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Perspective

The Permanent Team Leader Model vs the Rotating Nurse in Charge Model

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Abstract

There are two major models of the formal nursing leadership for the nursing team during morning hours (typically 07:30 to 15:30 Monday to Friday). The model of a Permanent Team Leader (TL) and the model of Rotating Charge Nurse, or the nurse in charge (CN).

The writer's direct experience with both models in publicly funded and in private hospitals, in Israel and Canada (Ontario), as a frontline nurse in both position (TL and CN) and as a unit manager with both those models, as well as the writer's Health System education, strongly suggest the preference of the rotated Charge Nurse (CN) model over the permanent Team Leader (TL) model.

Main advantages of TL model are: a substitution for the nursing leadership to the non-nursing unit manager, a help to the non-nursing unit manager with inside to a nursing work and quality, presided by senior management sense of stability, and an opportunity for the one extra person to develop some leadership skills for the future grow within the organisation.

Main advantages of CN model are: a sustainability of a high quality of nursing leadership 24/7, a huge pool for future leadership, a consistency of proper data and tasks transfer on 24/7 basis between shifts (especially for 12 hours shifts schedules), vacations and shift exchanges flexibilities and budget / finances advantages, CN model is a crucial component for the team building, a very useful performance tool, an obstacle for the negative organisation behaviour, a possibility to train Charge Nurses with a unit manager and to apply these learned skills 24/7, and a great ground for the especially non-nursing manager to connect well with a majority of nursing leadership on the floor.

The following will discuss the balance between benefits of both models.

Keywords: *Permanent Team Leader; Charge Nurse; Shift; Non-Nursing Unit; Manager*

Introduction

To the writer's knowledge, nowadays, and in most countries, all hospitals operate on 24/7 basis by nurses. All other professions may or may not be present physically on a site on 24/7 basis, but nurses must. 24-hour nursing work is typically divided into two nursing shifts (12 hours), or three nursing shifts (8 hours). In most places, hospitals are administratively divided into units (or departments). Typically, such units are managed by a nurse with extensive knowledge and experience in a field of medicine that the unit is specialized in. Today, however in Ontario more and more units are managed by non-nursing professionals, especially in psychiatry. At the same time, even in Ontario, administratively, each nursing shift is still lead by a nurse.

Such a nurse in a shift leading position is called a Charge Nurse and typically has some very unique accountabilities and responsibilities attached to this role. Usually they would be: unit team immediate leadership, assignment of patients and tasks to other nurses, insuring proper nurses' standard of care, acting as a resource of knowledge and support to other nurses on the shift, and etc.

In some places, such a Charge Nurse role during each morning shift from Monday to Friday is performed by the same person. All other shifts, as well as all shifts during the weekend, are led by other nurses on the rotation basis. In some countries the weekend is one day only but in writer's opinion it doesn't change the outcome of this discussion. That permanent Charge Nurse during morning hours Monday to Friday calls Team Leader (TL).

TL, as any other nurse, is a member of the nursing union and is typically hired specifically to that union position - Team Leader. All other nurses who lead their nursing teams during all other shifts are appointed by the manager on some sort of rotation basis. This means that sometimes one nurse is a Charge Nurse and sometimes other. A manager may assign that role to the qualified individual, from the manager's perspective, or may not. This nursing qualification to be a leader on a shift can fluctuate and a manager may give that assignment and revoke it back based on each nurse's performance. At the same time, a manager cannot reassign immediately, hired or assigned to be, TL nurse from a TL position, regardless of that nurse's performance (unless something really severe has happened). TL's performance management by a manager is still possible within typical hospital performance management tools. Yet, TL nurse stays in the position of TL until the full dismissal from that position. The process of dismissal from the union position due to poor performance it usually extremely long and difficult.

This described above model, with a unionized permanent TL Monday to Friday and CN leading nursing all other shifts, is called a Permanent Team Leader Model (TL Model).

In other places, and, to the writer's knowledge, still, in most of Ontario, there is no special Charge Nurse role on a permanent basis during mornings Monday to Friday. In these units, the role of the leader for the nursing team is assigned by the manager on a rotating basis 24/7, including the leading of the nursing team during mornings Monday to Friday.

This model is called Rotating Charge Nurse Model (CN Model). CN Model also know to management world as Rotating or Shared leadership Model.

It seems that different models can be suitable for the different type of team, goals, types of operations and even existence of emergencies.

For the team-oriented operations with a high degree of uncertainty the less traditional rotating model can be a better solution: "In fact, research indicates that poor-performing teams tend to be dominated by the team leader, while high-performing teams display more dispersed leadership patterns, i.e. shared leadership" [1]. The research comparing both those models for the success of cockpit and cabin crews also suggests better results for the Shared leadership model during simulated flights [2].

The writer makes an attempt to analyze all known benefits and disadvantages of both models with an effort to choose the best one for 24/7 nursing unit. All these attempts and efforts are based only on the writer's personal knowledge and experience, in-reached by multiple colleagues' experience.

Unfortunately, this writer failed to find any literature review with evidence about either nursing leadership model's pros and cons. A proper research into this issue, probably, will be a good idea. It can be useful, however, to note here that when this writer became a manager in his current unit three years ago, the unit had a "poisoning atmosphere" with "interpersonal animosity" (as per staff feedback). The unit had a very high level of violence: at least ten times more seclusion events and multiple mechanical restraints events compared to now. There were other clear signs of malfunctions which do not exist any more. Today, three years later, the atmosphere changed to a better one, dramatically (as per staff feedback), the unit has only a few single events of seclusion and zero mechanical restraints per year

(unit statistic). The writer utilized a very deliberate strategic fit to achieve these results. The CN model, which the writer used, was one of the main parts for that fit. The success of that model in the writer's very specific experience with this particular unit, as well as less straightforward connections between the utilizations of the CN model to the successful unit operation in other cases known to the writer, are largely responsible for the bellow discussion.

Benefits for TL model

A substitution to the nursing leadership

In Ontario, especially among mental health units, it is more and more popular for somebody else and not a nurse to act as a unit manager. This, now popular, trend has many reasons, even though it is very hard to find any nurse thinking that this is something acceptable. In the same way as it is hard to find a firefighter or a police officer or a military specialist thinking that somebody outside from their profession may lead them to action. This unacceptance is typically a taboo topic and is not a part of an open discussion. Yet, it does create certain real challenges for the non-nurse professional in that position: difficulty with leadership and trust with nursing personnel who sustain that unit's 24/7 service, lack of ability to ensure nursing standards, inability to lead by example, and etc. TL model may somewhat mitigate these challenges, as it provides some substitution to the otherwise lack of nursing official leadership. The TL, therefore, is a representation of the overall nursing staff aspiration, challenges, ideas and a person who may lead the nursing team on the floor in the absence of a nurse in the unit manager position. The TL then can present those ideas, needs for development and challenges to the unit manager.

Help to the non-nursing manager

For a non-nursing manager, the TL model helps to orient self to the daily nursing activity, concerns and dynamics. Essentially, TL is acting as a resource for nursing skills and knowledge to the non-nursing manager.

TL in this tandem of TL and non-nursing manager plays the role of a communication hub between a non-nursing manager and a nursing team. As was mentioned above, the lack of trust and effective understanding between a non-nursing manager and nursing team poses a challenge to a unit's function. TL in those circumstances can help to build and maintain that trust and understanding.

The feeling of stability

TL model provides a sense of stability and consistency of tasks' execution on the floor from Monday to Friday 07:30 to 15:30 format. The assumption is that the same person will remember the nursing team tasks from Monday to Friday. From the writer's point of view, there is nothing to suggest that this reliance on a human memory to insure consistency is any better than the reliance on hand-written or electronic calendars. Most probably it is the opposite.

The permanent TL is also very comfortable with the upper management, as it helps to establish a second communication with a unit nursing team (through that permanent person) in addition to the unit manager. This can be helpful on Monday to Friday basis, especially if the unit manager is off.

Development of the internal leadership for the future

A person in the TL position may gain serious experience and knowledge to assume a next level position in the hospital with such required skills. TLs pool, therefore, is a good source of candidates for hospital leadership.

Benefits for CN model

The high quality of nursing leadership, including mornings Monday to Friday

The existence of a reliable group of nurses (all of my 14 RNs) able to pick the charge of the unit 24/7. The nursing leadership during morning hours Monday to Friday it is a much more complicated task than leadership out of these hours. CN during these morning hours has to do a very unique set of activities: communicate effectively with the whole inter-professional team, deal with unit supply, IT and repair issues, organize treatments and assessments that are unique for morning hours (ECT, group therapy, and etc.), deal with human power and schedules much more than after hours, organize day trainings, deal with patients and family, communicate with upper management, connect with other units to share different resources, communicate with other hospitals and services to coordinate patients' care, communicate the overall nursing perspective to the manager and inter-professional team.

All of the above tasks and activities require skills and knowledge (leadership, negotiation, know-how, and etc.) that a nurse can keep only if performs them at least once in a while, once per one to three weeks.

CN model allows that performance and skills maintenance. Therefore, all nurses who do CN are exchangeable during all shifts.

Compared to TL model, when in an absence of TL there is nobody with similar skills to lead nursing team on the same level of quality, CN model insures a high quality of the team leading not only during morning hours from Monday to Friday, but also 24/7.

24/7 operation of a service often require these skills and knowledge that can be developed well only during morning Monday to Friday hour leadership.

Huge pool for leadership

The same group of people is a source for the potential manager replacement (source for hospital internal leadership). Compared to TL, this model allows a much bigger and diverse pool for the potential leadership.

The consistency of care and task execution on the floor in 24/7 format

In the unit with 12-hour shifts, the Team Leader leaves a gap of information and leadership from 15:30 to 19:30 (4 hours). This gap has to be closed by one of the nurses during the next 12-hour shift. The writer's experience teaches that the quality of such 4-hour leadership is very poor and the necessary for 24/7 operation information are not passed well enough to the night 12-hour shift.

Vacations and change of shift freedom, budget

CN is easy to replace in a change of shift process, vacations, sick leaves and emergencies (vs TL where all eggs were placed in one basket). All nurses in CN role can do overtime for regular overtime rate (and not special TL rate).

Team building

From the writer's experience, this is the most important component of CN model that separates it from the TL model. That team building component enhances nursing team based approach to the direct clients' care, which is especially important in Mental Health units. This is because in Mental Health units clients do not getting care only on their beds by one assigned nurse but rather their care happens in that unit general milieu, often by few nurses together. CN model creates a shared sense of responsibilities and a shared sense of a government on the floor. Each nurse from that group is well aware about all 24/7 tasks. This ensures a reciprocity in support when a nurse is not in CN role. This also creates a strong sense of belonging significantly raising motivation (compare with TL model with a similar group).

Very useful performance management tool

In the majority of Collective Agreements in Ontario, there is no obligation for the manager to assign CN role to a nurse. Therefore, in CN model when CN role is assigned only "for the best nurses" and can be taken away anytime, without going through a complicated and costly process with a union, this becomes a powerful motivation leverage. Everybody knows who does CN and who is not. This is very visible and speaks loudly, giving strong power to the manager. In my case, I gave it gradually to all RNs including part-time and they have to prove their capacity for this role. On my floor, therefore, CN role has professional respect from the rest of the inter-professional team (including RPNs). In TL model it would require huge energy to "performance manage" a poor functioning TL and the distraction to the patients' care would be enormous. (When one of the full-time RNs had a malfunction in this role and I took her away from that role, everybody saw it and it was very powerful to maintain the high-level of motivation to the rest of RNs to keep that CN designation.) During my two and a half years on the current unit, I used that tool three times. It is very powerful, fast, effortless and effective.

Protection from negative Organizational Behaviours

Due to it's strong reciprocity characteristic, CN model is a strong obstacle for the team to develop negative "organisation behaviours": bullying, harassment, building malfunction coalitions to hold a power and etc.

Training for CN with a nurse manager during day time

The ability of a nursing manager to provide support and direction to CN during day hours (conflict resolutions, schedule related decisions, and etc.) is an important tool for that nurse's leadership development.

For the non-nursing manager a better connection with a nursing team

Having rotating CNs during day hours may contribute to the development of a better trust and understanding, especially between the non-nursing unit manager and this core group of nurses who does the CN role. This trust and understanding plays a crucial role in 24/7 unit function, as these nurse in their CN roles keep conveying the manager's guidelines and philosophy to the rest of the team 24/7.

Disadvantages

Essentially, all CN model advantages are serious disadvantages of TL model.

Another serious disadvantage for TL model is a necessity to build and to maintain a new and separate division of nurses. This usually requires a separate hourly rating, HR, payroll and even Collective Agreement considerations. All this means: time and money.

The only perceived disadvantage for CN model is the supposed lack of consistency which is based on the belief that the human mind can be more reliable than paper, or electronic record. Acknowledging this concern, the writer however has to note that during his career he witnessed challenges with inconsistency related particularly to TL model due to TL memory problem and due to the lack of TL availability (emergency, vacations, and etc.) and yet to see similar inconsistencies with CN model.

Conclusion

Even taking into the consideration some relative benefits of TL model to the non-nursing unit manager, CN model of the nursing team leader is by far more preferable over the TL model for any type of a unit manager (nurse or not).

Conflict of Interest

No conflict of interest.

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