NR 534 Week 4: Organizational Structure: Power and Lines of Authority - Group B

"B" Positive Leaders,

Welcome to Week 4! This week we're focusing on organizational structure and how it shapes power, communication, decision-making, and accountability in healthcare. As this week's facilitator, my role is to direct our conversation, promote involvement, and assist us in delving further into the subject while maintaining our focus on the weekly objectives of:

- **Examine the relationship between organizational structure and lines of authority.**

We'll explore how different structural configurations shape decision-making pathways, governance models, and accountability mechanisms within healthcare organizations. Understanding these relationships helps us recognize why some organizations operate more effectively than others and how structural design directly influences performance outcomes (Stefan et al., 2025).

- **Describe the influence of types of power in organizational communication and collaboration.**

We'll explore formal and informal power, including concepts like the authority–power gap and spheres of influence, and how these affect team dynamics, collaboration, and patient care.

- **Suggest strategies for promoting accountability within healthcare organization structures.**

Together, we'll identify practical, evidence-based approaches that nurse leaders can implement to foster accountability, transparency, and ethical decision-making across organizational levels.

These objectives align with our course outcomes for the week, including:

1. Using evidence-based decision-making models to lead change and transform organizational culture.
2. Applying communication and collaboration strategies that respect cultural diversity and promote caring environments.
3. Managing human resources in ways that contribute to positive health outcomes within complex systems.

Organizational structure isn't simply an administrative framework, it's foundational to quality care delivery and staff engagement. Healthcare leaders who adopt flexible organizational structures and delegate operational authority closer to the point of care can improve performance and reduce administrative bottlenecks (Stefan et al., 2025). Additionally, understanding how power dynamics influence communication patterns enables nurse leaders to create psychologically safe environments where staff feel empowered to speak up about safety concerns and contribute meaningfully to decision-making.

As the healthcare's largest profession, nursing benefits greatly from understanding these effects and leveraging this knowledge to influence organizational design and culture. In professional environments, contributions to redesigning organizational structures and influencing power dynamics can enhance psychological safety and staff engagement. In your professional setting, have you ever experienced a situation where this approach led to improved safety or quality outcomes? If so, please share your experience.

Just a reminder, the initial response should be completed and posted no later than Wednesday, 11:59 pm MT. Refer to the **Small Group Discussion Grading Rubric** for additional information.

Looking forward to our discussion and collaboration. See you in the threads!

Jennifer

Ștefan, S. C., Popa, I., & Breazu, A. (2025). Healthcare organizations and performance: The role of environment, strategic orientation, and organizational structure. *Systems*, *13*(11), 1018. https://doi.org/10.3390/systems13111018

Organizational Structure: Power and Lines of Authority

Part 1: Individual

Describe the organizational structure and the lines of authority within the healthcare system where you work. Identify the relationship between the type of power observed and the authority line.

The healthcare organization where I work has a clear hierarchical structure that fits with traditional line bureaucratic model, but it also includes some more modern, relational elements. At the top is the CEO, who has the final say on decisions for the entire organization. Reporting directly to the CEO are the senior leaders—Chief Medical Officer (CMO), Chief Nursing Officer (CNO), and Chief Financial Officer (CFO)—each responsible for different areas: medical practice, nursing, and finances.

Below the C-suite, the organization is divided into clinical service lines like cardiology, oncology, and obstetrics. Each of these is managed by a Clinical Director who reports to the Assistant Vice President (AVP) of Service Lines. Supporting the Clinical Directors are Assistant Clinical Directors, who handle daily operational issues. In addition, Service Line Managers—covering specific units like pharmacy, dietary services, and facilities—are responsible for their own teams or programs. The clear chain of command is: **CEO → CMO / CNO / CFO → AVP of Service Lines → Clinical Directors → Assistant Clinical Directors → Service Line**