APPLICATION OF SYSTEMS THEORY

Nursing

(By Insert name)

Course Codes

Professor’s Name

Institutional Affiliation

Day Month Year
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 are made up of patients, resources both technology and human. Throughput consists of several activities performed in healthcare service delivery process which basically entail work 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 achieving quality nursing care services are hard to achieve and for this reason, there is a high turnover of the few 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).
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 underlying mission of the facility.

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 department failures and the desired seamless interdepartmental service delivery will not be achieved thus failing in the mission.
underlying factors behind their departure is and for as long as it remains unaddressed continues to be a big impeded towards perfecting healthcare service delivery as impended in the mission 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 nurses being available and using their technical proficiency to treat and save lives) as well as output (in relation to quality of services as a result of inadequate staff) problem. Patients (as inputs) are focused on going to facilities whose quality of service is second to none as known to them, and therefore where service delivery is wanting, there will be a high client’s turnover under negative feedback (Mayer, & O’Brien-Pallas, 2010). The open system gives a leeway for an organization to turnaround 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 facility's mission (International Council of Nurses, 2006). Understanding the root problem will go a long way to preventing the same from happening in the future after first reacting to knee-jerk reactions. Nurses can be given better terms, longer contract terms or permanent employment option can be utilized 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 buildings 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 involved will work optimally (Parker, et al. 2010). As highlighted in the above discussion staffing problem, it is evident that it may not always be the case. Overall organizational functioning and necessary adjustments demand are coordinated and assimilated by the management system and it guarantees and directs all subsystems and negotiates conflict across hierarchical levels (Johnson, et al. 2008). It then follows that as a result of one department's conflict that would have otherwise crippled the
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 known as workload) determines to a big proportion the quality of service rendered (Johnson, et al. 2008). 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 thus becomes important for healthcare facility managers in order to perform optimally without compromising on quality of service delivered.
Reference list


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