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POSTER ABSTRACT

Contribution of the Charge Nurse to the Implementation of Structural Mechanisms Supporting the Integration of Care and Services

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Introduction: In a context where the integration of care and services (ICS) is increasingly necessary—both in Québec (Canada) and internationally—particularly in response to various governmental reforms, the contribution of frontline actors is essential to its implementation within healthcare institutions. The charge nurse (CN), through her clinico-administrative management position, effectively performs her duties based on a set of core skills, including leadership, interpersonal communication, clinico-administrative caring, problem-solving, and a solid understanding of the work environment.

In this regard, it is important to explore how the CN, through her position, contributes to the deployment of structural mechanisms, namely the presence of a service organization model and the management of financial, human, environmental, and technological resources that support ICS. Objective of the presentation: To present how the mastery of skills by the CN contributes to the implementation of structural mechanisms supporting ICS. Conceptual framework: This study is based on the "Levers and Obstacles to the Development of ICS" (LO-DICS) model (Longpré, 2017), which defines structural mechanisms as the presence of a service organization model and the management of financial, human, environmental, and technological resources, broken down into 10 sub-themes and 36 indicators.

Approach: A scoping review based on the Joanna Briggs Institute framework (2020) was conducted using the CINAHL, MEDLINE, and Cairn databases, as well as grey literature. Articles published between 2000 and 2022, written in English or French, and mentioning at least one of the five CN skills were selected. The selected articles were analyzed according to the sub-themes and indicators of the LO-DICS model. Results: Of the 2,672 articles identified, 23 met the inclusion criteria after removing duplicates.

Five of these articles demonstrated a link between the problem-solving skill of the CN and structural mechanisms supporting ICS, while the other four skills were not identified in the literature. Under the theme "Service Organization Model," the CN supports the sub-theme "Service Coordination" by meeting the "Care Trajectory" indicator through the facilitation of interdepartmental coordination and cooperation during patient transfers, and the "Knowledge of

Trajectories" indicator by coordinating shift activities, ensuring continuity of care via inter-service handovers, and overseeing the patient's journey from admission to discharge. Under the theme "Human Resource Management," the CN contributes to the "Staffing" sub-theme by responding to the "Staffing to Meet Patient Needs" indicator, continuously adjusting staff levels based on patient volume and acuity, and negotiating staff allocation and patient assignments. In the same theme, she also contributes to the "Workplace Health" sub-theme by addressing the "Balanced Workload" indicator, notably through equitable task delegation.

Implications: The findings highlight the problem-solving skill as a key determinant of ICS through structural mechanisms. However, no evidence was found supporting the CN's contribution to ICS through these mechanisms for the other four skills, suggesting the need for future research in this area.