

APPLICATION OF SYSTEMS THEORY

Nursing

(By Insert name)

Course Codes

Professor's Name

Institutional Affiliation

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In any organization, operations can be subdivided into sub-sections from the first activity to the last when a product or service is delivered. In a system-based practice (SBP) healthcare service provision, these sub-sections can theoretically be broadly categorized into input, throughput and output which all ~~work independently but interact dynamically to the extent of affecting the quality of care at any given point. Inputs can consist of patients, resources both technology and staff. Throughput consists of several activities performed in healthcare service delivery process which include activities performed by nurses and other care givers. The output is the service rendered to the patient in terms of cure or disease management while feedback is about returning back to the facility. In healthcare quality nursing care services are hard to achieve and for this reason, there is a high turnover of the less qualified and dependable nurses in many facilities~~ (Argote, 1982). This automatically cripples the dream of quality healthcare services and becomes relatively difficult for some facilities to render quality services when retaining nurses is next to impossible.

The desire to move jobs is not entirely due to remunerations and allowances all the time, it can be due to other factors such as terms of service and or working and environment conditions generally among others (Cho, Laschinger, & Wong, 2006). ~~Therefore, it is reasonable to say that the problem has been there for some time and either it has been temporarily handled or ignored all together. When staff members have a grievance that is ignored, some end up leaving~~

neglected and unsupported will leave, others result in measures such as individual action and so on. The consequences of such actions can be very close to a facility both in short term and in the long term. When patients are neglected by staffing issues, they alter the image and perception of the hospital is related, it can take decades to make the change.

There is a very big role that nurses play in the entire healthcare services in any given facility and therefore when their grievances are mishandled and turns to be a problem, it affects the entire facility in terms of quality service delivered and ~~the satisfaction of the facility.~~ This therefore points a picture of a very close relationship between quality and cost effectiveness of healthcare services relative to structural and human resources facilitation and intervention in a hospital (Carter, & Chaudhary, 2007). They also add that, the main challenge is to understand the administrator's and other stakeholders around this so as to unify the theory and conceptualization service delivery ground towards overcoming the same challenge. Failure to do so will result to department failures and the desired seamless interdepartmental service delivery will not be achieved thus failing in the mission.

Inadequate staff in healthcare, a human resource function that falls under administrative practices for nursing services or healthcare delivery subsystem of the conceptual model, can be a beginning of ~~the end of a healthcare facility (Muganyizi, et al. 2009).~~ When there is a high staff turnover generally, this is a negative outlook and it is important to understand that the

underlying factors behind their departure is not for as long as it remains unaddressed continues to be a big impediment towards providing healthcare service delivery as expected in the vision statement.

Staffing problem can be as a culmination of unaddressed staff issues and this gives a bad name of the facility that no employ wish to be associated with. This therefore means that the problem could be a **throughput** (in relation to resource being available and using their technical proficiency to treat and cure them) as well as output (in relation to quality of service as a result of inadequate staff) problem. Patients (in hoping) are fearful on going to facilities where quality of service is assumed to none or lower to them, and therefore where service delivery is wanting. There will be a high client's turnover rate under negative feedback (Chigoye, & O'Riordan-Pullen, 2009). The open system gives a low way for an organization to transcend such negative feedback or entropy through adopting a system that has been designed to specifically respond to such information as relayed in the feedback portal or environment. It is imperative to note that **long term survival of a facility depends** on measures put in place to respond to negative feedback in dissolution of undesired or unsatisfying outputs or generally inability to optimize the inputs to desired outputs.

In an open system theory, there is work division that in a way link one department or sector to the next which therefore makes every department equally important in the objectives'

realization. Having that in mind, it is therefore important to accept that staffing problem (relative to throughputs) is crippling the ~~realization of Tully's vision (International Council of Nurses,~~

~~2009). Understanding the real problem will go a long way to preventing the same from~~

~~happening in the future other than reacting to knee-jerk reactions. Nurses can be given better~~

~~time, longer contract time or permanent employment option can be offered as an option, the~~

~~management can introduce a new feedback system if the current is not delivering, regular staff~~

~~meetings and interventions such as team building and other social~~ activities can be organized to

bring about cohesion, trust and a working rapport among nurses and the human resource. It is such rapport that will encourage nurses to air their grievances without fear of intimidations, but the management again has to ensure that said issues are addressed.

As noted earlier, hierarchical levels of an organization are interdependent and therefore failure of one translates to failure of the rest. The mission of any organization is based on the assumption of and rightly so that the ~~department level will work optimally (Parker, et al.~~

~~2010). As highlighted in the above discussed staffing problem, it is evident that it may not~~

~~always be the case. Overall organizational functioning and necessary adjustment demands are~~

~~coordinated and coordinated by the management system and it connects and directs all~~

~~adaptations and regulations needed across hierarchical levels (Johnson, et al. 2009). It then~~

~~follows that as a result of one department's conflict that would have otherwise stopped the~~

~~issue of quality service delivery, being~~ solved positive results are achieved. When the said problem is addressed, seamless healthcare service is delivered and that becomes one step of ultimately realizing the mission of the organization.

The way in which care activities and responsibilities are shared and divided among the nurses at a micro-level based on patient's needs (nurse to patient ratio ~~which is more or less~~ ~~level~~) ~~determines to a big proportion the quality of service rendered (Johnson, et al. 2009). It is at~~ ~~this stage where skills are matched against tasks given to ensure that staff members are not~~ ~~struggling to do something that somebody else can comfortably do. Skills rationalizing then~~ ~~become important for healthcare facility managers~~ in order to perform optimally without compromising on quality of service delivered.

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