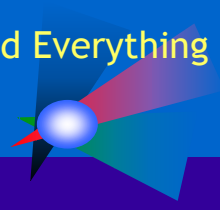




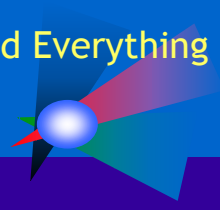
Health  
and  
Everything

# Structures, Power and Respect: The Nurse's Dilemma



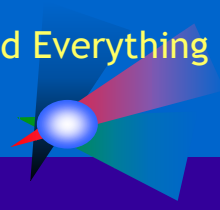
## Objective

- Describe the structures and roles to increased respect and professional autonomy for nurses.
  - Compare and contrast Core values and roles of various groups in the health field with nursing
  - Connect all values to support for patient needs



# Research Questions

- How do organizational structures interact with healthcare professionals?
- How do people understand “respect”?
- What are tangible policies to change the situation?
- How do we position these issues so that you have robust ways to think about them?
- How can we describe them to help CNAC with its final report(s)?



## Other Questions

- How much are the issues related to structures?
- How much are they related to lack of respect?
- How much are they related to crippling workloads?
- Are there other relevant factors that lead to current nursing problems?
  - What are some policy interventions by nursing organizations, by government and by other professions that could change the situation?



## Methodology

- Conceptual clarification of professional respect issues in health care
- Literature review
- Observe change in hospital environment
- Develop a series of alternative scenarios and recommendations
- Meet with nurses, nurse leaders and other health care audiences to review results



# Four Cultures in Health Care

Inside/Outside Divide



*Hospital: Trustees*

Community

*Hospital: Managers*

Control

UP

OUT

IN

Cure

DOWN

Care

*Hospital: Doctors*

*Hospital: Nurses and other health workers*

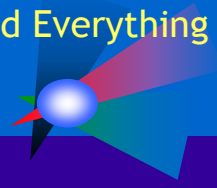
Clinical Divide





## Health Care Professionals at Baycrest

1. Arts and Crafts Specialist
2. Audiologist
3. Behavioural Neurologist
4. Chaplain (Rabbi)
5. Chiropodist
6. Client Financial Services Accountant
7. Clinical Nurse Specialist
8. Competency Assessor
9. Cultural and Heritage Specialist
10. Dance Movement Therapist
11. Day Care Specialist
12. Dentist
13. Diagnostic Imaging
14. Therapeutic Dietician
15. Ethicist
16. Family Medicine Practitioner
17. Fitness and Health Promotion
18. Greenhouse Programme
19. Laboratory Services
20. Legal Counsel (Competency)
21. Physician
22. Music Therapist
23. Nurse Educator
24. Nurse Clinician
25. Nurse
26. Occupational Therapist
27. Pharmacist
28. Physiotherapist
29. Psychiatrist
30. Psychologist
31. Research Scientist
32. Social, Cultural and Educational
33. Social Worker
34. Speech Pathologist
35. Therapeutic Recreationist



# Doctors

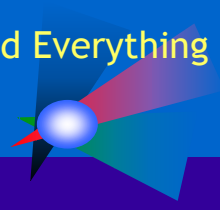
Career path	Steady State
Jobs in career	One
Organisational type	Practice in Chimney
Value base	Proficiency
Status	Specialty, Rank, Empire
Currency	Time
Job Security	Virtual Tenure
Metaphor	Scalpel
Work Activity	Intervention: Cutting, Medicating Talking





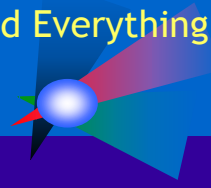
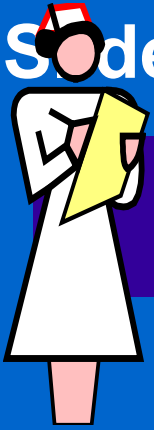
# Managers

Career path	Spiral
Jobs in career	Five to Seven
Organisational type	Corporate Hierarchy
Value base	Efficiency
Status	Title, Budget, Span of Control
Currency	Money
Job Security	Contractual
Metaphor	Axe
Work Activity	Allocation: Talking



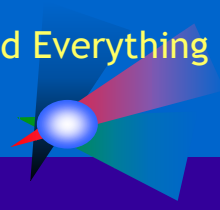
# Trustees

Career path	Transitory
Jobs in career	Many
Organisational type	Committee
Value base	Access to the Best Fiscal Responsibility
Status	Role in the <i>Real</i> World
Currency	Quality and Money
Job Security	Time Limited
Metaphor	Gavel
Work Activity	Meeting: Talking



# Nurses

Career path	Up or out
Jobs in career	Two
Organisational type	Military
Value base	Professionalism
Status	Staff Size
Currency	Hours of Nursing
Job Security	Job Market
Metaphor	Scissors, Cotton Wool, Hands
Work Activity	Process: Touching Medicating Talking

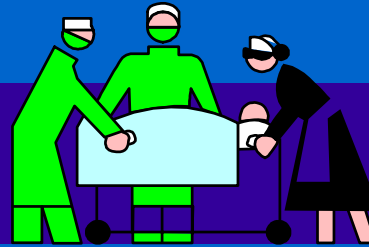


## The Nursing Struggle

"For the last Hundred years the general hospital has been the key battleground for the various forces arrayed in the division of labour in health care. There seems no reason why this should change now."

*A Social History of Nursing*  
Dingwall, Rafferty, et al.

# Slide No.13



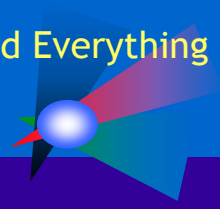
	Nurses	Doctors	Managers	Boards
Career path	Up or Out	Steady State	Spiral	Transitory
Jobs in Career	Two	One	Five – Seven	Many
Organisational Type	Military	Practice in Chimney	Corporate Hierarchy	Committee
Value Base	Professional	Proficiency	Efficiency	Access to the Best, Fiscal Responsibility
Status	Staff Size	Specialty, Rank, Empire	Title, Budget, Span of Control	Role in the <i>Real</i> World
Currency	Hours of Nursing	Time	Money	Quality and Money
Job Security	Job Market	Virtual Tenure	Contractual	Time Limited
Metaphor	Scissors Cotton wool Hands	Scalpel	Axe	Gavel
Work Activity	Process	Intervention	Allocation	Meeting





## Differentiation: Integration or Fragmentation

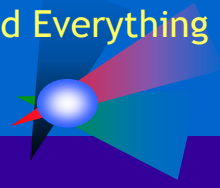
**"The greater the differentiation between different components of the work, the more need there is for the integration of the entire process. Without such integration work becomes fragmented with increased risks of gaps, duplications and mistakes."**

**Sholom Glouberman**

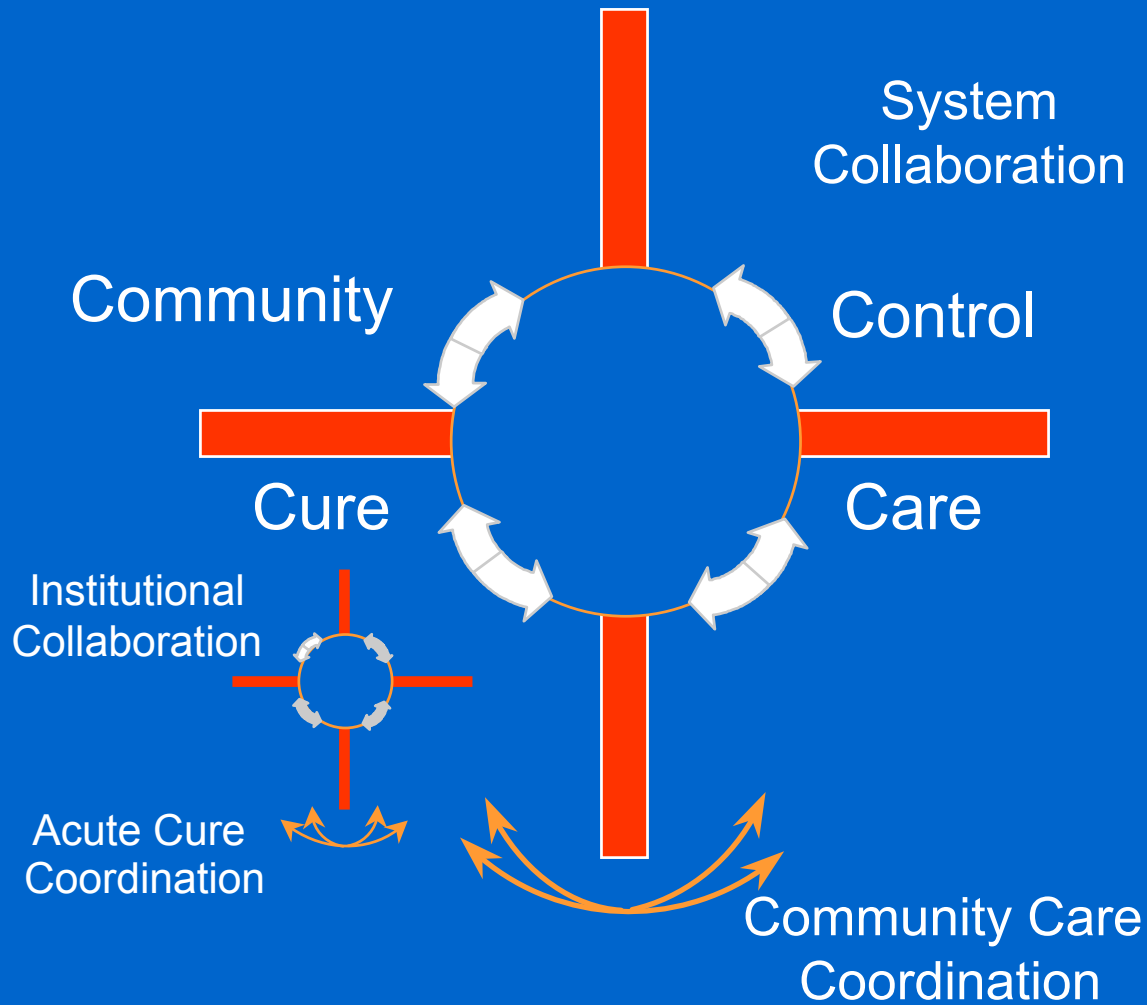


# Differentiation

<b>Fragmentation</b> 	<b>Differentiation</b>	<b>Integration</b> 
Distinct records Data disagreements Cost duplication	Information Systems	Shared records Agreed data Cost savings
Hidden agendas Disagreements Disguised activities	Mission	Agreement about agenda Identify similarities and differences
Fragmented management	Clinical Directorates	Devolve responsibility
Sewer pipes for chimneys	Program Planning	Responsiveness to clinical needs
Nurses do it alone	Quality Improvement	Shared work review
No room for the sick	Managed Care	Promote good health



# The Four Major Issues







## A 90 Year Old Problem

There seems to be something radically wrong with the trained nurse of to-day – the medical profession says there is something wrong; the thinking women at the head of training-schools say there is something wrong; and the lay public finds something radically wrong. Not all of these elements agree as to just what the trouble is, in fact, they all seem to differ.

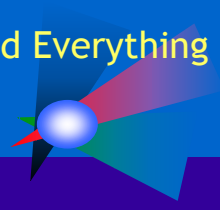
The doctors say the nurses who are being graduated from the training-schools are not efficient, and a great many thinking members of the medical profession say that the nurses are being trained to too fine a point, but not in the right direction. The heads of training-schools think the nurses are not being sufficiently trained. The public does not seem to care to analyze the situation, but merely finds fault with the nurse as an individual.

**Hornsby, John Allan, and Richard E. Schmidt. *The Modern Hospital*. Philadelphia: W.B. Saunders Co. 1913.page 304**



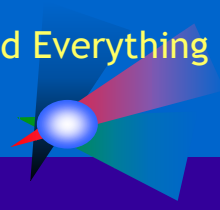
## 3 Recent Attempts To Change Power & Structure

- Care Planning
- Clinical Directorates
- Program Management



## Care Planning

- Nursing led
- Transparent processes
- Build relationships during development
- Nursing alone
- Long development time
- Not implemented by doctors
- Out of date quickly

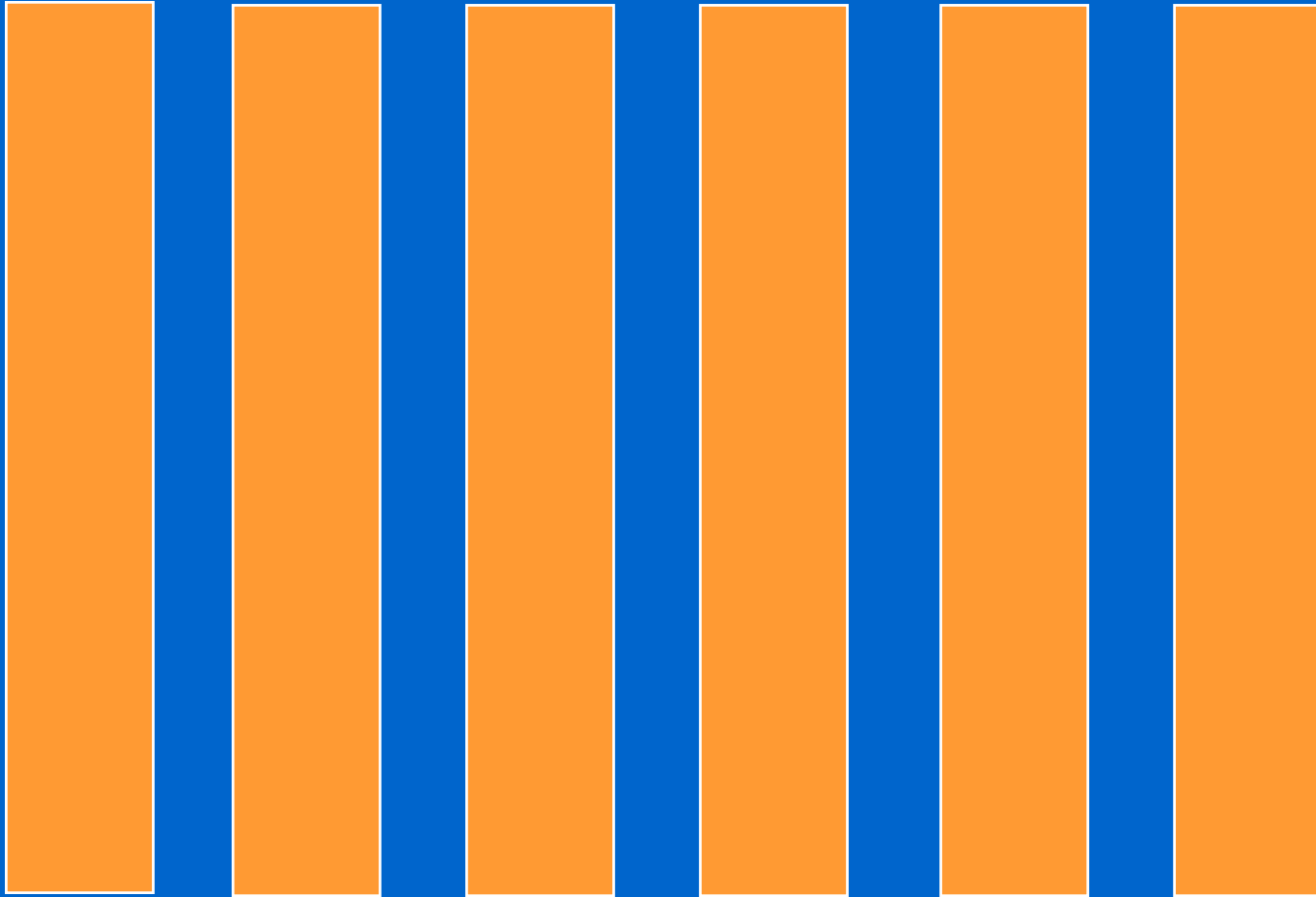


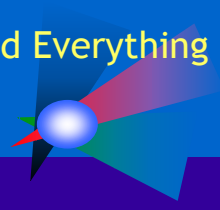
## Clinical Directorates

- Doctors involved
- Locally led
- More control over resources
- Team creation
- Nurses lose power
- Doctor Directors seen as traitors
- Inadequate management skills
- Illusory control



# Functional Chimneys





# Programmatic Sewer Pipes

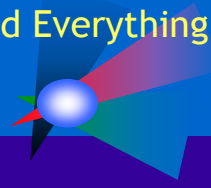
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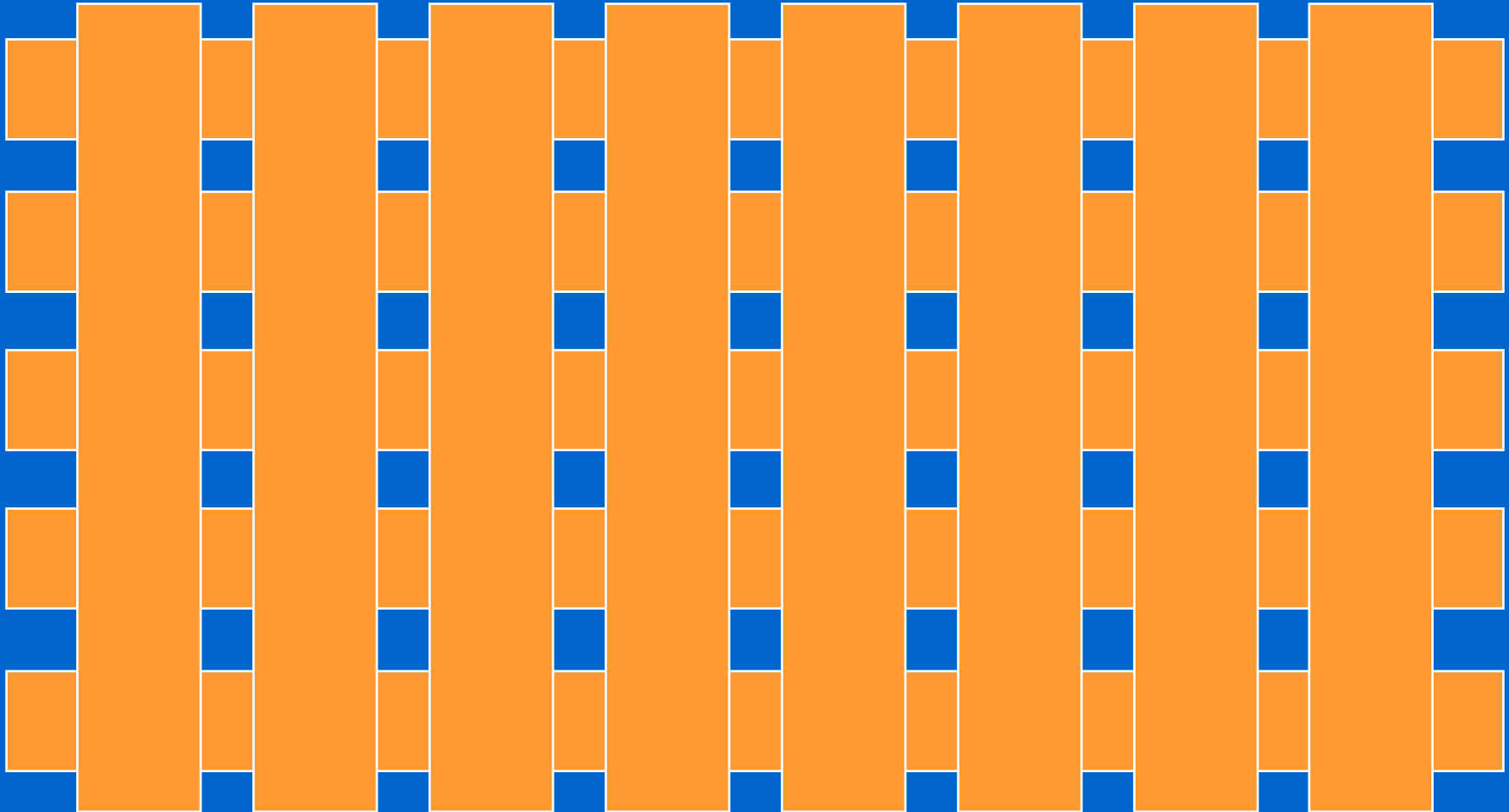
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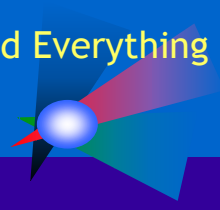
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# The Change Process





## Myths about Structure

- If we get it right everything will be OK
- Managing structural change as a defense against the primary task
- All conflicts are caused by structural dysfunction
- We must keep adjusting it until we get it right





# Some Directions For Nursing

- Present trends continue
- A massive shift toward community and primary care
- A rethinking of how health care work is done



# Present Trends Continue

- Current patterns of power remain
  - Doctors raise boundaries
- Technology drives change
- Funding problems increase
- Constant restructuring



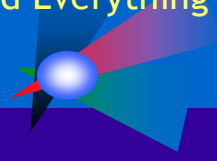
## Present Trends Continue

<i>Work Activity</i>	<b>Assessment Care Plan Preparation</b>	<b>Junior doctor functions</b>	<b>Supervised Direct Care</b>
<i>Profession Types</i>	<b>Broker</b>	<b>Doctor extender</b>	<b>Pink Collar</b>
<i>Authority</i>	<b>Nurse hierarchy</b>	<b>Medical</b>	<b>Nurse hierarchy</b>
<i>Control</i>	<b>Fiscal</b>	<b>Fiscal</b>	<b>Fiscal</b>
<i>Quality Measures</i>	<b>Nursing Standards</b>	<b>Medical Standards</b>	<b>Nursing Standards</b>
<i>Career Path</i>	<b>Up or Out</b>	<b>Up or Out</b>	<b>Limited</b>
<i>Organizing Structure</i>	<b>Officers only</b>	<b>Professional Chimney</b>	<b>Troops</b>
<i>Value Base</i>	Professional Boundaries	Professional Boundaries	Vocation
<i>Job Security</i>	Market	Tenure?	High



## Shift To Community and Primary Care

- Ever shorter institutional stays
- Increased care in community
- Primary care strengthened
- Growth of multi-service community clinics
- More alternative therapies



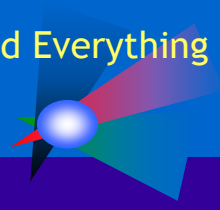
# Community Based Health Care

	<i>Community Based Health Care</i>	
<i>Work Activity</i>	Nursing	Health Care
<i>Profession</i>	General Practice	Consulting
<i>Authority</i>	Professional	Community org
<i>Control</i>	Community	Community
<i>Quality Measures</i>	Outcome	Community
<i>Career Path</i>	None	Lateral
<i>Organizing</i>	Practice	None
<i>Value Base</i>	Health gain	Healthy
<i>Job Security</i>	Self employed	Little



# Rethinking Health Care Work

- More relationship building
  - Inside and outside nursing
  - Need for multi-disciplinary teams grows
- A more stable environment
  - 3 year funding
  - Job security for nurses
  - No major restructuring
- Focus on patient outcomes
  - Increased citizen involvement



# Coordinating Mechanisms

- Direct Supervision
- Mutual Adjustment
- Standardization of Process
- Standardization of Output
- Standardization of Skills
- Standardization of Norms



# Rethinking Health Care Work

	<i>Rethinking Roles and Relationships</i>
<i>Work Activity</i>	<b>Patient Care as member of team</b>
<i>Profession Types</i>	<b>Specialty group practice</b>
<i>Authority</i>	<b>Shared Governance</b>
<i>Control</i>	<b>Patient</b>
<i>Quality Measures</i>	<b>Clinical Audit</b>
<i>Career Path</i>	<b>Clinical Ladder</b>
<i>Organizing Structure</i>	<b>Team</b>
<i>Value Base</i>	<b>Outcome</b>
<i>Job Security</i>	<b>Team</b>





# Summary of Possible Respect

	<i>Present Trends Continue</i>			<i>Community Based Health Care</i>		<i>Rethinking Roles and Relationships</i>
<i>Work Activity</i>	Assessment Care Plan Preparation	Junior doctor functions	Supervized Direct Care	Nursing Practice	Health Care Projects	Patient Care as member of team
<i>Profession Types</i>	Broker	Doctor extender	Pink Collar	General Practice	Consulting	Specialty group practice
<i>Authority</i>	Nurse hierarchy	Medical	Nurse hierarchy	Professional Organization	Independent	Shared Governance
<i>Control</i>	Fiscal	Fiscal	Fiscal	Community	Community	Patient
<i>Quality Measures</i>	Nursing Standards	Medical Standards	Nursing Standards	Outcome	Community Demands	Clinical Audit
<i>Career Path</i>	Up or Out	Up or Out	Limited	None	Lateral	Clinical Ladder
<i>Organizing Structure</i>	Officers only	Professional Chimney	Troops	Practice	None	Team
<i>Value Base</i>	Professional Boundaries	Professional Boundaries	Vocation	Health gain	Healthy Community	Outcome
<i>Job Security</i>	Market	Tenure?	High	Self employed	Little	Team