UCDAVIS HEALTH

Exploring the Charge Nurse Role in the Inpatient Psychiatric Unit

BETTY IRENE MOORE SCHOOL OF NURSING



Maria Wheeler, MS(c), BSN, RN-BC, NPD-BC Academic Symposium June 3rd, 2021

Psychiatric Nursing and the Inpatient Unit

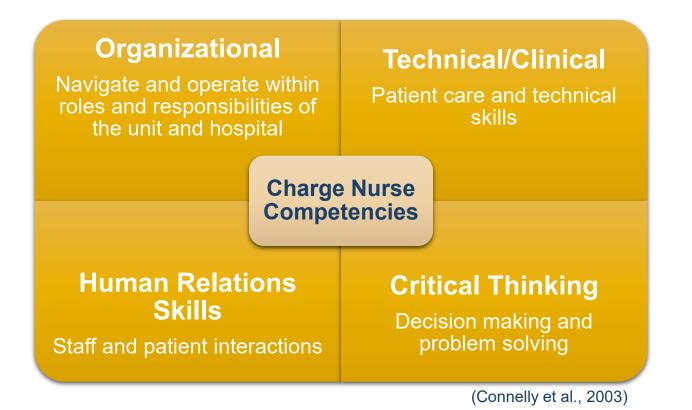
- Psychiatric Nursing Workforce
 - Largest group of mental and behavioral health care providers in the US (APNA, 2019)
- Inpatient Psychiatric Units
 - Violence and unpredictability (lozzino et al., 2015)
 - Role conflicts and perceived lack of support/resources (Shattell et al., 2008; Kindy et al., 2005; Privitera et al., 2005)





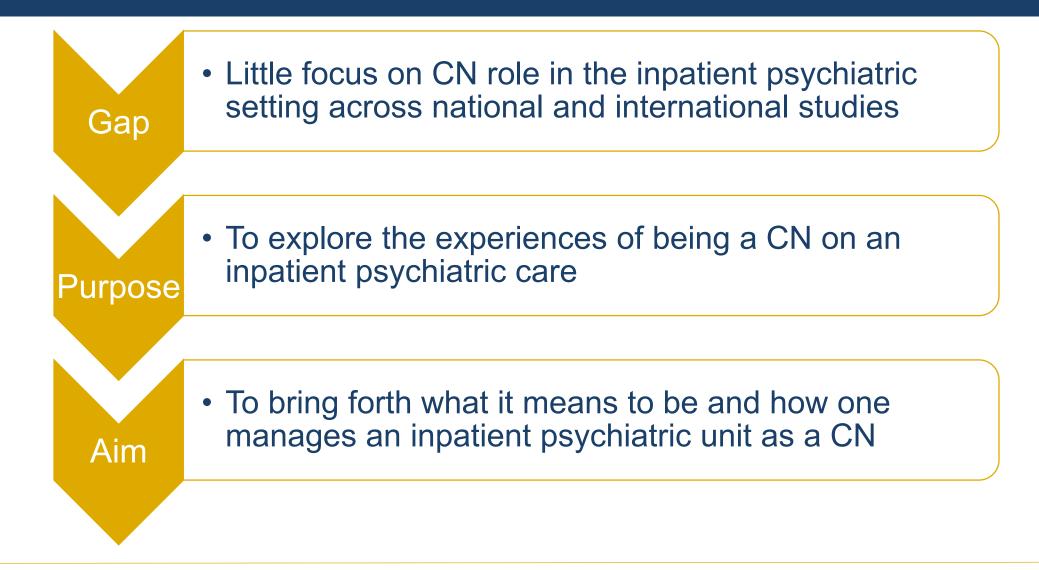
A closer look at the frontline leadership on the patient-unit level

Charge Nurse (CN) is a registered nurse (RN) of an acute-care unit responsible for the management and supervision of the unit activities and care provided (Eggenberger, 2012).





What will this thesis contribute?





How the research was conducted





Semi-structured interviews transcribed



Directed thematic coding





Theme 1: Social-Cognitive Preparedness for the Ever-Present Threat of Crisis

Administrative / Organizational

• "... you should be able to have a quick grasp of what's going on in the unit and being able to quickly, promptly, immediately step up to the plate if you're needed to, by rearranging the tasks that has already been delegated to the nursing staff are needed to assign them or direct them to do emergent care." (Participant 5)

Patient Care and Advocacy

• "...by taking that extra time to deescalate this patient and try to get to the point where they don't have to be held down to get medications, where they can try and utilize some coping skills and be cooperative with taking medications orally, just to help bring them at a level where they can manage it a little better and use those coping skills that we're trying to teach." (Participant 1)

Establishing a connection with staff

 "... but when you work with the same team repeatedly—like we've been fortunate to do on our shift—you get to know each other's facial expressions. So, you know when to do certain moves. If I give somebody a cue with my eyes, they know what to do." (Participant 6)

Providing guidance and mentorship to staff



Theme 2: Effectively Responding to Interpersonal and Intrapersonal Conflicts

Interpersonal conflict

"...If someone is really frustrated with something—because it seems like frustrations are a lot
of the times that people might end up being less safe, because they're frustrated and so then
they try to disassociate themselves from what's going on, 'Well, I don't care then I'm just not
going to—', and that kind of attitude ends up being unsafe. If you're not—if you don't care,
then that's not safe." (Participant 7)

Intrapersonal conflict

 "But in a psych facility, there's a problem you really don't know. Everything is still experimental; everything is still more of a 'let's wait and see' kind of thing. Still, not one intervention is not at all in general with a cure or help the patient right away..." (Participant 6)

Coping with interpersonal and intrapersonal conflict

• "...As a leader you should be able to recognize [conflict] and be able to address right away. Otherwise, the situation can escalate... if one staff does not follow the guideline but the other staff is following the guideline, then there will be inconsistency of care and therefore, it creates a challenge as well..." (Participant 5)



Where do we go from here?

Ŋ	Norkforce Planning	Funding	Education
	 Standardization of CN role Specific leadership skills to be effective Ways to decrease workload of CNs to increase time for patient care and staff support 	 CN training programs Conflict management and resolution programs 	 Raising awareness Innovative ways to prepare new graduates for mental health roles (Phoenix 2019) Mentorship with CNs (Connelly et al., 2003b)





Special acknowledgements:

Thesis Chair: Mark Fedyk, Ph.D.

Thesis Committee: Elena Siegel, Ph.D., R.N., Susan Adams, Ph.D., R.N., N.P., C.N.S.

Academics/Scholarships: Gordon and Betty Irene Moore Foundation and School of Nursing, Helen Thomson, R.N., and Captane Thomson, M.D. and Carol and David Robinson, Donna and Jeff Carvalho, and James and Peggy Dare

Contributors: Research Participants

Love & Support: Husband, Family & MS-L Family 20/21



References

- American Psychiatric Nurses Association. (2019, April). Expanding mental health care services in America: The pivotal role of psychiatric-mental health nurses. https://www.apna.org/files/public/Resources/Workforce_Development_Report_Final_Draft_6_25.p df
- Connelly, L. M., Yoder, L. H., & Miner-Williams, D. (2003). A qualitative study of charge nurse competencies. *MEDSURG Nursing*, 12(5), 298-306.
- Eggenberger, T. (2012). Exploring the charge nurse role: Holding the frontline. The Journal of Nursing Administration, 4 (11), 502-506. doi: <u>10.1097/NNA.0b013e3182714495</u>
- lozzino, L., Ferrari, C., Large, M., Nielssen, O., & de Girolamo, G. (2015). Prevalence and risk factors of violence by psychiatric acute inpatients: A systematic review and meta-analysis. *PLOS ONE, 10* (6), 1-18. doi: 10.1371/journal.pone.0128536
- Kindy, D., Peterson, S., & Parkhurst, D. (2005). Perilous work: Nurses' experiences in psychiatric units with high risks of assault. *Archives of Psychiatric Nursing*, 19 (4), 169-175. doi: 10.1016/j.apnu.2005.05.002
- Privitera, M., Weisman, R., Cerulli, C., Tu, X., & Groman, A. (2005). Violence toward mental health staff and safety in the work environment. *Occupational Medicine*, *55*, 480-486. doi: 10.1093/occmed/kqi110
- Shattell, M., Andes, M., & Thomas, S. (2008). How patients and nurses experience the acute care psychiatric environment. *Nursing Inquiry*, 15(3), 242-250. doi: 10.1111/j.1440-1800.2008.00397.x

