ORGANIZATIONAL CULTURE IN NURSING

Oleh: Purwaningsih
Organization

Decision made

Vision & mission

• Emphasize command
• Control perspectives
• Empowerment perspectives

• How systems operate
• How people work together
A system of meaning shared by the organization’s members

*Cultural values* are collective beliefs, assumptions, and feelings about what things are good, normal, rational, valuable, etc.

What is Organizational Culture?
What Is Organizational Culture?

- Innovation and risk taking
- Outcome orientation
- People orientation
- Aggressiveness
- Family-friendly
What is true about culture?

The way people think about how they do business on a daily basis and the way they behave.

Source: Journey to the Emerald City, Connors and Smith, 1999
Culture is the social glue that helps hold an organization together by providing appropriate standards for what employees should say or do.

Culture’s Overall Function
How Employees Learn Culture

- Stories
- Rituals
- Language
- Material Symbols
Officer basically frown upon the work / trying to avoid

- So that officer have to need for the controlled, forced, threat of penalization
  - Officer tend to evade of responsibility / searching formal guidance
  - Officer tend to look for the safety, a few/little ambition
* Officer see the work like things ordinary (resting, playing at)

* Determining its own direction, having a command over and feel trussed with an eye to

* Creativities, ability for the initiative of, to taking decision for the progress of organizational

Theory Y
Organized culture includes the customs and rights as well as the norms, values, behaviors, rituals and traditions of the organization.
2 types of clues for the nurse manager to assess organizational culture.

**EXPLICIT CLUES**

- formal contracts,
- written mission statements,
- policies and procedures,
- organizational charts
- job descriptions.

**IMPLICIT CLUES**

- informal,
- unwritten rules
- expectations
  i.e. dress code
CULTURAL DEVELOPMENT PRINCIPLE OF ORGANIZATION

Balance between individual importance and organization
Responsive and adaptive to development of science and technology
   Enabling the happening of culturesation from organizational culture of competitor
Developing learning organization agreed on by staff and management
   Process the evolutionary and continual

Sumber: Peggy McDonald (1991)
RESPONSIBILITY OF HEALTH CARE ORGANIZATION

- Clearly request how school of nursing can support the development of the Excellence environment
- Involve faculty as nursing advisors to health care organization
  - Participate as adjunct faculty
- Engage in creative partnerships to facilitate staff’s continued education
RESPONSIBILITY OF FACULTY

- Support professional practice environments
- Provide service to organizations
- Support nurses in quest for continued education
- Guide implementation of evidence based nursing
- Provide consultation for nursing research
- Facilitate learning environment
- Provide consumer feedback
ROLES FOR STUDENTS

- Interact with health care organization for evidence based nursing projects
  - Engage in a mutually beneficial relationship with staff
    - Conduct & present graduate school projects
    - Encourage staff who want to continue education
ORGANIZATIONAL BENEFITS OF A CULTURE OF EXCELLENCE

Higher ranking

Higher bond ratings

Aligns resources with strategic plans and approaches

Improves communication, productivity and effectiveness

Recognizes the importance of ALL employees to organizational success
ORGANIZATIONAL BENEFITS OF A CULTURE OF EXCELLENCE (CON’T)

- Reinforces positive collaborative working relationships
- Creates a dynamic and positive environment
- Raises the bar for improved multidisciplinary patient outcomes
- Increased marketing advantage
- Enhances recruitment and retention efforts
STAFF BENEFITS OF A CULTURE OF EXCELLENCE

Develops organization/unit pride
Fosters increased team work
Develops a culture of accountability
Enhances professionalism
Opportunity to develop leadership skills
Opportunity to develop/fine tune mentoring skills
Personal satisfaction and recognition
Functional Model of a Nursing Unit

Unit Manager

- Nurse Educator

Charge Nurse

- Medication (Registered Nurse)
- Treatments (Registered Nurse)
- Baths (Certified Nurse Assistant)
- Admission/Discharge (Registered Nurse)

Figure 7-1 Standard Nursing Organization

Bureaucratic Model of a Nursing Department

Chief Nurse Executive

Director/Medical
- Nurse Manager
  - 4 West
  - RN
  - LVN
  - CNA
  - RN

Director/Surgical
- Nurse Manager
  - 3 West
  - RN
  - LVN
  - CNA
  - RN

Director/Women’s Services
- Nurse Manager
  - 2 South
  - RN
  - LVN
  - CNA
  - RN

- Nurse Manager
  - 2 North
  - RN
  - LVN
  - CNA
  - RN

- Nurse
  - Manager
  - RN
  - LVN
  - CNA
  - RN
Decentralized Organizational Chart

General Director

Associate General Director
(Nursing)

Director for Education and Quality Assurance

Staff Development Instructor

Director of Nursing

Director of Nursing

Director of Nursing

Assistant Nurse Manager

Assistant Nurse Manager

Assistant Nurse Manager

Staff Nurse

Staff Nurse

Source: Reprinted with permission from Nursing Economics, 1993, Volume 11, Number 1, pp. 46–47. Reprinted with permission of the publisher, Jannetti Publications, Inc., East Holly Avenue, Box 56, Pitman, NJ 08071-0056; phone (609) 256-2300, fax (609) 589-7463. (For a sample issue of the journal, contact the publisher.)
Figure 7-3 Decentralized Nursing Service—Clinical Supervisors

Board of Trustees

President

Executive Director

Assoc. Executive Director

Assistant Executive Director

Assistant Executive Director/Nursing

Assistant Executive Director

Division Head Med-Surg

Division Head ED-Amb.

Division Head OR-RR

Division Head OB-Peds

Division Head Inservice

Clinical Coord.

Clinical Coord.

Clinical Coord.

Clinical Coord.

Cl. Nurse Manager Asst.
Cl. Coord. DEN

Cl. Nurse Manager Asst.
Cl. Coord. DEN

Cl. Nurse Manager Asst.
Cl. Coord. DEN

Cl. Nurse Manager Asst.
Cl. Coord. DEN

Cl. Nurse Manager Asst.
Cl. Coord. DEN

Instrs.

Clerks

TL-RN
LPN
NA
Clerk

TL-RN
LPN
NA
Clerk

TL-RN
LPN
Tech.
NA - Clerk

TL-RN
LPN
NA
Clerk
<table>
<thead>
<tr>
<th>Model Type</th>
<th>Standardization</th>
<th>Authority Centralization</th>
<th>Specialization</th>
<th>Coordination</th>
<th>Communication</th>
<th>Innovation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Functional Mode</strong></td>
<td>Maximized for uniformity</td>
<td>Authority flows from highest to lowest positions</td>
<td>Development of specialists for repetitive work</td>
<td>Departments report to an administrator who integrates activities</td>
<td>Upward communication from departments and downward directives from administration</td>
<td>Limited to leadership group</td>
</tr>
<tr>
<td><strong>Bureaucracy</strong></td>
<td>Written procedures guide practice</td>
<td>Authority flows from highest to lowest positions</td>
<td>Staff positions serve line positions</td>
<td>Span of control in positions arranged in a hierarchy to permit direction from superiors</td>
<td>Formal channels through chain of command</td>
<td>Limited to span of operation</td>
</tr>
<tr>
<td><strong>Matrix</strong></td>
<td>Integration of procedures for effective results</td>
<td>Dual authority from functional and service lines</td>
<td>Multidisciplinary use of special expertise</td>
<td>Maximized due to integration of several disciplines</td>
<td>Maximized across organization</td>
<td>Maximized due to synergism</td>
</tr>
<tr>
<td><strong>Shared Governance</strong></td>
<td>Policies and procedures developed by those governed by them</td>
<td>Accountability for practice placed with practitioners, organizational responsibilities shared with administration</td>
<td>Roles for expert clinicians designed by staff group</td>
<td>Councils include representatives from all groups</td>
<td>Coordinating council disseminates all decisions to members</td>
<td>Encouraged through council support</td>
</tr>
</tbody>
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