

Designing Structure to Meet Demands, and Recruiting Talent to Achieve Results

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Nurse executives are leading in a time of unprecedented change. Not only are organizations currently inundated with change, but all indications are that the pace of change will continue to accelerate. Multifaceted developments in the technological, political, financial, professional, scientific, and

social realms are rapidly redefining the nature of healthcare and healthcare delivery. Nurse executives need to examine the scope and nature of the change we are facing during this period of turmoil and ambiguity, in order to develop effective strategies for leading organizations and the profession into the future.

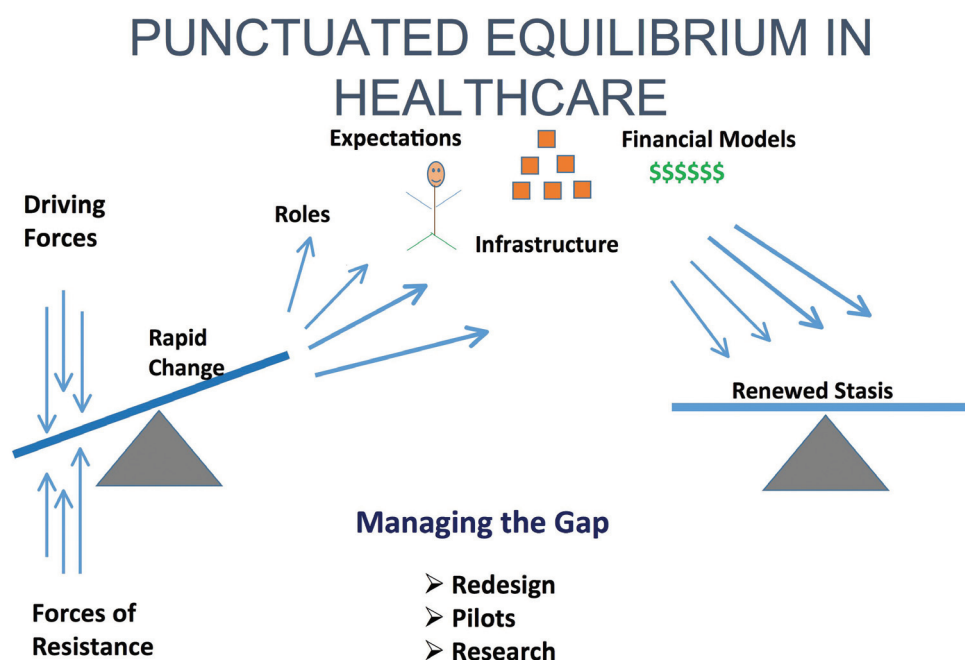
Many would argue that healthcare has been undergoing major changes over an extended period of time. However, the current alignment of driving forces is creating change at every level of the healthcare industry. Changes in one sector trickle down to cause unanticipated effects in other sectors. Change is prevalent from the international and national level to the patient bedside. In addition, in the current environment, random and unpredictable events are more common than in the past.

A dramatic, but useful, case in point is the emergence of the Ebola epidemic in countries in Africa and the identification of individuals with the disease in the United States. This situation has resulted in the need for the immediate review of policy and

practice in every healthcare organization, public health department, ambulance system, and clinic in the United States. Furthermore, the events to date are revealing the limitations of our current systems in regard to infectious diseases on an international level. Another challenge healthcare leaders face is the change in federal healthcare policy, the Affordable Care Act of 2010. Although the new policy expands healthcare access and coverage, it presents far-reaching economic and cultural implications that leaders must respond to.

The result is an environment of near chaos. Gonnering, in his article “The Future Demands Complex Leadership,” ominously predicts that “organizations that function at the edge of chaos will deliver the most productivity to the

Figure 1. Punctuated Equilibrium



marketplace.”¹ Nursing executives find themselves managing in the gap between the former traditional model of healthcare and a future emerging model that remains shrouded in the mist.

Although the current chaos may lead to a more comprehensive healthcare system, some suggest that healthcare is in a period of *punctuated equilibrium*. This term, borrowed from evolutionary biology, hypothesizes that species experience long periods of stability interspersed with short periods of very rapid, dramatic change. Such change can be so far-reaching as to result in extinction of a species or the emergence of an entirely new species.

The driving forces for change in the healthcare system have aligned to overcome even the most traditional and fundamental elements of our field (Figure 1). Challenges in addressing population health, global payment, integrated and accountable healthcare systems, and international health issues have already resulted in the emergence of new national, regional, and local healthcare systems, repurposing of former healthcare organizations, and the blurring of boundaries between traditional organizations. New roles are emerging, and existing roles are being redefined. It seems we are in a state of free fall, “managing in the gap,” researching, restructuring, redesigning, and reforming. Yet, these changes only hint at the nature of the potentially new species of healthcare system yet to come.

The Institute of Medicine report² has propelled nursing toward a full partnership in leading healthcare redesign. “Efforts to cultivate and promote leaders within the nursing profession—from the front lines of care to the boardroom—will prepare nurses with the skills needed to help improve health care and advance their profession”². Although the structures and boundaries between organizations, professions, and payers are in flux, the redesign team cannot retreat from

the field to develop the new paradigm. As chaotic as it may be, the system must be recreated in real time. Nurse executives must lead healthcare organizations through this period and achieve the goal of creating a dramatically different, but more effective, healthcare system.

WHAT TO DO NOW?

How does the nurse executive lead and succeed in this period of upheaval? The answer to the question is understandably complex. Fundamental issues will need to be re-examined, including: organizational structure, intraorganizational collaboration, professional roles and boundaries, patient and family control, leadership expertise, and clinical competencies. To achieve results, the nurse executive must have two foundational elements in place: first, a high-performance leadership team capable of functioning in the current environment; and second, a nursing infrastructure that supports the organization’s strategic goals and objectives.

DESIGNING STRUCTURE

Organizational structures can no longer be confined within the four walls of the acute care hospital. A patient- or population-centric model requires attention to the continuum of care. Achieving better outcomes at a lower cost will require the creation of new roles and care delivery models. Nursing leadership roles during a time of punctuated equilibrium need to be visionary and creative, but at the same time, responsive to the immediate needs of the day. Developing roles along departmental lines is no longer effective. Leadership roles must align with patient needs, expectations, flow, and transitions. Nursing roles that span the boundaries between acute care and the community and between primary care and the acute sector are required.

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