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Optimizing the Charge Nurse Role to Improve Workflow and Communication in a Community Living Center

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Walden University

College of Nursing

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Ndidi K. Ibe

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and that any and all revisions required by
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Walden University

2026

Optimizing the Charge Nurse Role to Improve Workflow and Communication in a
Community Living Center

by

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Executive Summary Submitted in Partial Fulfillment

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Introductory Summary

The project site has experienced fragmented workflows, inconsistent delegation, and communication gaps, all of which negatively impact patient safety and staff efficiency. The charge nurse is expected to organize patient care, support clinical decision-making, and ensure workflow continuity; however, the role of the charge nurse has not been clearly defined. This lack of clarity has led to delays, redundancies, and decreased staff morale, as employees report uncertainty about leadership expectations. Leadership evaluations further reveal breakdowns in communication, task prioritization, and disciplinary coordination. The purpose of this proposal is to submit a quality improvement initiative to enhance workflow efficiency and communication among charge nurses by standardizing leadership roles and processes. The goals are to define charge nurse responsibilities, improve delegation and communication processes, and support consistent leadership practices. Anticipated outcomes include better alignment of care processes, increased employee satisfaction, enhanced team communication, and improved continuity of care. The lack of standardized nurse roles, ineffective communication, and inconsistent delegation patterns contribute to workflow inefficiencies and reduce staff cohesion. These gaps threaten patient safety and continuity of care and contribute to stress and burnout among nursing staff. This initiative strengthens nursing practice through improved leadership and care coordination while promoting positive social change through equity, inclusion, and diversity.

Impetus for New Program/Change in the Organization

Supportive Data

Internal assessment data show that most nursing staff find the expectations for the charge nurse role unclear, and communication acts as a major barrier to workflow efficiency. Surveys, leadership reports, and workflow audits consistently reveal delays in task delegation, care transitions, and interdisciplinary communication. Patient care delays and inconsistent communication patterns also highlight gaps in workflow coordination. Community-level comparisons indicate that structured leadership and clearly defined roles lead to better coordination and higher staff satisfaction. Without intervention, workflow inefficiencies, staff dissatisfaction, and risks to patient safety are likely to continue.

Key Literature Supporting Practice Change

The literature supports the view that structured leadership, consistent communication, and clearly defined roles are essential components of effective healthcare systems. Issah (2018) emphasized emotional intelligence as a key factor in leadership effectiveness. Specchia et al. (2021) identified transformational leadership as improving job satisfaction and reducing clinical errors. Alsadaan et al. (2023) highlighted the relationship between leadership practices and staff performance. Additional evidence has indicated that defined leadership roles improve team coordination and patient outcomes (Clarke & Persaud, 2021). Workflow redesign enhances efficiency and care delivery (Read & Sims, 2022). Leadership competency supports timely interventions and situational awareness (Bender et al., 2016).

Alignment With Organization Mission, Vision, and Values

This project aligns with the Community Living Center's mission to provide coordinated, patient-centered care and its vision of delivering efficient and high-quality services. It supports core values of integrity, accountability, and professional excellence by promoting clear leadership expectations and improving communication processes (see Appendix A).

Logic Model Framework for Change

Resources: Staff, leadership, workflow tools, and communication systems support the implementation of the project (see Appendix B).

Activities: Training workshops, daily huddles, and ongoing performance monitoring are used to standardize workflow and communication practices.

Outputs: Educated charge nurses, standardized delegation processes, and documented workflow compliance across units.

Results: Reduced delays in care delivery, improved patient satisfaction, and increased staff engagement and communication effectiveness.

Impact: Sustainable workflow improvements, safer patient care, and strengthened organizational culture supporting long-term efficiency and quality outcomes.

Risk and Values to the Organization

Optimizing the charge nurse role enhances workflow efficiency, staff satisfaction, and patient outcomes, aligning with the organization's mission and values (see Appendix A). Potential risks include staff resistance, temporary workflow disruption, and initial training costs, which can be mitigated through early engagement, feedback loops, and

monitoring. The expected benefits, including improved communication, reduced errors, and increased leadership accountability, outweigh these risks, making this a valuable organizational initiative.

Key Stakeholders and Roles

The project team includes the project lead (i.e., DNP student), charge nurse representatives, nursing staff, executive leadership sponsor, quality improvement specialist, and IT support staff (see Appendix C). Daily huddles, weekly team meetings, and monthly leadership reviews will support communication and project oversight.

Operations

Implementation and Evaluation Plan

Input: Resources include leadership development programs, staffing support, standardized workflow tools, and communication systems.

Activities: Activities include role clarification workshops, leadership training, implementation of communication tools, and workflow monitoring

Outputs: Outputs include trained charge nurses, standardized communication practices, and improved delegation consistency.

Short-term outcomes: This includes improved communication, workflow clarity, and staff engagement.

Long-term outcomes: This includes improved workflow efficiency, increased staff satisfaction, and enhanced patient care quality.

Implementation Phases

Phase 1 (Weeks 1–2): Workflow assessment and stakeholder engagement (see Appendix D)

Phase 2 (Weeks 3–6): Development of standardized protocols and staff training

Phase 3 (Weeks 7–12): Implementation and monitoring of workflow changes

Phase 4 (Weeks 13–14): Evaluation and reporting

Evaluation Framework

Evaluation will include both formative and summative measures (see Appendix E). Formative measures include workflow audits, communication assessments, and staff feedback. Summative measures include workflow efficiency, staff satisfaction, patient outcomes, and financial performance.

Technology Needs

Existing workflow tracking systems and communication tools will support implementation. Minimal additional resources are required, primarily focused on communication tools and training.

Budget and Return on Investment

The total project cost is \$12,148, including staffing, training, communication tools, workflow materials, and evaluation (see Appendix F). The project demonstrates measurable return on investment (ROI), with an estimated 52% ROI driven by improved workflow efficiency and reduced RN hours, particularly within the LR2 unit (see Appendix E).

Professional Considerations

Regulatory and Legal Issues

The project must comply with all federal, state, and organizational regulations governing nursing practice and patient care. Policies related to patient privacy, documentation, and scope of practice must be strictly adhered to, ensuring both legal compliance and protection for the organization. Union contracts and staffing agreements must be considered when redefining roles and workflows, particularly when adjusting responsibilities or schedules. Staff training is critical to ensure adherence to updated policies and protocols, with clear documentation of competency and understanding. Continuous monitoring and reporting of workflow changes are necessary to maintain regulatory compliance, mitigate potential liability, and support ongoing quality assurance. Collaboration with legal and human resources teams ensures any potential issues are proactively addressed. By embedding regulatory and legal considerations into the project, the organization safeguards patient safety, maintains ethical standards, and ensures sustainable improvements in care delivery.

Potential Project Outcomes

Organization

The project is expected to improve operational efficiency through clear role delineation, streamlined communication, and standardized workflows. Leadership visibility and consistent charge nurse practices will support better team coordination, reduce errors and enhance accountability. Improved workflow can reduce overtime work and optimize staff allocation, contributing to cost savings and a measurable return on

investment. The organization will benefit from stronger adherence to best practices, better documentation, and a culture of continuous quality improvement. Through standardized processes, patient care outcomes are expected to be more consistent across units, enhancing organizational reputation and demonstrating commitment to high-quality care. These operational gains can also support future initiatives, providing a foundation for broader process improvements across other units or services.

Community

The project will indirectly benefit the community served by the organization. Standardized charge nurse roles and improved workflow are expected to enhance patient safety, satisfaction, and timely access to care. Families and caregivers will experience more coordinated communication and higher confidence in the care provided. Additionally, consistent, high-quality care can strengthen community trust in the facility and its services. Improved staff satisfaction and retention may also reduce turnover, leading to more stable and experienced care teams, which further benefits the community. Over time, these improvements may serve as a model for other local healthcare facilities seeking similar efficiency and patient-centered approaches.

Nursing Practice

The project provides charge nurses and staff with a clear framework for leadership, workflow management, and interdisciplinary communication. Nurses will gain improved understanding of their roles, responsibilities, and professional expectations. Enhanced communication protocols and structured leadership will reduce role ambiguity, stress, and errors, supporting overall workforce satisfaction. Through

participation in workshops and evidence-based interventions, nurses will strengthen critical thinking, delegation skills, and collaborative decision-making. This project fosters professional growth and leadership development, empowering staff to contribute to continuous improvement initiatives. Ultimately, nursing practice will be enhanced by consistency, efficiency, and a focus on safe, high-quality patient care.

Diversity, Equity, and Inclusion

The project promotes equitable distribution of responsibilities among nursing staff, ensuring that all RNs have access to leadership opportunities and training. Standardized protocols support fairness in workload allocation and recognition of contributions, regardless of background. The structured approach allows nurses from diverse experiences and roles to participate fully in communication improvements and leadership activities. By fostering inclusion in team decision-making and workflow processes, the project enhances staff engagement and professional growth for all team members. Improved equity and inclusivity support a positive organizational culture, contributing to higher job satisfaction, retention, and collaborative team dynamics.

Summary

This project demonstrates a structured, evidence-based approach to enhancing the charge nurse role through workflow standardization, leadership clarity, and improved communication. By aligning with organizational goals, the initiative promotes operational efficiency, patient safety, and staff satisfaction. The anticipated outcomes include measurable ROI, sustainable improvements in care delivery, and professional development opportunities for nurses. Positive impacts extend to the organization, the

community it serves, and the nursing profession by fostering safer, more inclusive, and high-quality care environments. The project aligns with principles of social change, diversity, equity, and inclusion, supporting an ethical, patient-centered approach to healthcare delivery while enhancing leadership capacity and professional practice.

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Appendix A

Organizational Alignment: Optimization of Charge Nurse Role at a Community

Living Center

| Organizational Element | Statement | Project Alignment / Example |
|-------------------------------|--|---|
| Mission | Offer safe, efficient, and high-quality patient-centered care, workforce, and workflow efficiency. | The charge nurse standardization project can be described as one method of providing consistent leadership and communication to promote coordinated and safe care during any shift. The initiative will have a direct impact on the quality of patient care and the supporting working environment of the nursing staff through defining roles. |
| Vision | Be a recognized leader in the long-term care innovation and staff development field, which guarantees organizational excellence. | Evidence-based workflow and formalized patterns of communication developed as a result of the introduction of standardized charge nurse positioning are indicators of leadership in the sphere of operational innovation and contribute to the improved coordination of care. |
| Core Value: Excellence | Make sure that there is excellent practice and continuous quality improvement. | The project uses evidence-based strategies and leadership workshops to enhance performance and workflow efficiency, ensuring clinical excellence and improved patient safety. |
| Core Value: | Encourage | The project uses evidence-based |

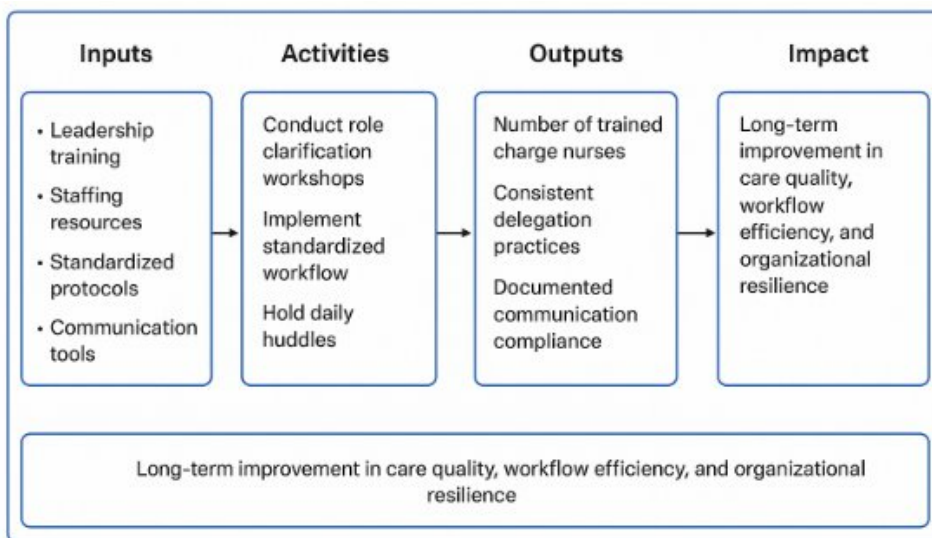
| | | |
|--|--|---|
| Respect & Teamwork | intertwining, diversification, and interaction among employees. | strategies and leadership workshops to enhance the efficiency of the workflow and improve clinical excellence to offer better patient safety. |
| Core Value: Accountability | Be open, responsible, and good. | The organization of feedback loops, role expectations, and performance metrics can be used to establish accountability in the leadership and workflow processes. |
| Strategic Goal: Improve Staff Satisfaction | Enhance employee participation, work burnout, and workforce retention. | By defining charge nurses' roles and responsibilities, the project will reduce stress and improve job satisfaction and a positive working culture. |
| Strategic Goal: Enhance Patient Care & Safety | Ensure quality and consistent patient care with organized leadership in place. | The improved coordination, communication, and standardization of leadership contribute to the improved patient outcomes and safety indirectly or meet the patient-centered care indicators of the organization. |

Appendix B

Logic Model Framework for Change

- ✓ Resources: Leadership development, manpower, standardized operations, and communication solutions.
- ✓ Activities: Role and standard workflow clarification workshops, daily huddles, and performance observation.
- ✓ Outputs: Educated charge nurses, self-reported communication standards compliance, and common delegation trends.
- ✓ Results: The care delay is reduced, patient satisfaction is improved, staff engagement is improved, and leadership capacity is increased.
- ✓ Impact: Long-term positive change in the quality of care, workflow, and resilience of the organization (Kettner, Moroney, and Martin, 2023).

Description of the Diagram: The logic model diagrammatically illustrates how the input of resources and activity can be transformed into the output, outcomes, and long-term impact, where the interventions are transformed into the actual organizational outcomes.



Appendix C

Team Charter

| TEAM PURPOSE |
|---|
| <p>The target of this project team is the standardization of the role of charge nurse, interdisciplinary teams' communication, and workflow efficiency at the Community Living Center. The team will also ensure that the project-related activities are aligned with the organization's mission to deliver coordinated, patient-centered, and safe care. The skills of the team encompass the capability to employ evidence-based interventions in the improvement of patient results, staff satisfaction, and the capacity to lead.</p> |
| TEAM STRUCTURE & ROLES/RESPONSIBILITIES |
| <p>Project Lead / DNP Student—will oversee the project, offer evidence-based alignment, and report progress.</p> <p>Charge Nurse Representatives- Provide direct feedback, participate in workshops, and show the communication change.</p> <p>Nursing Staff Members: Comment on workflow, follow the procedures, and report impediments.</p> |

Executive Leadership Sponsor—approves the scope of the project, distributes resources, and ensures company alignment.

Quality Improvement Specialist—Measures results and metrics and helps to collect data.

IT/Communication Support Staff—Installs the means of communication, assists in data reporting, and shares knowledge.

Appendix D

Implementation Plan

| Objective | Responsible Party | Deliverables | Timeline |
|--|---|---|------------|
| Assess current charge nurse workflows | Project Lead (DNP student) | Workflow assessment report | Week 1–2 |
| Develop structured charge nurse role protocols | Nursing Leadership | Standardized role protocol document | Week 3–4 |
| Train RNs on refined charge nurse responsibilities | Nurse Educator & Project Lead | Training sessions, attendance logs | Week 5–6 |
| Implement communication tools | IT & Nursing Leadership | Updated communication boards, software | Week 5–6 |
| Monitor workflow changes | Unit Managers | Daily audit logs, feedback forms | Week 7–12 |
| Evaluate project outcomes | Project Lead & Quality Improvement Team | Summative report on efficiency and satisfaction | Week 13–14 |

Notes:

- LR2 receives special focus due to higher census (46 patients).
- Evaluation includes RN satisfaction, shift efficiency, and patient throughput metrics.
- Implementation will follow an iterative PDSA cycle (Plan-Do-Study-Act) to refine protocols.

Appendix E

Evaluation Plan

Formative Measures:

- ✓ Task checklists and daily work (workflow audit) logs.
- ✓ Inquiry regarding communication efficacy between the staff and RN.
- ✓ Tracking of patient throughput and response time according to the shift report.

Summative Measures:

- ✓ Comparison of pre- and post-intervention: RN hours, overtime, and patient satisfaction.
- ✓ Workflow performance improvement.
- ✓ Financial ROI over 3 months
- ✓ Employee involvement and retention in the position of charge nurse.

Evaluation Methods:

- ✓ Data gained with the help of Meditrek, unit reports, and staff surveys.
- ✓ The team meets on a week-by-week basis to review and revise protocols.
- ✓ Scaling suggestions are provided with a final report prepared at the end of a project.

Project Outcomes

- ✓ Operational: Workflow efficiencies at LR1, LR2, and Hospice.
- ✓ Financial: LR2 anticipated a 52% ROI due to RN savings of hours.
- ✓ Staff: More knowledge of the role of charge nurse; reduced stress and mistakes.

- ✓ Patient Care: Patients are provided with improved care in less time and with improved quality.
- ✓ Sustainability: The consistency of the procedures allows tracking and repetition in units.

The outcomes of the project can justify the resources used in the project and reflect the measurable effects on the organization and population of the patients.

Appendix F

Budget Plan

Assumptions:

- Average RN hourly rate = \$40
- Shift length = 8 hours
- Units: LR1 (32 patients), LR2 (46 patients, 4 RNs/day), Hospice (7 patients)
- Project period: 3 months
- Includes training, tools, and evaluation costs

| Category | LR1 | LR2 | Hospice | Total | Notes |
|-----------------------|----------------|----------------|----------------|-----------------|--------------------------------------|
| RN Staffing Costs | \$2,560 | \$3,680 | \$560 | \$6,800 | Based on HPPD; 8-hr shift |
| Charge Nurse Training | \$1,000 | \$1,000 | \$500 | \$2,500 | Role refinement & workflow workshops |
| Communication Tools | \$200 | \$200 | \$100 | \$500 | Boards, software |
| Workflow Materials | \$300 | \$300 | \$100 | \$700 | Checklists, signage |
| Evaluation Costs | \$400 | \$400 | \$150 | \$950 | Surveys, audits |
| Contingency (5%) | \$272 | \$359 | \$67 | \$698 | Unexpected expenses |
| Total | \$4,732 | \$5,939 | \$1,477 | \$12,148 | |

ROI Example:

- LR2 pre-intervention RN hours/day: 4 RNs \times 8 hrs = 32 hrs
- Post-intervention: 10% efficiency gain \rightarrow 3.2 hrs saved/day
- Cost savings/day = 3.2 \times \$40 = \$128 \rightarrow \$3,072/month
- ROI = Cost savings \div Project costs = \$3,072 \div \$5,939 \approx 52%

This demonstrates financial and operational benefits from optimizing the charge nurse role.