



Is the Charge Nurse a 'Real' Manager?

BY GENEVIÈVE M. CLAVREUL, RN, PH.D.

COMING SOON, the National Labor Relations Board (NLRB) will issue its long awaited pronouncement—the infamous Kentucky Rivers decision. So what makes this NLRB decision so important and how will it affect the nurses on the floor? The crux of the matter is whether the charge nurse is defined as a management position, or not.

The union perspective is that the charge nurse has no hiring or firing authority and no supervisory role in the hospital/healthcare setting, and therefore, is not a bonafide manager. Hospital administration believes that the charge

nurse is expected to assess nursing skills, make patient assignments based on that assessment, coordinate breaks, create schedules, mediate disputes, and is often involved in performance evaluations—in short, is expected to function as a manager.

Contrary to many union supporters, I see a decision in favor of charge nurses categorized as management as a positive outcome. Why? Because as an expert in both management and nursing, I know from personal and anecdotal experience, that one of the key problems in nursing is management. Clarifying the role of the charge nurse once and for all can only serve the greater good of nursing.

I continue to advocate for better nursing management.
A well-defined charge nurse position must be the
first rung in the **chain of command.**



I have long argued that nursing as a profession is in need of not only a facelift, but a major body lift. Our profession has grown over the years from an organization of volunteer handmaidens in days of yore, to nurses today who hold multiple degrees, credentials, and licenses—yet the infrastructure has not kept pace. Many patch jobs have been done to hide the cracks in our professional veneer.

One such patch job is the rotating charge nurse. In many hospitals, the charge nurse is a transient role, rotating between a handful, if not the full roster, of nurses who make up a particular unit. On the face, a rotation would appear to be a good way of discovering which bedside nurses have management skills and would be the best fit for this position. However, the selection is rarely done in a logical manner and is usually assigned without appropriate training. To further complicate things, it is not uncommon for the charge nurse to be selected simply based on personality rather than skill. When this rotating staffing model is used, few benefit and it can and often does lead to role confusion.

Role confusion continues to plague the profession of nursing. We see it in both the education and management tracks. In the hospital environment, role confusion occurs most frequently with the less-defined positions of head nurse, charge nurse, and in some cases even the director of nursing, when the position oversees a specific nursing specialty, not the entire nursing department. When the charge nurse

position rotates, role confusion ensues. However, when the charge nurse is a fixed position with a well-defined job description, then you have the first rung in the nursing management ladder.

If the NLRB rules that the charge nurse is indeed a managerial role, then unions lose the right to represent these nurses through collective bargaining. The nurse is no longer covered through the union contract, and the union loses dues-paying members. There are some who argue that the union leaders fear a NLRB decision would translate into a drop in membership, which could bode ill for the unions.

If the NLRB rules that the charge nurse plays no managerial role, then the hospitals and ultimately the nursing profession are the losers. I make this statement because one of the things I have and continue to advocate for is better management in nursing, and a well defined charge nurse must be a position in the chain of command.

In an earlier article, "A Not So Modest Proposal," I advocated for making the charge nurse a bonafide manager. I believe this provides a clear step between the bedside or floor nurse, and the first level of the nursing management team. Such a management opportunity allows for a pay differential, and would encourage an RN to pursue a Bachelor of Science in Nursing.

The nursing profession cannot continue to walk the tightrope of having a bedside nurse with no management authority whatsoever. If our profession is going to continue to thrive and evolve, then we need to define where the line of management begins and at which level it is implemented. It is my belief that this line of management begins with the charge nurse, but only when that role is well defined and recognized as an entry management position and a gateway into the upper echelon of nursing management.

Just as "too many cooks spoil the broth," too many nurses running the floor or unit in a hospital can create confusion and poor relationships within the ranks. Supervising other staff is by definition part of the management role. **WN**



Genevieve M. Clavreul is a health care management consultant. She is an RN and has experience as a director of nursing and as a teacher of nursing management. She can be reached at: Solutions Outside the Box; PO Box 867, Pasadena, CA, 91102-867, (626) 844-7812; gmc@solutionsoutsidethebox.net.

EDITOR'S NOTE: If you are interested in this topic, see "A Not So Modest Proposal," by Genevieve M. Clavreul, RN, Ph.D. which is archived on our website. Go to WorkingWorld.com, click on 'Nursing Jobs and Articles,' then select, 'From the Floor.'