

CH. 12

- Organizations are when the number of workers is large enough to require a supervisor, which is helpful because more work is accomplished than what an average individual can accomplish. The informal organization's focus is upon the employees, their relationships, and the informal power within the relationships. The formal structure is highly planned and visible which is the opposite for informal where it is unplanned and hidden. Formal provides authority, responsibility, and accountability which forms a hierarchy of roles.
- Max Webber: father of organizational theory which composed the characteristics of bureaucracy. He formed 3 ideal types of theories of why people obey the rules one is "legal-rational authority" this one follows the hierarchy. The other ones include specialization of work, division of labor and impersonality of relationships. Weber realized there is a lack of unity of command which in turn creates conflict and loss productivity.
- The organizational chart can identify roles and expectations, define relationships formally, and authority. Lines are indicative of what type of communication is formed such as the solid vertical lines denote the official chain of command. Dotted lines represent staffing positions which puts the manager with more responsibility to create the structure of the work environment. Unity of command is a vertical solid line which means one boss. Span of control is shown in the chart which is the number of people directly reporting to any one manager represents how much control that one person has.
- Top level managers: look at organization as a whole (CEO, chief nurse) that require leadership roles as well. Middle level: this is the middle man who talks to the big man and the littler men in the organization. This person carries out daily operations, long-term planning, and

establishing policies (nursing supervisor). First level: operator of the specific unit, more of managerial work (primary care nurses).

- Centrality: where are you on the chart.
- Limitations include: gatekeeping positions, authority, responsibility, responsibility, and accountability because these depend on one person typically to handle all the stressors of being the person in charge and to catch the back fall.
- Bureaucratic structure or line structure include staff organizations with clear cut lines much like Weber's design. There are disadvantages such as monotony, alienate workers, and adjusting is difficult as well as this restricts upward communication.
- Ad hoc design: this can be temporary to complete a project in which the team follows the formal line organization. This can show how to overcome the inflexibility of line structure and how to handle vast amounts of information. Disadvantages include a decrease in strength within formal chain of command and decreased loyalty of employees.
- Matrix structure: focuses on product and function (how to produce the product). Decision making in this structure is slow.
- Flat organizations allow more work to be accomplished with higher decision-making skills. Service lines show shortcomings.
- Decentralized decision-making: problems are solved by the little man and this diffuses the situation at hand.
- Centralized decision-making: big man handles it.
- Stake-holders: affects health and performance. External: local school of nursing. Internal: would be the nurse.
- Organizational culture: this shows beliefs, values, language, tradition, customs, and cows (things that are not discussed, never change, just know you don't mess with it). Subcultures may develop with certain perceptions, attitudes, beliefs and influences this demonstrates how an employee approaches their role.
- Organizational climate: how employees perceive an organization.

- Shared governance empowers the nurse with their own decision-making, authority and responsibility for giving patient care.
- Magnet designation components to improve patient outcomes and higher level nurse satisfaction.
 1. Transformational leadership
 2. Structural empowerment
 3. Exemplary professional practice
 4. New knowledge
 5. Innovation
 6. Improvements
 7. Empirical quality results
- Pathway to excellence looks at institutions for creating a more positive work atmosphere being defined by the staff within the institution.
- Groupthink: too much conformity to group norms.

CH. 17

- Decentralizing staffing: unit managers make schedule decisions, manager covers all staff absences, reducing staff during periods of decreased patient census or acuity or adding more with higher numbers. Can feel the favoritism.
- Centralized: staffing done by personnel in the center, this is fairer for employees, uses most efficient source of resources, more cost-effective, no middle man.
- 12 hour shift: fair or unfair, safe or unsafe? Debating in progress. Erikson thinks this isn't a conducive environment for a nurse and creates a higher likelihood for burnout. Rollins believes this is conducive because of less days worked creating a better work/life balance. Ingstad and Amble also think this is good because it reduces stress by only working a few days and has better communication with patients.

- Per diem staff chooses when they want to work which receives higher level of pay, no benefits. Float pools cross-trains to work additional hours but lack staff continuity.
- Flextime: When do you want to work.
- Self-scheduling: nurses work together to form their schedules to benefit everyone.
- Shift bidding: nurses choose, have more control, reduces staff shortages, and reduce mandatory overtime.
- Critical indicator PCS: IV fluids, positioning, bathing diet. Summative: frequency of activities which all fits in with the workload measurement tool.
- Quality of care complies with accurate nurse to patient ratios, involves improving outcomes, decreasing incidents, having a diverse staff to meet every cultural accommodation, fair policies for the staff, and the re-evaluation of the policies to make sure this is fair for all employees and it is the best route.

CH 20

- Delegating tasks is one of the most critical parts of nursing. This entails when to delegate, what to delegate, and if these measures are safe for all personnel. This is not an option for the manager, it is based on necessity. The manager can use delegation for routine tasks in which the manager has no time for while building esteem for the subordinate with enhancing decision-making skills.
- Delegating has specific requirements from the manager for the employee to follow while the employee keeps their own decision-making skills and requires autonomy but, they are doing this task in order to achieve an end result.
- 5 rights of delegation
 1. Right task
 2. Right circumstance
 3. Right person

4. Right direction/communication

5. Right level of supervision

- LPN tasks: IV, sometimes given with vitamins, sometimes dialysis, antibiotics depending on the state. California: basic hygiene, vitals, basic assessment, document data, nursing interventions, skin testing, nonmedicated IV therapy, & patient responses. The LPN cannot perform a full assessment independently, develop a nursing care plan, administer IV chemo, or give any medications by IV push. In Nebraska LPN cannot perform triage, or do much of anything independently. Unlicensed personnel (UAP) cannot be assigned much of anything requiring scientific knowledge or technical skill. Things to not assign UAP include pre-procedure assessment, post evaluation, handling of invasive lines, sterile technique, parenteral medications, or lines, nursing process (pt. assessment), monitoring, evaluation, triaging, or patient education. Things UAP's can do include: ADL's, vitals, bathing, feeding, ambulating, weight, elimination assistance, and maintaining a safe environment.
- Leaders should always ask the individual if they are capable of performing that task at hand when selecting an employee to accomplish a task that has been delegated to them. This empowers the employee. Also make sure they have the means necessary to carry out the assigned task.
- The goals should be clearly stated to the employee so that there are regulations to the task or guidelines which promoted good communication. The leader should communicate the deadline of which to accomplish the task, be a role model and provide the guidance they need to accomplish the task. The leader should promote confidence and autonomy within the employee. After they have completed the task the leader should evaluate the performance and reward the accomplishment.

- Common delegation errors (critical leadership skill learned) can be from failure to meet the expected standard of care or breach which can increase the patient's risk and could result in malpractice. Frequencies include under delegating, over delegating and improper delegating.
- Under delegating: individual's false assumption that delegation may be interpreted as a lack of ability to be able to perform the specific task or could be from mistrust of the employee. This is undermining confidence.
- Over delegating puts almost too much trust into one person and could be from a result of a poor manager and the employee spends too much time trying to just figure out what is going on and get organized.
- Improper delegating results from giving the wrong position to the wrong employee at the wrong time or for a wrong reason such as giving a UAP the responsibility to give an IV push medication. This could also be from decision making given without the right information.
- The importance of this chapter is that the RN oversees the ultimate care and requires the best quality of care to the patient. The RN needs to be the one to make sure the care has been given correctly and the desired outcome is evaluated.
- A multicultural work team is essential to accomplish all tasks within the unit to provide the best quality of care. This means transcultural sensitivity in delegation is needed for certain patients or situations that require a different standard of care.