Chapter 7: Nursing Organization

Teaching Goals

After finishing this chapter, every student should have a firm concept of both what nursing contributes to high quality, safe, efficient, and effective patient care and how the nursing organization supports this contribution through a combination of service excellence and continuous improvement. The chapter is consistent with a professional practice model that is used by the highest functioning healthcare organizations—those that have documented both excellent patient outcomes and high nurse satisfaction and loyalty.

Emphasis is placed on “professional” nursing and nursing interventions that are based on evidence. The many sites of care is emphasized so as to not limit the discussion to acute care nursing. This is a good place to discuss end-of-life care (i.e., palliative and hospice) and the role of nurses, whether in the hospital or home. Students should also be able to describe advanced practice nurses and how they may be utilized in healthcare organizations (HCOs).

Nurses are key participants in the multidisciplinary care team that develops and executes patient care plans, patient management protocols, and functional protocols. Nurses are responsible for care across the continuum in various institutional and community settings. In pacesetter healthcare organizations, the chief nursing officer or patient care executive is responsible for leadership and strategic visioning across clinical service lines and the establishment of nursing practice plans and functional protocols that cross service lines.

Figure 7.3 (p. 260 in the book) is designed to show the functions of nursing with institutional and community examples. Nursing’s success on these dimensions is a function of leadership, organizational culture, commitment to a professional nursing model, and resource allocation.

The scope of nursing care is outlined in Figure 7.4 (p. 262). The takeaways here are that nurses have independent nursing actions that are grounded in theory and evidence; they don’t just follow physicians’ orders. Although a lecture may cover specific nursing interventions and actions, an alternative approach is to plan and schedule an experiential learning opportunity: pair a student with a staff nurse for an 8-hour shift so that the student gets to see what a nurse actually does. (Contact Ken White for information on how to arrange such a learning experience. Email: krwhite@vcu.edu or phone, 804/828-8651)

Well-managed HCOs provide staffing that is adequate in number and skills. When staffing is lean, the nursing actions that are limited or omitted are the ones that tend to give nurses the most satisfaction (e.g., patient and family teaching, prevention strategies, discharge planning). Staffing and scheduling a nursing unit is covered in class, with examples on how to put together a staffing plan for a 20-bed unit, 24/7, with a fluctuating
census. This could also be modified for a gradable exercise. In Figure 7.7 (p. 279) a traditional nursing organization is described. How would this be different in a clinical service line? Some clinical service lines may not be headed by a nurse, so in this case how would nurses relate to the nursing organization?

The role of management is making these things happen, ensuring that nursing turnover is low and that outside agency utilization is minimal or nonexistent. The challenge for management is to develop a culture where nurses prefer to practice (magnet concept) and where outcomes are better.

A favorite assignment for residents or fellows is developing plans for achieving NCC’s Magnet Designation, or developing a nursing retention plan. Students should be familiar with the wants, needs, and desires of nurses and the ways to get that information (qualitative and quantitative).

Important as it might be, the chapter does not cover information about the nursing profession and workforce economics or go into detail about the various types of nursing education programs. It does note that well-managed healthcare organizations make a deliberate effort to recruit young people to nursing.

In a Few Words

Nursing is a major player in the 21st century healthcare delivery system. Nurses have a broad role:

- assessing patients, identifying desired outcomes, and monitoring progress
- developing a multidisciplinary patient care plan
- improving quality and ensuring safety
- educating patients and caregivers
- designing a professional nursing practice culture

not only for acute patients, but for primary care, long-term care, and hospice care.

Supporting this role requires a sound management program that assures adequate numbers of adequately trained staff and makes nurses “loyal” associates who want to continue to work, and will encourage others to work for the organization. Modern nursing departments develop processes for recruitment, training, scheduling, and nurse satisfaction that meet those needs.

Chapter Outline

An adequate supply of nurses at all levels must be recruited. Nationally, there are shortages not only of nurses at various training levels but also of faculty to prepare them. HCOs must take steps locally and collaborate nationally to increase the supply.

The transition to service lines has created a dual accountability in nursing— to the service line team and to the nursing organization. The nursing organization is emerging as the source of standards for common elements of nursing care, staffing and scheduling models, training for nonprofessional nursing personnel, and training for nurse supervisors.
A culture of improvement must replace a culture of blame. To improve patient and associate safety, nurses and others must feel free to report errors and near misses and must work with others to devise processes that eliminate them.

Retention of nursing personnel is essential. Turnover is costly, both in direct dollars for finding and training new personnel and in the hidden costs of errors and team efficiency. HCOs that show their respect for nurses in tangible ways—answering their questions, providing adequate support, and encouraging them to participate in protocol selection and performance improvement—achieve benchmark turnover rates below 10 percent per year.

Powerpoint Slides
See Learning Tools.

Questions to Debate
Slides of the individual questions are downloadable. We have prepared some summary thoughts on the content of class discussion. Obtain this information by writing (conventional mail) on academic letterhead to:

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(Please include an academic (dot edu) e-mail address.)

1. In view of a national nursing shortage and inadequate numbers of nursing faculty for increasing enrollments, how would you ensure an adequate supply of nurses in your organization?

2. There has been much debate on which is the best educational preparation to practice nursing—“technical” (hospital trained, associate’s degree), or “professional” (baccalaureate degree or higher). What are the arguments for technical and professional programs? How are technical and professional domains related? How should an HCO determine what level of preparation is required in various staffing situations?

3. Should a service line administrator be a nurse? If all nurses are organized along clinical service lines, what would be the role of the Chief Nurse Executive? What are some potential conflicts that might arise between the traditional nursing organization hierarchy and service line management? How would you resolve these?
4. Advanced practice nurses (APNs) are being used in a variety of settings where they replace physicians. The most numerous applications are in outpatient primary care and chronic disease management, but some have been used in intensive care units. Why are these changes occurring? Are they a good idea? How would you assure appropriate use of APNs in general?

5. What does a nurse supervisor need to know? How would you select and prepare nurses for supervisory roles?

Additional Discussion Questions

The following questions may also be used to stimulate debate:

1. **Nursing role**

   1.1. Explain how institutional nursing contributes to the Institute of Medicine’s aims (safe, effective, patient-centered, timely, efficient, and equitable care) as it pursues its direct care, protocol, and service excellence functions.

   1.2. How is the nursing role different from the role of other clinical support services and of physicians?

   1.3. The chapter takes a broad view of the nursing role, as indicated in Figures 7.3 and 7.4 (p. 260 and p. 262). A competing perspective is much more limited. In extreme form, only the following personal nursing activities might be expected:

       - Administer drugs and treatments
       - Convey CSS orders, specimens, and transport patients
       - Instruct patient on preparation, side effects, and recovery
       - Maintain protocols and schedules for each patient
       - Provide data for physicians and other clinical support services

       All other functions would be assigned to other units of the organization, or should be left undone. To which perspective should a well-managed healthcare organization aspire? Discuss why, in terms that non-nursing stakeholders (such as trustees, physicians, or patients) might appreciate.

2. **Staffing and scheduling**

   2.1. How is the long-term need for nurses determined, and how the shift–by-shift variation in need accommodated?

   2.2. Figure 7.5 (p. 270) shows a staffing algorithm used to keep the level of nursing service per patient close to desired standards. The data shown in the figure are available here, along with employment cost figures for the
six classes of personnel. What is the occupancy of the unit that produces the lowest cost?

3. **Recruiting and retaining nursing personnel**
   
   3.1. What actions make a healthcare organization especially attractive to nurses? Why do most healthcare organizations fail on these actions? How can a healthcare organization increase its ability to recruit and retain nurses?
   
   3.2. How do the nursing performance measures (see Figure 7.9, p. 282) contribute to recruiting and retaining nursing personnel?
   
   3.3. Review carefully the “Human Resources Function: Recruiting and Retaining” (p. 277) section of Chapter 7, relating it to concepts covered in the preceding chapters. Complete this sentence, for use in convincing nurses to work for your organization: *Our organization is a place nurses choose to work, because we do the following things....*

4. **Nursing organization models.** Obviously the substitution of less-trained personnel on nursing teams reduces costs, other things being equal. Discuss the implications of “other things being equal,” and how a well-managed healthcare organization would deal with those implications. In other words, when and how can you move a given part of treatment (Figure 7.4, p. 262) to a less-skilled caregiver?

5. **Continuous improvement.** What is nursing’s role in continuous improvement of its own services? Of the integrated service of medicine and all clinical support services?

6. **Safe practices.** What is the role of the National Quality Forum (NQF) in developing guidelines for safe nursing practices? Refer to Figure 7.9 (p. 282) to identify examples of nursing practices that contribute to improved quality and safety. How would the NQF be able to influence organizations and their nurses to use its guidelines?

**Questions for Examination**

These questions are less ambiguous than the discussion questions. Obtain these questions and the authors’ answers by writing (conventional mail) on academic letterhead to:

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