



Size matters—or does it?

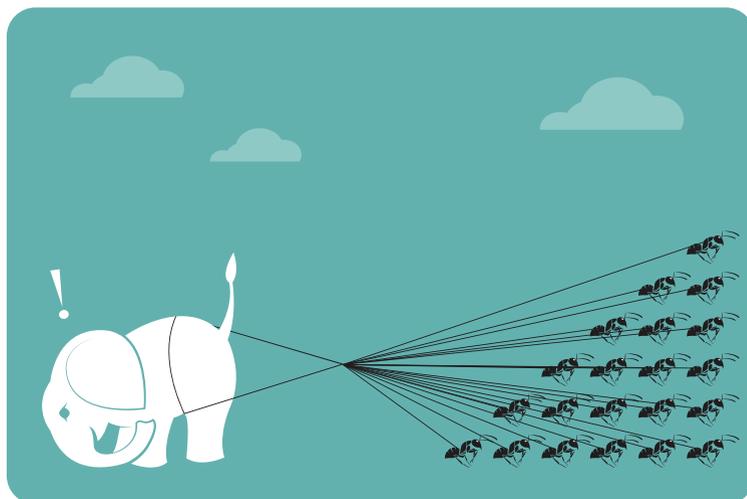
IN SPORTS, we often hear the saying “Size matters.” Usually, it means the bigger and stronger athlete triumphs. But sometimes, the smaller and seemingly weaker one may have the advantage and ultimately prevail to win the game or race.

Does “Size matters” mean anything in nursing? In every hospital, nursing is the largest department—often representing more than 50% of staff. But does that mean nursing is the biggest and strongest department? Does nursing have more influence than other departments in creating policies, enforcing professional behavior, or setting guidelines that ensure adequate time at the bedside to care for patients? If you’re smiling or just shaking your head right now, it’s because you know nursing certainly does *not* have more influence.

Why not? In the average hospital, the medical staff, despite its much smaller numbers, has the lion’s share of power. However, its influence is somewhat mitigated by the power and influence of the C-suite (CEO, COO, CFO), a group even smaller than the medical staff. Physicians’ influence stems from their ability to admit patients, perform surgeries, order tests, prescribe drugs, and direct the care provided to patients. The medical staff generates revenue; the C-suite essentially manages expenses.

So where does nursing fit into this power structure? It’s a complex question to answer, especially considering that nurses are mistakenly viewed as a non-revenue generating expense. And in terms of educational degrees, nursing differs significantly from the C-suite and medical staff. Nearly everyone in the C-suite has a master’s degree in healthcare administration, and all physicians have a 4-year medical degree plus a residency ranging from 3 to 7 years. However, among nursing staff, there’s a wide range. You find peers with associate, bachelor’s, or master’s degrees in nursing and a few with doctorates. Similar variation exists within nursing leadership. Except for leaders with degrees in nursing administration, the formal education most staff nurses receive doesn’t include financial management, budget administration, personnel management, project management, or even meeting management.

What does the disparity in education and management expertise mean for nursing overall? And with the power gradient just as unbalanced in nonacute care settings, what does the current reality mean for you? First, wherever you practice, maintain your focus on providing great patient care. Second, learn—and show—how nurses influence revenue almost as much as physicians. Third, lead from the bedside to the boardroom, as if the future of nursing depended on it. Florence Nightingale said, “Were there none who were disconnected with what they have, the world would never reach anything better.” Nurses have the advantage of size in terms of numbers, care qualities, and compassion. What you do with that advantage matters. Believe in the power of nursing. I do!



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