18*(6), 645-653.
<https://doi.org/10.1111/j.1365-2834.2010.01159.x>
- Jensen, D. (2008a). Credibility. In L. M. Given (Ed.), *The sage encyclopedia of qualitative research methods* (pp. 139-140). Sage Publications.
- Jensen, D. (2008b). Transferability. In L. M. Given (Ed.), *The Sage encyclopedia of qualitative research methods* (pp. 887). Sage Publications.
- Johnson, M., Sonson, R., & Golden, T. (2010). Developing charge nurse leaders with experiential learning. *Nurse Leader*, *8*(6), 40–45.
<https://doi.org/10.1016/j.mnl.2010.04.003>
- Jones, C. B. (2008). Revisiting nurse turnover costs: Adjusting for inflation. *JONA: The Journal of Nursing Administration*, *38*(1), 11-18.
<https://doi.org/10.1097/01.NNA.0000295636.03216.6f>
- Kajander-Unkuri, S., Meretoja, R., Katajisto, J., Saarikoski, M., Salminen, L., Suhonen, R., & Leino-Kilpi, H. (2014). Self-assessed level of competence of graduating nursing students and factors related to it. *Nurse Education Today*, *34*(5), 795–801.
<https://doi.org/10.1016/j.nedt.2013.08.009>
- Kendall, M., Murray, S. A., Carduff, E., Worth, A., Harris, F., Lloyd, A., ... & Sheikh, A. (2009). Use of multiperspective qualitative interviews to understand patients' and carers' beliefs, experiences, and needs. *BMJ*, *340*(7739), 196-199.
<http://www.jstor.org/stable/25673806>

- Kennedy, J., Astroth, K. M., Woith, W. M., Novotny, N. L., & Jenkins, S. H. (2021). New nurse graduates and rapidly changing clinical situations: The role of expert critical care nurse mentors. *International Journal of Nursing Education Scholarship*, 18(1), 1–11. <https://doi.org/10.1515/ijnes-2020-0131>
- Kerr, C., Nixon, A., & Wild, D. (2010). Assessing and demonstrating data saturation in qualitative inquiry supporting patient-reported outcomes research. *Expert Review of Pharmacoeconomics & Outcomes Research*, 10(3), 269-281. <https://doi.org/10.1586/erp.10.30>
- Kim, J. (2016). *Understanding narrative inquiry: The crafting and analysis of stories as research*. Sage Publications.
- Kim, J. H., & Shin, H. S. (2020). Exploring barriers and facilitators for successful transition in new graduate nurses: A mixed methods study. *Journal of Professional Nursing*, 36(6), 560-568. <https://doi.org/10.1016/j.profnurs.2020.08.006>
- Kleinman, C. S. (2004). Leadership: A key strategy in staff nurse retention. *The Journal of Continuing Education in Nursing*, 35(3), 128-132. <https://doi.org/10.3928/0022-0124-20040501-09>
- Klinga, C., Hansson, J., Hasson, H., & Sachs, M. A. (2016). Co-leadership - A management solution for integrated health and social care. *International Journal of Integrated Care*, 16(2), 7–7. <https://doi.org/10.5334/ijic.2236>
- Korstjens, I., & Moser, A. (2018). Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *European Journal of General Practice*, 24(1), 120-124. <https://doi.org/10.1080/13814788.2017.1375092>

- Kovancı, M. S., & Atlı Özbaş, A. (2021). 'Young saplings on fire' newly graduated nurses in the COVID-19 pandemic: A qualitative study. *Journal of Nursing Management, 30(1)*, 15-24. <https://doi.org/10.1111/jonm.13460>
- Kovner, C. T., Brewer, C. S., Fatehi, F., & Jun, J. (2014). What does nurse turnover rate mean and what is the rate? *Policy, Politics, & Nursing Practice, 15(3-4)*, 64-71. <https://doi.org/10.1177/1527154414547953>
- Kramer, M. (1974). Reality shock: Why nurses leave nursing. The C.V. Mosby Company
- Kramer, M., & Davies, C. C. (2021). A charge nurse orientation and development program: An evaluation. *Journal for Nurses in Professional Development, 37(5)*, 268-277. <https://doi.org/10.1097/NND.0000000000000765>
- Krefting, L. (1991). Rigor in qualitative research: The assessment of trustworthiness. *American Journal of Occupational Therapy, 45(3)*, 214-222. <https://doi.org/10.5014/ajot.45.3.214>
- Krugman, M., Heggem, L., Kinney, L. J., & Frueh, M. (2013). Longitudinal charge nurse leadership development and evaluation. *JONA: The Journal of Nursing Administration, 43(9)*, 438-446. <https://doi.org/10.1097/NNA.0b013e3182a23b26>
- Krugman, M., & Smith, V. (2003). Charge nurse leadership development and evaluation. *JONA: The Journal of Nursing Administration, 33(5)*, 284-292.
- Labrague, L. J., De los Santos, J. A. A., Falguera, C. C., Nwafor, C. E., Galabay, J. R., Rosales, R. A., & Firmo, C. N. (2020). Predictors of nurses' turnover intention at one- and five- years' time. *International Nursing Review, 67(2)*, 191-198. <https://doi.org/10.1111/inr.12581>

- LaCross, E., Hall, N. & Boerger, J. (2019). Nurse manager succession planning. *JONA: The Journal of Nursing Administration*, 49 (6), 331-335.
<https://doi.org/10.1097/NNA.0000000000000761>
- Laut, R., Wiknik, A., LaCroix, K. M., Bunting, D., & Pettorini-D'Amico, S. (2018). Leading the nurse within: Developing confident leadership skills for new graduates. *The Journal of Continuing Education in Nursing*, 49(8), 356-359.
<https://doi.org/10.3928/00220124-20180718-06>
- Lartey, S., Cummings, G., & Profetto-McGrath, J. (2014). Interventions that promote retention of experienced registered nurses in health care settings: A systematic review. *Journal of Nursing Management*, 22(8), 1027-1041.
<https://doi.org/10.1111/jonm.12105>
- Laschinger, H. K. S., Cummings, G., Leiter, M., Wong, C., MacPhee, M., Ritchie, J., ... & Read, E. (2016). Starting out: A time-lagged study of new graduate nurses' transition to practice. *International Journal of Nursing Studies*, 57, 82-95.
<https://doi.org/10.1016/j.ijnurstu.2016.01.005>
- Laschinger, H. K. S., & Fida, R. (2014). New nurses burnout and workplace wellbeing: The influence of authentic leadership and psychological capital. *Burnout Research*, 1(1), 19-28. <https://doi.org/10.1016/j.burn.2014.03.002>

- Laschinger, H. K. S., Finegan, J., & Wilk, P. (2009). New graduate burnout: The impact of professional practice environment, workplace civility, and empowerment. *Nursing Economics*, 27(6), 377.
https://www.researchgate.net/publication/40849347_New_Graduate_Burnout_The_Impact_Of_Professional_Practice_Environment_Workplace_Civility_And_Empowerment
- Laschinger, H. K. S., Grau, A. L., Finegan, J., & Wilk, P. (2010). New graduate nurses' experiences of bullying and burnout in hospital settings. *Journal of Advanced Nursing*, 66(12), 2732-2742. <https://doi.org/10.1111/j.1365-2648.2010.05420.x>
- Laschinger, H. K. S., Grau, A. L., Finegan, J., & Wilk, P. (2012). Predictors of new graduate nurses' workplace well-being: Testing the job demands–resources model. *Health care management review*, 37(2), 175-186.
<https://doi.org/10.1097/HMR.0b013e31822aa456>
- Lavoie-Tremblay, M., Obrien-Pallas, L., Gélinas, C., Desforges, N., & Marchionni, C. (2008). Addressing the turnover issue among new nurses from a generational viewpoint. *Journal of Nursing Management*, 16(6), 724-733.
<https://doi.org/10.1111/j.1365-2934.2007.00828.x>
- Law, B., & Chan, E. (2015). The experience of learning to speak up: A narrative inquiry on newly graduated registered nurses. *Journal of Clinical Nursing*, 24(13-14), 1837-1848. <https://doi.org/10.1111/jocn.12805>
- Lea, J., & Cruickshank, M. (2015). The support needs of new graduate nurses making the transition to rural nursing practice in Australia. *Journal of Clinical Nursing*, 24(7-8), 948-960. <https://doi.org/10.1111/jocn.12720>

- Leiter, M. P., & Maslach, C. (2004). Areas of worklife: A structured approach to organizational predictors of job burnout. In Perrewe, P.L. Perrewe & D.C. Ganster (Eds.), *Emotional and physiological processes and positive intervention strategies (Research in Occupational Stress and Well Being, 3)*, 91-134.
[https://doi.org/10.1016/s1479-3555\(03\)03003-8](https://doi.org/10.1016/s1479-3555(03)03003-8)
- Lindsay, G. M., Mior, S. A., Côté, P., Carroll, L. J., & Shearer, H. M. (2016). Patients' experiences with vehicle collision to inform the development of clinical practice guidelines: A narrative inquiry. *Journal of Manipulative and Physiological Therapeutics, 39*(3), 218-228. <https://doi.org/10.1016/j.jmpt.2016.01.005>
- Loh, J. (2013). Inquiry into issues of trustworthiness and quality in narrative studies: A perspective. *The Qualitative Report, 18*(33), 1-15. <https://doi.org/10.46743/2160-3715/2013.1477>
- Lopez, V., Anderson, J., West, S., & Cleary, M. (2022). Does the COVID-19 pandemic further impact nursing shortages?. *Issues in Mental Health Nursing, 43*(3), 293-295. <https://doi-org.ezproxy.library.dal.ca/10.1080/01612840.2021.1977875>
- Marshall, B., Cardon, P., Poddar, A., & Fontenot, R. (2013). Does sample size matter in qualitative research? A review of qualitative interviews in IS research. *Journal of Computer Information Systems, 54*(1), 11-22
<https://doi.org/10.1080/08874417.2013.11645667>
- Maslach, C., & Leiter, M. P. (2008). Early predictors of job burnout and engagement. *Journal of Applied Psychology, 93*(3), 498.
<https://doi.org/10.1037/0021-9010.93.3.498>

- Mbambo, M. S. (2013). *The relationship between professional socialisation and job satisfaction of nurse educators of a provincial nursing college in South Africa* [Unpublished doctoral dissertation]. North-West University.
- Mbewe, C., & Jones, M. (2015). Does Associate Degree Curricula Adequately Prepare Nurses for Leadership Roles? *MEDSURG Nursing*, 1–13.
- McCallin, A. M., & Frankson, C. (2010). The role of the charge nurse manager: A descriptive exploratory study. *Journal of Nursing Management*, 18(3), 319-325. <https://doi.org/10.1111/j.1365-2834.2010.01067.x>
- McCance, T. V., McKenna, H. P., & Boore, J. R. (2001). Exploring caring using narrative methodology: An analysis of the approach. *Journal of Advanced Nursing*, 33(3), 350-356. <https://doi.org/10.1046/j.1365-2648.2001.01671.x>
- McIntyre, M., & McDonald, C. (2014). Issues arising from the nature of nurses' work and workplaces. In M. McIntyre & C. McDonald (Eds.), *Realities of Canadian nursing: Professional, practice, and power issues* (4th ed.). Wolters Kluwer.
- Medero, K., Goers, J., & Makic, M. B. F. (2023). Evaluation of a charge nurse leadership development program. *Nursing Management*, 54(7), 22-30. <https://doi.org/10.1097/nmg.0000000000000032>
- Melrose, S., Park, C. & Perry, B. (2015). *Chapter four – Profession socialization of health care professionals*. <https://clinicalteaching.pressbooks.com/chapter/chapter-four-professional-socialization-of-health-care-professionals/>
- Merriam, S. B. (2002). *Qualitative research in practice: Examples for discussion and analysis*. Jossey-Bass.

- Mishler, E. (1990). Validation in inquiry-guided research: The role of exemplars in narrative studies. *Harvard Educational Review*, 60(4), 415-443.
<https://doi.org/10.17763/haer.60.4.n4405243p6635752>
- Morse, J. M., Barrett, M., Mayan, M., Olson, K., & Spiers, J. (2002). Verification strategies for establishing reliability and validity in qualitative research. *International Journal of Qualitative Methods*, 1(2), 13-22.
<https://doi.org/10.1177/160940690200100202>
- Murray, M. K. (2002). The nursing shortage past, present, and future. *JONA: The Journal of Nursing Administration*, 32(2), 79-84.
- Murray, M., Sundin, D., & Cope, V. (2019). Benner's model and Duchscher's theory: Providing the framework for understanding new graduate nurses' transition to practice. *Nurse Education in Practice*, 34, 199-203.
<https://doi.org/10.1016/j.nepr.2018.12.003>
- Nabizadeh-Gharghozar, Z., Adib-Hajbaghery, M., & Bolandianbafghi, S. (2020). Nurses' job burnout: A hybrid concept analysis. *Journal of Caring Sciences*, 9(3), 154-161. <https://doi.org/10.34172/jcs.2020.023>
- Najafi, B., & Nasiri, A. (2023). Explaining novice nurses' experience of weak professional confidence: A qualitative study. *SAGE Open Nursing*, 9.
<https://doi.org/10.1177/23779608231153457>
- Neustaeter, B. (2021). *Stress, staffing shortages brought on by COVID-19 causing nurses to leave the front lines*. CTV News.
<https://www.ctvnews.ca/health/coronavirus/stress-staffing-shortages-brought-on-by-covid-19-causing-nurses-to-leave-the-front-lines-1.5582781>

- Newton, R. H. (2020). Digital innovation: Transition to practice using apple clips to teach nursing leadership. *Journal of Nursing Education, 59*(5), 283-286.
<https://doi.org/10.3928/01484834-20200422-09>
- Nour, V., & Williams, A. M. (2019). “Theory becoming alive”: The learning transition process of newly graduated nurses in Canada. *Canadian Journal of Nursing Research, 51*(1), 6-13. <https://doi.org/10.1177/0844562118771832>
- Nova Scotia College of Nurses (2017). *NSCN standards of practice for registered nurses 2017*.
<https://cdn1.nscn.ca/sites/default/files/documents/resources/RN%20Standards%20of%20Practice.pdf>
- Nova Scotia College of Nurses. (2020). *New graduate as a leader: Practice guideline*.
https://cdn1.nscn.ca/sites/default/files/documents/resources/New_Graduate_Leader.pdf
- O’Brien-Pallas, L., Griffin, P., Shamian, J., Buchan, J., Duffield, C., Hughes, F., ... & Stone, P. W. (2006). The impact of nurse turnover on patient, nurse, and system outcomes: A pilot study and focus for a multicenter international study. *Policy, Politics, & Nursing Practice, 7*(3), 169-179.
<https://doi.org/10.1177/1527154406291936>
- O'Brien-Pallas, L., Murphy, G. T., Shamian, J., Li, X., and Hayes, L. J. (2010). Impact and determinants of nurse turnover: A pan-Canadian study. *Journal of Nursing Management, 18*(8), 1073-1086. <https://doi.org/10.1111/j.1365-2834.2010.01167.x>

- O'Brien-Pallas, L., Tomblin Murphy, G., & Shamian, J. (2008). *Final report: Understanding the costs and outcomes of nurses' turnover in Canadian hospitals*. University of Toronto: Nursing Health Services Research Unit.
<https://canadacommons.ca/artifacts/1229468/final-report/1782540/>
- O'Connor, S., & Andrews, T. (2018). Smartphones and mobile applications (apps) in clinical nursing education: A student perspective. *Nurse Education Today*, 69, 172–178. <https://doi.org/10.1016/j.nedt.2018.07.013>
- Ollerenshaw, J. A., & Creswell, J. W. (2002). Narrative research: A comparison of two restorying data analysis approaches. *Qualitative Inquiry*, 8(3), 329–347. <https://doi.org/10.1177/10778004008003008>
- Olson, M. E. (2009). The “Millennials”: First year in practice. *Nursing Outlook*, 57(1), 10–17. <https://doi.org/10.1016/j.outlook.2008.06.001>
- ONeill, K., Robb, M., Kennedy, R., Bhattacharya, A., Dominici, N. R., & Murphy, A. (2018). Mobile Technology, Just-in-Time Learning and Gamification: Innovative Strategies for a CAUTI Education Program. *Online Journal of Nursing Informatics*, 22(2), 7–1.
- Oroviogioicoechea, C. (1996). The clinical nurse manager: A literature review. *Journal of Advanced Nursing*, 24(6), 1273-1280. <https://doi.org/10.1111/j.1365-2648.1996.tb01035.x>
- Oulton, J. A. (2006). The global nursing shortage: An overview of issues and actions. *Policy, Politics, & Nursing Practice*, 7(3_suppl), 34S-39S.
<https://doi.org/10.1177/152715440629396>

- Ozdemir, N. G. (2019). The development of nurses' individualized care perceptions and practices: Benner's novice to expert model perspective. *International Journal of Caring Sciences, 12*(2), 1279-1285.
- Park, M., & Jones, C. B. (2010). A retention strategy for newly graduated nurses: An integrative review of orientation programs. *Journal for Nurses in Professional Development, 26*(4), 142-149. <https://doi.org/10.1097/NND.0b013e31819aa130>
- Parker, V., Giles, M., Lantry, G., & McMillan, M. (2014). New graduate nurses' experiences in their first year of practice. *Nurse Education Today, 34*(1), 150-156. <https://doi.org/10.1016/j.nedt.2012.07.003>
- Pathak, V., Jena, B., & Kalra, S. (2013). Qualitative research. *Perspectives in Clinical Research, 4*(3), 192. <http://doi.org/10.4103/2229-3485.115389>
- Patton, M. Q. (2002). *Qualitative research and evaluation methods*. Sage Publications.
- Patrician, P. A., Oliver, D., Miltner, R. S., Dawson, M., & Ladner, K. A. (2012). Nurturing charge nurses for future leadership roles. *JONA: The Journal of Nursing Administration, 42* (10), 461-466. <https://doi.org/10.1097/NNA.0b013e31826a1fdb>
- Pedersen, C. (2020). *Understanding new graduate registered nurse's preparedness and readiness for leadership* [Unpublished master's thesis]. University of British Columbia.
- Pineau Stam, L. M., Spence Laschinger, H. K., Regan, S., & Wong, C. A. (2015). The influence of personal and workplace resources on new graduate nurses' job satisfaction. *Journal of Nursing Management, 23*(2), 190-199. <https://doi.org/10.1111/jonm.12113>

- Polit, D., & Beck, C. T. (2004). *Nursing research: Principles and methods* (7th ed.). Lippincott Williams & Wilkins.
- Polit, D.F., & Beck, C.T. (2014). *Essentials of nursing research: Appraising evidence for nursing practice* (8th ed.). Wolters Kluwer/Lippincott Williams & Wilkins.
- Polkinghorne, D. E. (1995). Narrative configuration in qualitative analysis. *International Journal of Qualitative Studies in Education*, 8(1), 5-23.
<https://doi.org/10.1080/0951839950080103>
- Polkinghorne, D. (2007). Validity Issues in Narrative Research. *Qualitative Inquiry*, 13(4), 471-486. <https://doi.org/10.1177/1077800406297670>
- Price, S. L. (2011). *The experience of choosing nursing as a career: Narratives from millennial nurses* (Publication No. NR78089) [Doctoral dissertation, University of Toronto]. ProQuest Dissertations Publishing.
- Price, S. L., Hall, L. M., Murphy, G. T., & Pierce, B. (2018). Evolving career choice narratives of new graduate nurses. *Nurse Education in Practice*, 28, 86-91.
<https://doi.org/10.1016/j.nepr.2017.10.007>
- Quinn, B. (2020). Using Benner's model of clinical competency to promote nursing leadership. *Nursing Management*, 27(5). <https://doi.org/10.7748/nm.2020.e1911>
- Ramseur, P., Fuchs, M. A., Edwards, P., & Humphreys, J. (2018). The implementation of a structured nursing leadership development program for succession planning in a health system. *JONA: The Journal of Nursing Administration*, 48(1), 25-30.
<https://doi.org/10.1097/NNA.0000000000000566>

- Rankin, J., McGuire, C., Matthews, L., Russell, M., Ray, D., & Leading Better Care Research and Evaluation Group. (2016). Facilitators and barriers to the increased supervisory role of senior charge nurses: A qualitative study. *Journal of Nursing Management, 24*(3), 366-375. <https://doi.org/10.1111/jonm.12330>
- Regan, S., Wong, C., Laschinger, H. K., Cummings, G., Leiter, M., MacPhee, M., ... & Read, E. (2017). Starting out: Qualitative perspectives of new graduate nurses and nurse leaders on transition to practice. *Journal of Nursing Management, 25*(4), 246-255. <https://doi.org/10.1111/jonm.12456>
- Rh eaume, A., Cl ement, L., & Lebel, N. (2011). Understanding intention to leave amongst new graduate Canadian nurses: A repeated cross-sectional survey. *International Journal of Nursing Studies, 48*(4), 490-500. <https://doi.org/10.1016/j.ijnurstu.2010.08.005>
- Rhodes, C., Radziewicz, R., Amato, S., Bowden, V., Hazel, C., McClendon, S., Medas, J., & McNett, M. (2013). Registered nurse perceptions after implementation of a nurse residency program. *The Journal of Nursing Administration, 43*(10), 524–529. <https://doi.org/10.1097/NNA.0b013e3182a3e8e4>
- Riessman, C. K. (2008). *Narrative methods for the human sciences*. Sage Publications.
- Rigolosi, E. L. M. (2012). *Management and leadership in nursing and health care: An experiential approach*. Springer Publishing Company.
- Rodgers, C. (2014). Doing Dewey. *Occasional Paper Series, 2014*(32), 8. <https://educate.bankstreet.edu/occasional-paper-series/vol2014/iss32/8/>
- Rossman, G. B., & Marshall, C. (2006). *Designing qualitative research*. Sage Publications.

- Rudman, A., Arborelius, L., Dahlgren, A., Finnes, A., & Gustavsson, P. (2020).
Consequences of early career nurse burnout: A prospective long-term follow-up
on cognitive functions, depressive symptoms, and
insomnia. *EClinicalMedicine*, 27, 100565.
<https://doi.org/10.1016/j.eclinm.2020.100565>
- Rudman, A., & Gustavsson, J. (2011). Early-career burnout among new graduate nurses:
A prospective observational study of intra-individual change
trajectories. *International Journal of Nursing Studies*, 48(3), 292-306.
<https://doi.org/10.1016/j.ijnurstu.2010.07.012>
- Rueter, C. A. (2014). *The consequences of lateral violence on the newly licensed
nurse* (Publication No. 3707407) [Doctoral dissertation, University of Phoenix].
ProQuest Dissertations Publishing.
- Rush, K. L., Adamack, M., Gordon, J., Lilly, M., & Janke, R. (2013). Best practices of
formal new graduate nurse transition programs: An integrative
review. *International Journal of Nursing Studies*, 50(3), 345-356.
<https://doi.org/10.1016/j.ijnurstu.2012.06.009>
- Ryan F, Coughlan M, & Cronin P. (2007). Step-by-step guide to critiquing research. Part
2: Qualitative research. *British Journal of Nursing*, 16(12), 738–744.
<https://doi.org/10.12968/bjon.2007.16.12.23726>
- Sandelowski, M. (1991). Telling stories: Narrative approaches in qualitative
research. *Image: The Journal of Nursing Scholarship*, 23(3), 161-166.
<https://doi.org/10.1111/j.1547-5069.1991.tb00662.x>

- Sandelowski, M. (1993). Rigor or rigor mortis: The problem of rigor in qualitative research. *Advances in Nursing Science*, *16*(2), 1-8.
- Scheffler, R. M., & Arnold, D. R. (2019). Projecting shortages and surpluses of doctors and nurses in the OECD: What looms ahead. *Health Economics, Policy and Law*, *14*(2), 274-290. <https://doi.org/10.1017/S174413311700055X>
- Schwarzkopf, R., Sherman, R. O., & Kiger, A. J. (2012). Taking charge: Front-line nurse leadership development. *The Journal of Continuing Education in Nursing*, *43*(4), 154-159. <https://doi.org/10.3928/00220124-20111101-04>
- Scully, N. J. (2015). Leadership in nursing: The importance of recognising inherent values and attributes to secure a positive future for the profession. *Collegian*, *22*(4), 439-444. <https://doi.org/10.1016/j.colegn.2014.09.004>
- Seidman, I. E. (1991). *Interviewing as qualitative research: A guide for researchers in education and the social sciences*. Teachers College Press.
- Shatto, B., & Lutz, L. M. (2017). Transition from education to practice for new nursing graduates: A literature review. *Creative Nursing*, *23*(4), 248-254. <https://doi.org/10.1891/1078-4535.23.4.248>

- Sherman, R. O., & Eggenberger, T. (2009). Taking charge: What every charge nurse needs to know. *Nurses First*, 2(4), 6-10.
https://www.researchgate.net/profile/Rose-Sherman/publication/235636671_Sherman_R_Eggenberger_T_2009_Taking_charge_What_every_charge_nurse_needs_to_know_Nurses_First_24_6-10/links/09e415122538d51463000000/Sherman-R-Eggenberger-T-2009-Taking-charge-What-every-charge-nurse-needs-to-know-Nurses-First-24-6-10.pdf
- Sherman, R., Schwarzkopf, R., & Kiger, A. (2011). Charge nurse perspectives on frontline leadership in acute care environments. *ISRN Nursing*, 2011, 164052.
<https://doi.org/10.5402/2011/164052>
- Shillam, C. R., Adams, J. M., Bryant, D. C., Deupree, J. P., Miyamoto, S., & Gregas, M. (2018). Development of the Leadership Influence Self-Assessment (LISA©) instrument. *Nursing Outlook*, 66(2), 130–137.
<https://doi.org/10.1016/j.outlook.2017.10.009>
- Shufutinsky, A. (2019). *From salutes to staff meetings: A triangulated qualitative inquiry study of the experiences of wounded warriors in post-military corporate positions* [Doctoral dissertation, Cabrini University]. Proquest Dissertations Publishing.
- Smith, S. M., Buckner, M., Jessee, M. A., Robbins, V., Horst, T., & Ivory, C. H. (2021). Impact of COVID-19 on new graduate nurses' transition to practice: Loss or gain? *Nurse Educator*, 46(4). 209-214.
<https://doi.org/10.1097/NNE.0000000000001042>

- Song, Y., & McCreary, L. L. (2020). New graduate nurses' self-assessed competencies: An integrative review. *Nurse Education in Practice*, 45, 102801–102801. <https://doi.org/10.1016/j.nepr.2020.102801>
- Sowko, L. A., Fennimore, L. A., & Drahnak, D. M. (2019). Teaching workplace interprofessional communication to undergraduate nursing students. *Journal of Nursing Education*, 58(9), 538-542. <https://doi.org/10.3928/01484834-20190819-08>
- Spiva, L., Davis, S., Case-Wirth, J., Hedenstrom, L., Hogue, V., Box, M., ... & Ahlers, L. (2020). The effectiveness of charge nurse training on leadership style and resiliency. *JONA: The Journal of Nursing Administration*, 50(2), 95-103.
- Spector-Mersel, G. (2010). Narrative research: Time for a paradigm. *Narrative inquiry*, 20(1), 204-224. <https://doi.org/10.1075/ni.20.1.10spe>
- Spence, D. P. (1982). *Narrative truth and historical truth*. Norton.
- Spence Laschinger, H. K., Leiter, M., Day, A., & Gilin, D. (2009). Workplace empowerment, incivility, and burnout: Impact on staff nurse recruitment and retention outcomes. *Journal of Nursing Management*, 17(3), 302-311. <https://doi.org/10.1111/j.1365-2834.2009.00999.x>
- Stanton, M. W. (2004). Hospital nurse staffing and quality of care. *Agency for Healthcare Research and Quality. Research in Action*, 14, 1-12. <https://www.healthwatchusa.org/downloads/nursestaffing-DHHS-2004.pdf>
- Stark, J. (2020). Dewey's theory of experience: A theoretical tool for researching music teacher learning. *Action, Criticism & Theory for Music Education*, 19(1), 118-152. <https://doi.org/10.22176/act19.1.118>

- Stelnicki, A. M., Jamshidi, L., Angehrn, A., Hadjistavropoulos, H. D., & Carleton, R. N. (2021). Associations between burnout and mental disorder symptoms among nurses in Canada. *Canadian Journal of Nursing Research*, 53(3), 254-263. <https://doi.org/10.1177/0844562120974194>
- Stoddart, K., Bugge, C., Shepherd, A., & Farquharson, B. (2014). The new clinical leadership role of senior charge nurses: A mixed methods study of their views and experience. *Journal of Nursing Management*, 22(1), 49–59. <https://doi.org/10.1111/jonm.12008>
- Sutcliffe, K. M., Lewton, E., & Rosenthal, M. M. (2004). Communication failures: An insidious contributor to medical mishaps. *Academic Medicine*, 79(2), 186–194. <https://doi.org/10.1097/00001888-200402000-00019>
- Tan, F. B., & Hunter, M. G. (2003). Using narrative inquiry in a study of information systems professionals. In *Proceedings of the 36th Annual Hawaii International Conference on System Sciences, 2003*. (pp. 7-pp). IEEE. <https://doi.org/10.1109/HICSS.2003.1174722>
- Theisen, J. L., & Sandau, K. E. (2013). Competency of new graduate nurses: A review of their weaknesses and strategies for success. *The Journal of Continuing Education in Nursing*, 44(9), 406-414. <https://doi.org/10.3928/00220124-20130617-38>
- The Joint Commission. (2023). *Sentinel Event Data 2022 Annual Review*. https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/sentinel-event/03162023_sentinel-event-_annual-review_final.pdf

- Thomas, P. L. (2012). Charge nurses as front-line leaders: Development through transformative learning. *The Journal of Continuing Education in Nursing, 43*(2), 67-74. <https://doi.org/10.3928/00220124-20111003-05>
- Thomas, C. M., Bertram, E., & Allen, R. L. (2012). The transition from student to new registered nurse in professional practice. *Journal for Nurses in Professional Development, 28*(5), 243-249. <https://doi.org/10.1097/NND.0b013e31826a009c>
- Thomas, C., Hodson-Carlton, K., & Ryan, M. (2011). Preparing nursing students in a leadership/management course for the workplace through simulations. *Clinical Simulation in Nursing, 7*(3), e99-e104. <https://doi.org/10.1016/j.ecns.2010.06.005>
- Ting, J. J. (2021). *New graduate nurses' experiences of engaging in a leadership role in hospital settings during the COVID-19 pandemic* (Order No. 30277867) [Master's thesis, The University of Western Ontario]. ProQuest Dissertations and Theses Global.
- Twibell, R., St Pierre, J., Johnson, D., Barton, D., Davis, C., Kidd, M., & Rook, G. (2012). Tripping over the welcome mat: Why new nurses don't stay and what the evidence says we can do about it. *American Nurse Today, 7*(6), 357-365. http://www.medscape.com/viewarticle/766501_print
- Usalcas, J. (2009). *The labour market in 2008*. Statistics Canada. <https://www150.statcan.gc.ca/n1/en/pub/75-001-x/2009102/pdf/10791-eng.pdf?st=pk43fuea>
- Uthaman, T., Chua, T. L., & Ang, S. Y. (2016). Older nurses: A literature review on challenges, factors in early retirement and workforce retention. *Proceedings of Singapore Healthcare, 25*(1), 50-55. <https://doi.org/10.1177/2010105815610138>

- Van Bogaert, P., Timmermans, O., Weeks, S. M., van Heusden, D., Wouters, K., & Franck, E. (2014). Nursing unit teams matter: Impact of unit-level nurse practice environment, nurse work characteristics, and burnout on nurse reported job outcomes, and quality of care, and patient adverse events—A cross-sectional survey. *International Journal of Nursing Studies*, *51*(8), 1123-1134.
<https://doi.org/10.1016/j.ijnurstu.2013.12.009>
- Varner, C. (2021). Hospitals grappling with nurse exodus. *Canadian Medical Association Journal*, *193*(16), 569-570. <https://doi.org/10.1503/cmaj.1095934>
- Wangenstein, S., Johansson, I. S., & Nordström, G. (2008). The first year as a graduate nurse— An experience of growth and development. *Journal of Clinical Nursing*, *17*(14), 1877-1885. <https://doi.org/10.1111/j.1365-2702.2007.02229.x>
- Wells, K. (2011). *Narrative inquiry*. Oxford University Press.
- Westendorf, J. J. (2007). The nursing shortage: Recruitment and retention of current and future nurses. *Plastic Surgical Nursing*, *27*(2), 93-97.
<https://doi.org/10.1097/01.PSN.0000278239.10835.1c>
- Willmot, M. (1998). The new ward manager: An evaluation of the changing role of the charge nurse. *Journal of Advanced Nursing*, *28*(2), 419-427.
<https://doi.org/10.1046/j.1365-2648.1998.00635.x>
- Wojciechowski, E., Ritze-Cullen, N., & Tyrrell, S. (2011). Understanding the learning needs of the charge nurse: Implications for nursing staff development. *Journal for Nurses in Professional Development*, *27*(4), E10-E17.
<https://doi.org/10.1097/NND.0b013e318224e0c5>

- Wolf, L., Perhats, C., Delao, A., Burchill, C. N., Clark, P., Callihan, M., Edwards, C., Frisch, S., Moon, M., & Strout, T. (2022). Role and training of emergency department charge nurses: A mixed methods analysis of processes, needs, and expectations. *Journal of Emergency Nursing, 48*(4), 390–405.
<https://doi.org/10.1016/j.jen.2022.03.009>
- Wong, C. A., & Cummings, G. G. (2007). The relationship between nursing leadership and patient outcomes: a systematic review. *Journal of Nursing Management, 15*(5), 508-521. <https://doi.org/10.1111/jonm.12116>
- Yaghobian, M., Farhan, R., Navipour, H., & Vanaki, Z. (2020). Competencies of charge nurses: A systematic review and thematic synthesis. *Journal of the Pakistan Medical Association, 70*(7), 1225–1231. <https://doi.org/10.5455/JPMA.38686>
- Zarshenas, L., Sharif, F., Molazem, Z., Khayyer, M., Zare, N., & Ebadi, A. (2014). Professional socialization in nursing: A qualitative content analysis. *Iranian Journal of Nursing and Midwifery Research, 19*(4), 432.
- Zhou, H., Wang, X., Du, R., Cheng, X., Zheng, K., Dong, S., ... & Wang, T. (2021). The work experience of newly recruited male nurses during COVID-19: A Qualitative Study. *Asian Nursing Research, 15*(3), 203-209.
<https://doi.org/10.1016/j.anr.2021.05.001>
- Zinsmeister, L. B., & Schafer, D. (2009). The exploration of the lived experience of the graduate nurse making the transition to registered nurse during the first year of practice. *Journal for Nurses in Professional Development, 25*(1), 28-34.
<https://doi.org/10.1097/NND.0b013e318194b58c>

APPENDIX A

ADVERTISEMENT POSTER

RESEARCH PARTICIPANTS NEEDED

THIS RESEARCH STUDY WILL BE EXPLORING THE EXPERIENCES OF NEW NURSES IN THE CHARGE NURSE ROLE

WHAT'S INVOLVED?

YOU WILL BE ASKED TO PARTICIPATE IN TWO 60 MINUTE-INTERVIEWS. THE INTERVIEWS WILL BE FOUR WEEKS APART FROM EACH OTHER. WE WILL BE DISCUSSING YOUR EXPERIENCES IN THE CHARGE NURSE ROLE.

YOU MAY BE ELIGIBLE IF:

YOU ARE A REGISTERED NURSE WITH LESS THAN TWO YEARS OF EXPERIENCE
YOU HAVE BEEN ASSIGNED TO THE CHARGE NURSE ROLE FOR A MINIMUM OF FIVE SHIFTS

IN APPRECIATION FOR YOUR TIME, YOU WILL RECEIVE A GIFT CARD TO A GROCERY STORE OR COFFEE SHOP

FOR MORE INFORMATION ABOUT THIS RESEARCH STUDY OR TO VOLUNTEER PLEASE CONTACT: LINDSAY TASCONA, MASTER OF SCIENCE IN NURSING STUDENT, SCHOOL OF NURSING, DALHOUSIE UNIVERSITY

E-MAIL: LINDSAY.TASCONA@DAL.CA

APPENDIX B
INTERVIEW GUIDE

1. Could you tell me about the first time you were placed in the charge nurse role?
2. How did you feel in that moment?
3. How do you currently feel when you're placed in the charge nurse role?
4. If you were assigned to the charge nurse role and did not feel comfortable assuming the
the
position, could you ask to not be placed in the charge nurse role? If participant answers
no, then probe with: How come?
5. What are the responsibilities of a charge nurse?
6. Could you tell me about a typical shift from start to end?
7. Is there a difference in the responsibilities of a charge nurse role during a day shift or
night shift?
8. How did you learn to complete the responsibilities associated with the charge nurse
position?
9. Were you provided with any learning opportunities or formalized training initiatives
prior to assuming the charge nurse position? If participant answers yes, then ask them to
describe the learning opportunity or training initiative.
10. Did you receive any informal training? If participant answers yes, ask for participant
to explain. e.g "from who?"
11. Do you believe that you were adequately prepared to assume the responsibilities
associated with the position? If participant responds no, then probe with "Why not?"

12. Do you have access to any resources or supports when you are placed in the charge nurse role? If participant answers yes, what kind of resources or support?
13. Tell me about your relationship with fellow nurses when you are placed in the charge nurse role?
14. Tell me about your relationship with other health care providers when you are placed in the charge nurse role?
15. What do you believe are some of the challenges that you face in the charge nurse position?
16. What do you believe is the most rewarding aspect of assuming the charge nurse position?
17. Do you believe being assigned to the charge nurse position has helped you in other areas of your practice? If participant answers yes, ask "in what way?"
18. Is there anything else you'd like to mention before we end this interview?

Interview Probes

1. Question Probes - "Could you tell me more about that?" "What did you mean when you said...?"
2. Echo Probes- So you ... then what happened?
3. Affirmative Probes - "Uh-huh"... "Interesting" ... "Right."

APPENDIX C
CONSENT FORM

Informed Consent Form Non-Interventional Study

STUDY TITLE: What are the Experiences of New Nurses in the Charge Nurse Role: A Narrative Inquiry

PRINCIPAL INVESTIGATOR: Lindsay Tascona, Master of Science in Nursing Student, Dalhousie University, lindsay.tascona@dal.ca

1. Introduction

You have been invited to take part in a research study. A research study is a way of gathering information on a treatment, procedure or medical device or to answer a question about something that is not well understood. Taking part in this study is voluntary. It is up to you to decide whether to be in the study or not. Before you decide, you need to understand what the study is for, what risks you might take and what benefits you might receive. This consent form explains the study.

You may take as much time as you wish to decide whether or not to participate. If you decide to no longer participate in the study at any point in time, you will still receive full compensation.

Please ask the research team to clarify anything you do not understand or would like to know more about. Make sure all your questions are answered to your satisfaction before deciding whether to participate in this research study.

The researchers will:

- Discuss the study with you
- Answer your questions
- Be available during the study to deal with problems and answer questions

You are being asked to consider participating in this study because you are a new graduate registered nurse that has been assigned to the charge nurse role in the acute care setting.

Why is there a need for this study?

- In the nursing profession, there has been an increasing occurrence of new graduate nurses assigned to leadership positions, such as the charge nurse role, at earlier rates in their careers.
- The charge nurse role was historically reserved for more experienced nurses due to their clinical expertise and knowledge.
- On some acute care units, there are fewer senior nurses available to assume the charge nurse role.
- There is a variety of reasons for this shift in demographics, such as an aging workforce, early retirements, increased job flexibility and high nurse turnover in the acute care setting.

- As the nursing demographics continue to shift, new graduate nurses may be assigned to the charge nurse role at increasing rates.
- There is little known about the experiences that new graduate nurses are having when they are assigned to the charge nurse role.
- This research study aims to address this gap in the literature and provide a greater understanding of the experiences, narratives, learning needs and challenges of new graduate nurses assigned to the charge nurse role.
- This research study hopes to draw attention to the need for greater research exploring this new practice norm. In addition, it hopes to promote positive practice changes that better support new graduate nurses in the charge nurse role.

2. How Long Will I Be in The Study?

Participants will be asked to be interviewed two times. The interviews will span four weeks apart from each other. The length of time of each interview will be approximately one hour. The total time commitment for each participant will be approximately two hours over a five-week period.

3. How Many People Will Take Part In This Study?

It is anticipated that 15 individuals will participate in this study throughout Nova Scotia.

4. How Is The Study Being Done?

This study will be investigating the experiences of new graduate nurses assigned to the charge nurse role in the acute care setting. This will be accomplished through conducting audio-recorded interviews.

5. What Will Happen If I Take Part in This Study?

The PI will organize the interviews. The interviews will be approximately one hour in length and take place in a private meeting room at a location that is convenient for you. Some potential interview locations include the School of Nursing at Dalhousie University, the _____ or the _____. In addition, interviews will also be conducted using video platforms such as Skype or Zoom. If you agree to take part in this study, you will be asked to attend two interviews to discuss your experiences in the charge nurse role. The interviews will be four weeks apart. The interviews will be audio recorded. Prior to each interview, the PI will explain that you are able to stop the interview or withdraw from the research study at any point in time.

6. Are There Risks to The Study?

Breach of confidentiality:

As with all research, there is a chance that confidentiality could be compromised; however, we are taking precautions to minimize this risk.

Interviews:

There are no medical risks to you for participating in this study, however, this study may trigger feelings of anxiety or psychological distress. During the interview, there will be questions asking about your personal experiences in the charge nurse role. Discussing your personal life experiences could make you feel uncomfortable. You do not need to answer the questions you find too distressing. If you become uncomfortable during the interview, the PI will attempt to provide appropriate responses and will offer you the option to stop the interview at any time.

7. Are There Benefits of Participating In This Study?

You may not directly benefit from participating in this study. However, this research will be contributing to a greater understanding of the experiences that new graduate nurses are having in the charge nurse role. This knowledge will help to address a gap in the literature and increase awareness of the need for future research in this area.

8. What Happens at the End of the Study?

It is anticipated that the results of this study will be published and or presented in a variety of forums. In any publication and/or presentation, information will be provided in such a way that you cannot be identified, except if you express permission.

9. What Are My Responsibilities?

As a study participant you will be expected to:

- Respect the investigators and other members of the research team
- Read the consent form and ask questions if you need further clarification
- Keep a copy of the consent form for your records
- Contact the PI if you would like to no longer participate in the study

10. Can My Participation in this Study End Early?

Yes. If you chose to participate and later change your mind, you can say no and stop the research at any time. If you wish to withdraw your consent please inform the research team. If you choose to withdraw from this study, the data collected up until that point will not be included in the study analyses. Also, the _____ and the principal investigator have the right to stop patient recruitment or cancel the study at any time.

Lastly, the principal investigator may decide to remove you from this study without your consent for any of the following reasons:

- *You do not follow the directions of the research team;*
- *There is new information that shows that being in this study is not in your best interests*

If you are withdrawn from this study, the PI will discuss the reasons with you.

11. What About New Information?

You will be told about any other new information that might affect your health, welfare, or willingness to stay in the study and will be asked whether you wish to continue taking part in the study or not.

12. Will It Cost Me Anything?

Compensation

You will receive a 25\$ gift card to a coffee shop or grocery store for participating in this study. In addition, you may be reimbursed for some study related expenses such as *parking, taxi, or bus fare*. Please bring your receipts with you.

Research Related Injury

If you become ill or injured as a direct result of participating in this study, necessary medical treatment will be available at no additional cost to you. Your signature on this form only indicates that you have understood to your satisfaction the information regarding your participation in the study and agree to participate as a subject. In no way does this waive your legal rights nor release the principal investigator, the research staff, the study sponsor or involved institutions from their legal and professional responsibilities.

13. What About My Privacy and Confidentiality?

Protecting your privacy is an important part of this study. Every effort to protect your privacy will be made. If the results of this study are presented to the public, nobody will be able to tell that you were in the study.

However, complete privacy cannot be guaranteed. For example, the principal investigator may be required by law to allow access to research records.

If you decide to participate in this study, the research team will look at your personal health information and collect only the information they need for this study. *“Personal health information” is health information about you that could identify you because it includes information such as your,*

- *Name,*
- *Address,*
- *Telephone number,*
- *Age or month/year of birth (MM/YY),*
- *Information from the study interviews and questionnaires;*

Access to Records

Other people may need to look at your personal health information to check that the information collected for the study is correct and to make sure the study followed the required laws and guidelines. These people might include:

- The _____ and people working for _____ or with the _____ because they oversee the ethical conduct of research studies within _____

Use of Your Study Information

Any study data about you that is sent outside of the _____ will have a code and will not contain your name or address, or any information that directly identifies you.

The research team and the other people listed above will keep the information they see or receive about you confidential, to the extent permitted by applicable laws. Even though the risk of identifying you from the study data is very small, it can never be completely eliminated.

The research team will keep any personal information about you in a secure and confidential location for 7 years and then destroy it according to _____ policy. Your personal information will not be shared with others without your permission.

After your part in the study ends, we may continue to review your health records for safety and data accuracy until the study is finished or you withdraw your consent.

You have the right to be informed of the results of this study once the entire study is complete.

The REB and people working for or with the REB may also contact you personally for quality assurance purposes.

Your access to records

You have the right to access, review, and request changes to your study data.

14. Declaration of Financial Interest

This study is unfunded. The PI has no vested financial interest in conducting this study.

15. What About Questions or Problems?

For further information about the study, you may call the principal investigator who is the person in charge of this study.

The principal investigator is Lindsay Tascona
Telephone: 902-719-5120

16. What Are My Rights?

You have the right to all information to help you decide whether or not to participate in this study. You also have the right to ask questions about this study and to have them answered to your satisfaction before you make any decision. You also have the right to ask questions and to receive answers throughout this study. You have the right to withdraw your consent at any time.

If you have questions about your rights as a research participant and/or concerns or complaints about this research study, you can contact

17. Consent Form Signature Page

I have reviewed all of the information in this consent form related to the study called:

What are the Experiences of New Nurses in the Charge Nurse Role: A Narrative Inquiry

I was given the opportunity to discuss this study. All my questions have been answered to my satisfaction.

This signature on this consent form means that I agree to take part in this study. I understand that I am free to withdraw at any time without affecting my future care.

I agree to audio recordings as described in this consent form.

E-messaging (email and texting) can be used by a member or members of the research team to communicate with you while you are in this study. All communication done with you will be done through an _____ email account or text by a phone issued to a research member through _____. All efforts are made to keep information sent or received private, but it is possible other people may be able to see, read, and change messages sent to or from _____.

I give my permission to be contacted by a member or members of the research team from an _____ email account or an _____ cell phone by research staff to communicate during this study. _____ (initials and date).

Email YES NO

Text message YES NO

I do not wish to be contacted by email or text message, unless I otherwise give permission at another time during this study _____ (initial and date).

Not applicable.

Signature of Participant _____ Name (Printed) Year _____ / _____ / _____
Month Day*

Signature of Person Conducting
Consent Discussion _____ Name (Printed) Year _____ / _____ / _____
Month Day*

Signature of Principal Investigator _____ Name (Printed) Year _____ / _____ / _____
Month Day*

***Note: Please fill in the dates personally**

I will be given a signed copy of this consent form.

APPENDIX D

FINDINGS TABLE

Theme 1: The Charge Nurse Context and Timing	Theme 2: Leadership Preparedness	Theme 3: Professional Growth: Finding Their Voice (Becoming Leaders)
<ul style="list-style-type: none">• Sub-theme 1: Human Resource Demands: No Other Option• Sub-theme 2: Day and Night	<ul style="list-style-type: none">• Sub-theme 1: Emotions: Shocked and Unprepared• Sub-theme 2: Perceptions of Preparedness: Timing and Mastery of Skills• Sub-theme 3: Navigating Social Dynamics• Sub-theme 4: Formal Training and Resources	<ul style="list-style-type: none">• Sub-theme 1: Socialization through Informal Learning• Sub-theme 2: Finding Their Voice• Sub-theme 3: Evolving Views of Self and Leadership