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# PRACTICAL 1 FUNCTIONS OF ORGANISATION

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## Structure

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## 1.0 OBJECTIVES

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After going through this practical, you should be able to:

- review the concept of organization;
- describe the principles of organization in terms of communication and school of nursing setting; and
- analyse the principles of organization in the organization plan of nursing services and school of nursing.

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## 1 . INTRODUCTION

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In your theory course you have learnt about 'POSDCORB' a hieroglyphic word used for Planning, Organizing, Staffing, Directing, Coordinating, Controlling, Recording and Budgeting. Another letter is added to POSDCORB is 'A' – APOSDCORB and 'A' stands for attuning.

Hence organizing is the second managerial function. Organizing is the backbone of any hospital or school of nursing, without efficient organization the administration can't perform its functions smoothly.

Organization is very often viewed as a group of persons contributing their efforts towards certain goals. Organization begins when people combine their efforts for some common purpose. It is an universal fact that an individual is unable to fulfil his needs and desires alone because he lacks strength, ability and resources. So, he seeks the cooperation of other people who have similarity of goals. Bernard has defined 'Organization' as an identifiable group of people contributing their efforts towards the attainment of goals. He further writes that an organization comes into existence when there are a number of persons in communication and relationship to each other and are willing to contribute towards a common endeavour.

So in nursing administration, nurse administrators such as Nursing Superintendent, A.N.S., Ward Sisters need to organize so that nursing personnel can accomplish the plan of patient care with efficiency.

It is a misconception that the administration moves by itself. It is a process by which a manager develops, orders and promotes cooperation among workers.

### HOW TO STUDY THIS PRACTICAL

This practical primarily deals with developing an organization plan for a school of nursing and hospital services.

As you read through the practical, you will find the applicability of principles of organization and methods of communication. You have already learnt about organization structure and communication skills. In this practical you will be mainly learning the applicability of communication and coordination based on the organization plan of the hospital and school of nursing.

**SKILL TO LEARN FROM THIS PRACTICAL**

- Read the unit in theory on organization, its principles, its advantages and disadvantages in detail.
- Review your knowledge of types of communication.
- Read some of the organization charts put up in the hospital.

## 1.2 ORGANIZATION

Let us review the concept of organization.

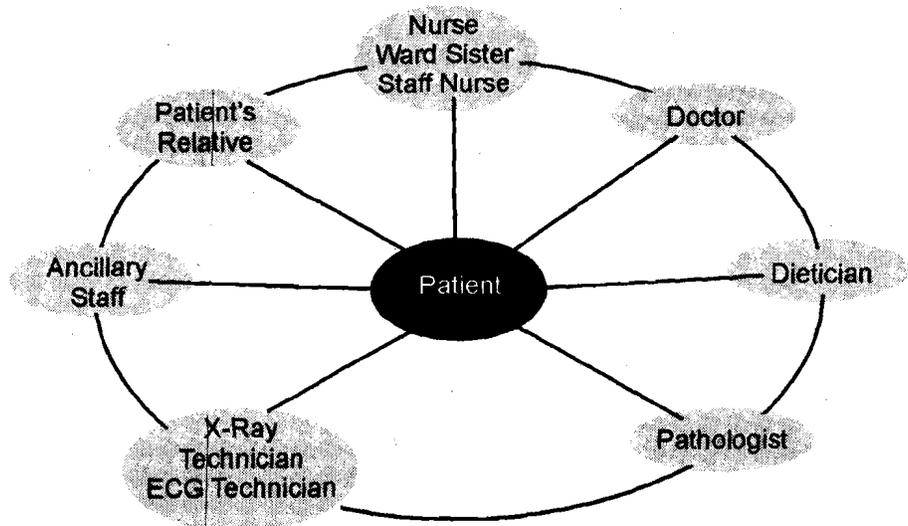
### 1.2.1 Meaning/Concept of Organization

To organise' is 'to form' and put it into working order. Organization is a method of developing up work.

"Organization is the relation of efforts and capacities of individuals and group engaged in work together in a way as to achieve common goal for the maximum satisfaction" (Gaus). Organization has structure as well as human beings.

So in other words as you have read in your theory, organization is the systematic bringing together of interdependent parts to form a unified whole through which authority, coordination and control may be exercised to achieve a common purpose.

For example in a hospital setting to improve the patient care many people are their to work and then only the goal of effective patient care is achieved.

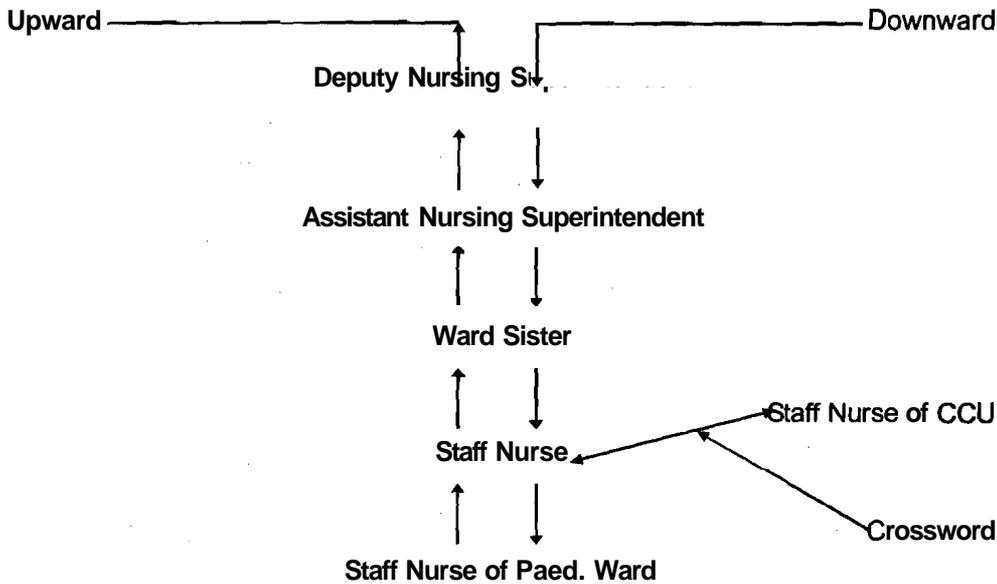


Efforts made by the various departments are brought together to give effective care to the patient.

### 1.2.2 Functions of Organization

The major functions of hospital organization are:

- to expand the resources and opportunities for patient's because the hospitals are established for the consumers that is patient.
- to divide work among the various categories of workers. For example Ward Sister, Staff Nurses.
- Formulate standard practices so that the best possible care is provided to the patient's.
- transmitting or communicating decision downward, upward and crossword. for example:



- to provide communication system that is to whom you should approach; channel of communication.
- train nursing personnel for taking up the responsibilities in various setting effectively.

### 1.2.3 Principles of Organization and their Application

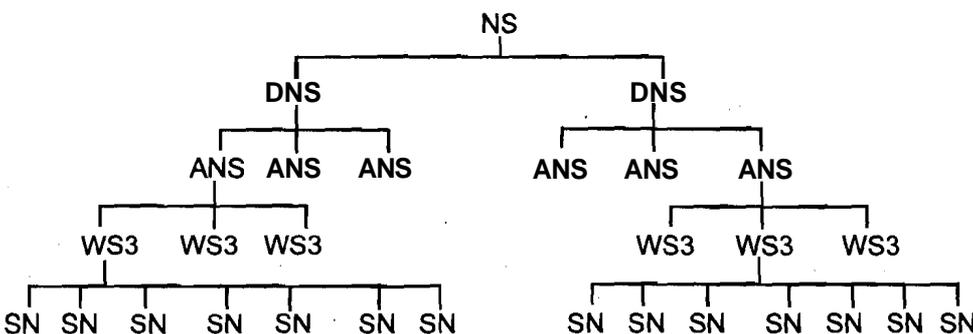
As discussed in your theory the principles or organization are neither very rigid nor absolute, they are flexible and should be capable of adapting in any setting. Administrator must know the principles and apply them with judgement in terms of immediate situation. Principles are meant for the **employees/workers** and not the workers should be fitted in the principles. Let us briefly review the principles of organization.

Though there are many more principles discussed under organization, we shall discuss in application five principles of organization. These are:

- Principle of Hierarchy
- Principle of Unity of Command
- Principle of Span of Control
- Centralisation Versus Decentralisation.
- Delegation of Authority

#### 1) Principle of Hierarchy

As discussed in your theory, Hierarchy is the universal application of Superior-Subordinate relationship through a number of levels of responsibilities reaching from the top to the bottom of structure. It is called a 'Scalar Process'. Let us clarify this with the help of the following diagrammatic presentation the superior subordinate relationship.



- NS = Nursing Superintendent  
 DNS = Deputy Nursing Superintendent  
 ANS = Assistant Nursing Superintendent  
 WS = Ward Sister  
 SN = Staff Nurse

Remember that in a hospital administrative set up the chief executive of the hospital (whatever be his designation) belongs to the Top Management and the NS belongs to the Middle Management; but when take nursing service administration within the hospital NS belongs to the Top Management.

In an hierarchy there is vertical as well as horizontal relationship and communication. As you have seen above the vertical distribution has levels.

**Top Management** is with NS and DNS these position are less, then there is **middle management** in which the position are more than that of ANS and DNS. Ward Sisters have functions of supervision of grass root level and **patient** care, whereas the **lower level/grass root** level workers are more in number. Nurses are directly working with the patients. This level of worker has specific functions.

So the organization according to principle of hierarchy is like of pyramid where very less people are on the top and more at the grass root level.

Vertical distribution has difference at various levels, salary scale and qualification.

### Functions of Hierarchy

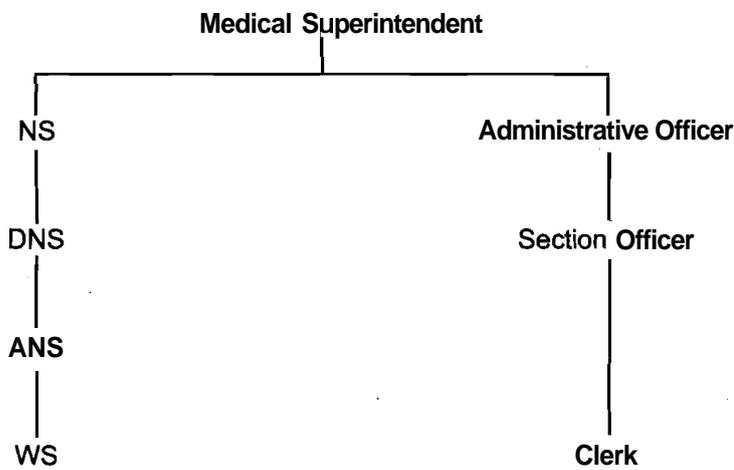
- It provides the much needed channel of communication **from** top to bottom.
- It helps in fixing up the responsibility of each category of nursing personnel.
- It also helps in making the organization manageable.
- It provides opportunity of exercising leadership at different levels, like ANS, Ward Sister, Staff Nurses.
- Hierarchy facilitates delegation of authority like ANS may be given the authority to manage the **particular** department under her, independently with authority.
- Hierarchy is a means by which resources are apportioned, personnel selected and assigned and operation activities are modified.

Because hierarchy in the hospital the resources are proportionately distributed, persons are recruited and selected, job responsibilities are assigned and implementation of the various responsibilities are done. The biggest disadvantage is **red tapism**. You can't reach to the boss without crossing the various channel.

### 2) Principle of Unity of Command

As described in theory an employee should receive **command/order** from one superior only. the employee should report to only one superior and get orders and instructions from only one boss. The principle avoids the possibility of conflicts and confusions in instructions. It also helps in developikng the feeling of personal responsibility for the work.

Channel of communication and command should not be violated by the line and staff fonctionnaires. **Staff** officials are those people who provide to the boss or administrators an expert guidance and specialised advice but do not command. They are not 'yet man' but they provide knowledge, ideas and criticism of plkans. **Line** officials are those who work in all the subordinate levels of line of command with the chief administrator as a commander. Staff fonctionnaires can also be a line fonctionnaires and vice-versa. Let us clarify the unity of command and staff and line fonctionnaires.



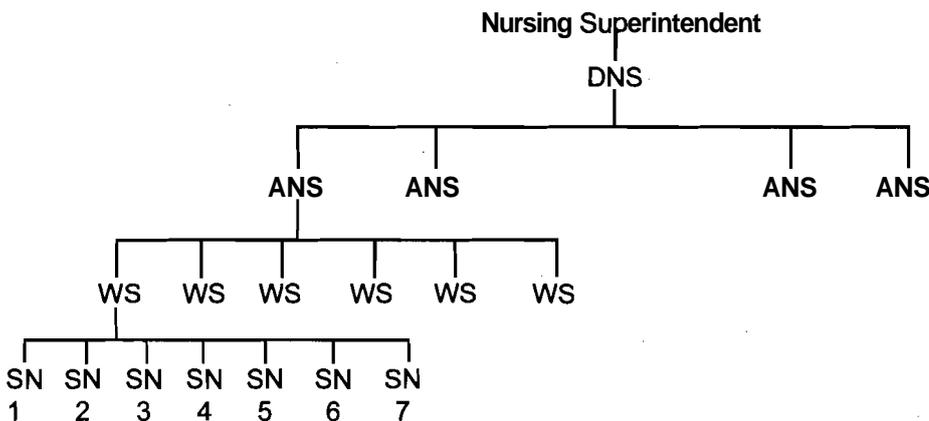
In the above example the order to the NS is being given only by the Medical Superintendent.

For all administrative and secretarial work the administrative staff gives the advice and guidance to the Nursing Superintendent so they become the staff **fonctionnaires** and the NS who is taking the advice will be acting upon it, so she is among the **line fonctionnaires**. But at time of technical help required by the administrative staff **from** the nursing personnel, the nursing personnel become the advisory or **staff fonctionnaires** and the administrative staff become the **line fonctionnaires**.

### 3) Principle of Span of Control

Span of control means the number of subordinates that an administrator can personally direct or supervise.

Span of control is related to span of attention. There are limits to human capacity. If the span of control is too big the supervision is difficult. Let us describe with the help of diagram.



Span of control of NS is two DNS and span of control of one DNS is four ANS. Similarly the number of people one WS is suppose to control are seven staff nurses. Hence the span of control for ward sister is seven staff nurses.

Question is what is the ideal number to be under the supervision of one person. Three, seven or twenty. It varies due to many factors. So there is no unanimity as to the exact number but there does exist a general agreement that the shorter the span of control. The greater will be the contact and more effective control.

So, the exact length of span will depend upon type of organization.

There are various factors on which span of control depends. These factors are:

- Personality of supervisor.
- Various functions of organization..The more the functions of the organization the span of control will be more.

- How old is the organization. The older the organization the span of control will be more because of increase number of activities without increasing the supervisory staff.

The larger the span of control the dehumanization occurs.

**4) Centralisation Versus Decentralisation**

Centralisation stands for concentration of authority at or near the top. For example when the Nursing Superintendent does not give authority to any of her DNS or ANS. She does not take any leave because the hospital nursing services function with her direction. That means the whole power is with the NS, even sanction of one day's casual leave.

Decentralisation is dispersal of authority among a number of individuals or units. Decentralisation is delegation of authority with full accountability.

For example a Ward Sister is given 10 nurses for her ward now she is given authority to plan their duty, day offs, and other requirements for smooth functioning of the ward and she is accountable for all these, this is what is called as decentralisation of authority.

**5) Delegation of Authority**

Delegation means transfer of certain specified rights of functioning from the supervisor to the subordinate. But in delegation of authority, ultimate accountability remains with the delegator even though authority for certain functions or activities are given to the subordinates. Hence the delegate acts as an agent of the delegator. For example as the NS you have delegated the authority of leave calculations of SNS to one of your DNS temporarily. In case of a staff on **unauthorised** absence—when leave for this period is granted without pay as per existing rules, the final accountability remains with you as the delegator.

in the theory units on organization you must have learnt the advantages of all the principles of organization.

We shall emphasize now on the organization chart.

**Activity 1**

Make observation in your ward/hospital/PHC and identify the people at top management, middle management and grass root level. Make a diagrammatic structure and identify the shape like pyramid. List the reasons of this shape in a organization.

**Check Your Progress 1**

1) Define the term organization.

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2) List the principles of organization.

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3) Differentiate between staff and line fonctionnaires.

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4) Differentiate between decentralization and centralization.

### 1.2.4 Organization Chart

#### 1) Meaning of Organization Chart

An organization chart is a statement of the relationship and activities that we would like to have in an organization or an organization chart is a diagrammatic representation of the structure of an organization. It depicts:

- a) The formal organizational relationship
- b) Areas of responsibilities,
- c) Persons to whom one is accountable or answerable,
- d) What is the channel of communication.

#### 2) Purposes of an Organization Chart

- a) It is used for administrative control, policy making and planning.
- b) Helps in discovery of relationship of the personnel.
- c) It is also used to orient new nursing personnel or to present the agencies structural design to others.
- d) Provides clarification to vague associations.
- e) Visual graph is more effective means of communication.

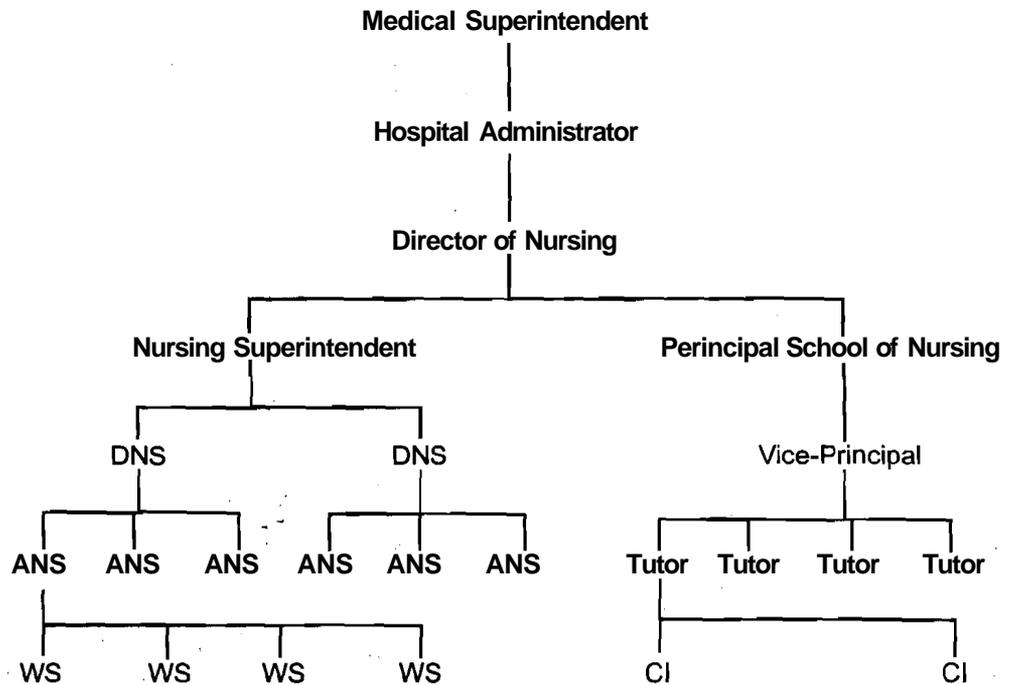
#### 3) Types of Organization Charts

There are three important types of organization charts:

- a) Vertical i.e. from top to down
- b) Horizontal i.e. from left to right
- c) Circular or concentric.

##### a) Vertical Chart

Most organizations use this type of chart which presents the different levels of organization in the form of a pyramid, with senior nursing person that is nursing superintendent at the top of the chart and successive levels of management such as ANS, Ward Sister and Staff Nurses are depicted vertically below that. Thus the lines of command proceed from top to bottom in vertical lines as shown in Fig. 1.1



Key:

- DNS : Deputy Nursing Superintendent
- ANS : Assistant Nursing Superintendent
- WS : Ward Sister
- CI : Clinical Instructor

Fig.1.1: Vertical Chart

b) *Horizontal Chart*

Horizontal chart which read from left to right are occasionally used. The pyramid lies horizontally instead of standing in the vertical position. The line of command proceeds horizontally i.e. from left to right showing top level of the left like NS and each successive level extending to right as shown in Fig. 1.2. however, this chart does not decrease the importance of levels. It is feared that some people may make mistakes to levels in this chart

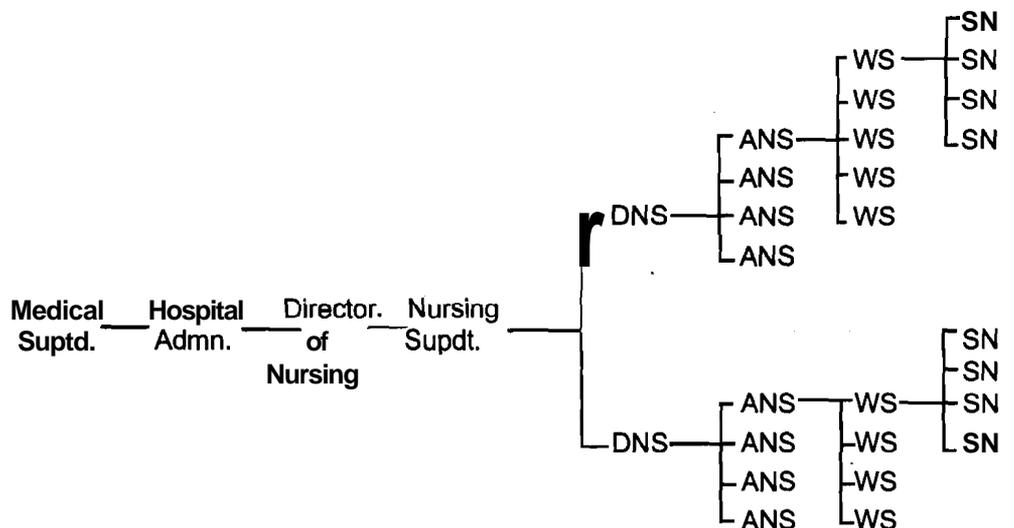
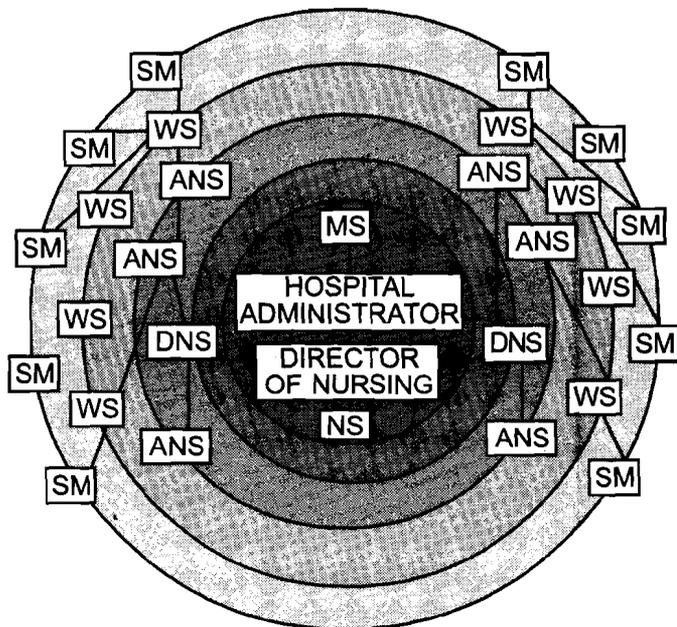


Fig. 1.2 : Horizontal Chart

In this chart the positions are located in the centre of the circle. Positions of successive positions are extended in all directions outward from the centre. Positions of equal status are placed at the same distance on the lines of circle. The chart shows the flow of **formal** authority from Nursing Superintendent in many directions. The main weakness of this chart is that it is often confusing. See Fig. 1.3 and compare with Fig. 1.2.



**Key:**

- MS : Medical Superintendent
- NS : Nursing Supt.
- DNS : Deputy Nursing Supt.
- ANS : Assistant Nursing Supt.

Fig. 1.3: Circular Chart

4) **Communication and Coordination through Line:**

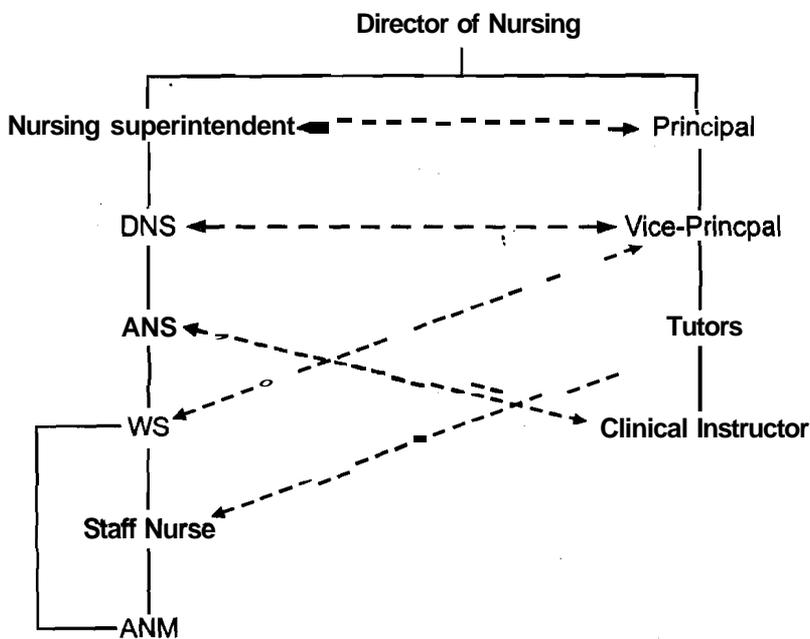


Fig. 1.4: Importance of Lines

The straight lines indicate the direct relationship and channel of communication. The messages are given from upward to downward or downward to upward.

- The broken lines ( \_ \_ \_ \_ ) indicate the functional relationship like V.P. (Vice-Principal) decides on some staff development-programme and conveys to WS.
- The tutors fix up the clinical experience along with ANS, WS and Staff Nurses.
- The organization charts do not have (arrows) because arrows communicate one way message.
- The ANM are answerable or accountable to WS so there is straight line from the WS to ANM. They are functionally answerable to SN, so a broken line is shown between the SN and ANS.
- The levels are shown according to position/status, a person had in the organization. For example Vice Principal is higher than DNS, so it is shown on the organization chart.

## 5) The Principle Advantages of Organization Charts

### a) *Defining the Organizational Relationship*

Without a chart, many people might view the organization as just a group of people, parts or activities. The organization chart provides us with a picture of structure of organization through which we can understand the organization as a whole.

### b) *Rationalising the Organization*

The preparation of organization chart needs a preliminary but detailed study of the organization. This can lead to greater efficiency and clearcut definition of responsibilities and accountability. When lines of authority are shown on chart, each manager and nursing person knows where she stands in relation to other nursing officers.

### c) *The Chart Acts as a Blueprint*

An organization chart can be compared to a road map. Like road map organization chart also communicates many aspects of organization. It is very useful for showing to the new comers. It can also be used for modification of organizational structure.

### d) *Helpful in Reference*

An organization chart can be used for easy reference. It avoids conflicts and can be used for decision making. Those hospitals which have comprehensive organization chart appear to have sound organization structure.

### e) *Other Uses*

Organization chart provide additional information other than the information given in the manual.

## 6) Disadvantages

- a) Organization charts are static in nature. Many charts show the structure as they are supposed to be rather than as they really are. To overcome this charts can be redrafted.
- b) Red-Tape and Rank Consciousness: Most people argue that charts tend to make people overly conscious of being superior or inferior. It destroys the team spirit and encourages red-tapism.
- c) Human relations cannot be portrayed on a chart.
- d) Responsibilities cannot be clearly defined as shown on the organization chart. But if organization chart is available the new manager can improve on it.

However, if the organization charts are prepared by efficient people the drafting can be better. Because an organization chart at least answers the following questions:

- a) Who am I: (What is my position in the organization).
- b) What do I do? (What are my duties).
- c) To whom I am accountable?
- d) Who is accountable to me.
- e) What are my prospects.

**Activity 2**

Prepare an organization chart of your department/hospital/school of nursing/PHC and describe the channels of communication. How would you use the channels to reach to the Nursing Superintendent of your head? Identify and list your position on the organization chart.

**Check Your Progress 2**

1) Organization chart is:

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 .....

2) An organization chart is used for the purposes of:

- a) .....
- b) .....
- c) .....
- d) .....

3) Organization charts can be:

- a) .....
- b) .....
- c) .....

4) Red-tapism is described as:

.....  
 .....

**1.3 LET US SUM UP**

In this practical we have reviewed the concept of organization, its purposes, the five principles of organization especially concerning nursing and its application. You have also learnt the application of principles with examples from nursing settings. Reading of this practical has also exposed you to the concept of organization chart, its purposes, types of organization chart, communication and coordination through lines and advantages and disadvantages of organization charts.

**1.4 KEY WORDS**

- Absolute** : Something which is unconditional, complete
- Accountable** : Answerable or responsible to someone
- Attainment** : Act of reaching at something
- Dehumanization** : Lack of human contact

|                      |                                     |
|----------------------|-------------------------------------|
| <b>Endeavour</b>     | To strive to do something           |
| <b>Extended</b>      | To stretch, the spread of something |
| <b>Ideal</b>         | Perfect as can be thought of        |
| <b>Misconcept</b> :  | A wrong opinion about something     |
| <b>Preliminary</b> : | Basic or at the beginning           |
| <b>Process</b>       | A gradual going forward             |
| <b>Successive</b>    | Following in order                  |

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## 1.5 ANSWERS TO CHECK YOUR PROGRESS

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### Check Your Progress 1

- 1) **Organization** is the relation of efforts and capacities of individuals and groups engaged in work together in a way as to achieve common goal for the maximum satisfaction.
- 2) Principles of Organization:
  - Principle of hierarchy
  - Principle of unity of command
  - Principle of span of control
  - Centralisation Versus Decentralisation, and
  - Delegation of responsibility.
- 3) **Staff:** Functionnaires are those people who provide and expert guidance and specialised advance but do not command.  
  
**Line Functionnaires** are those who work in all subordinate levels of line of command with the chief commandar.
- 4) **Decentralisation** signifies that the authority or certain powers are given away along with the responsibilities by the central authority whereas **Delegation** means transfer of certain specified functions without any authority.

### Check Your Progress 2

- 1) An organization chart is a statement of the relationship and activities that we would like to have in an organization.
- 2) An organization chart is used for the purpose of a) administrative control, b) policy making and planning, c) orienting new nursing personnel and d) effective communication.
- 3) Organization charts can be a) vertical from top to down, b) Horizontal from left to right, and c) circular or concentric.
- 4) Red tapism is described as a difficulty created due to organizational structure to reach to the incharge by passing through various channels of communication.