

Week 1: Organizational Structures and Theory

Explore the current organizational structure within the facility/agency/system for whom you work (or have previously worked). Examining the organizational chart can give you great insight.

Using a [Venn diagram \(Links to an external site.\)](#) [DOCX template], compare your organizational structure with a different one identified in the readings. Include the organizational theory that best underpins each structure. Be sure the overlapping area contains the commonalities between the two structures. Use the editable template for the Venn Diagram, available above for download. When completed, you will need to post it as an attachment in your discussion post along with your response to the following questions.

1. Describe the pros and cons of your organization's structure based on your experiences working there.
2. If you could recommend a change or improvement to the structure, what would they be and what is your rationale?
3. If your organization's structure changed to the one in your comparison, what impact would it have on the current operations in your organization?

Good evening Professor and Class,

Great question! Shared governance (SG) is an excellent model in theory. SG is an interdisciplinary approach where experts from diverse professions from throughout a healthcare facility collaborate to find issues and provide solutions. The interdisciplinary team and nursing professionals may decide on professional development and practice guidelines using SG in order to improve outcomes and foster teamwork. To accomplish a shared objective, SG divides authority among personnel. The nursing professional practice model must be followed (PPM). Both using a PPM and SG are beneficial approaches. However, my experience with SG has not proven to correspond with the ideals laid out by said model. Facilities I have worked within may have jaded my stance on SG. One facility assembled a SG council, held meetings, etc. Changes may have been put in place; however, any changes did not affect our department and issues we brought to the CNO's attention were not resolved. Another facility asked department managers to request personnel participate in SG. There was an initial meeting scheduled that never took place. Further, the manager of our unit basically told staff forming the committee was only a formality. The later was post Covid, which may have been a contributing factor regarding why SG never went into effect. Despite these experiences, SG can be beneficial to nursing when followed through with. Brennan and Wendt (2021) found their respective council was able to focus on hospital- and unit-specific objectives while sticking to the new tactics with full backing from leaders. Working together, the group was able to overcome challenges and achieve goals. Class- what has been your experiences with SG?

-Stacy

Brennan, D., Wendt, L., (2021). Increasing quality and patient outcomes with staff engagement and shared governance. *OJIN: The Online Journal of Issues in Nursing*, 26(2). Retrieved from: <https://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TablofContents/Vol-26-2021/No2-May-2021/Articles-Previous-Topics/Increasing-Quality-and-Patient-Outcomes-with-Staff-Engagement-and-Shared-Governance.html>

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- [ReplyReply to Comment](#)
 - [Collapse SubdiscussionStephanie Turner](#)

Stephanie Turner

Sep 3, 2022Sep 3 at 7:26am

[Manage Discussion Entry](#)

Hi Stacy! Great response. I think SG can be great- but there still has to be a way for decisions to be made and implemented. Otherwise, it is not going to work.

[ReplyReply to Comment](#)

- [Collapse SubdiscussionMary Wolven](#)

Mary Wolven

Aug 29, 2022Aug 29 at

3:50pm [Manage Discussion](#)

[Entry](#)

The current structure of where I work is based on a functional design structure. This structure is one that is most often seen in acute care healthcare settings like hospitals. Functional design traditionally worked well within the realm of hospitals because it divides employees into separate sub categories. Functional design creates different hierarchies that interact with each other while still providing comprehensive care. For example, nurses are separated into different specialty areas, or units, depending on pertinent skillsets and experience. Patients are then