


**THE ROLE OF NURSING COORDINATORS WITHIN CARE MANAGEMENT  
SUB-DIRECTORATES****ROL DEL COORDINADOR DE ENFERMERÍA EN LAS SUBDIRECCIONES DE  
GESTION DEL CUIDADO****PAPEL DO COORDENADOR DE ENFERMAGEM NAS SUBDIRETORIAS DE  
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**Editor:** Denisse Parra-Giordano **ABSTRACT**

**Objective:** This reflection aimed to explore, based on the existing scientific evidence, the functions and attributes of the nurse coordinator's role in hospital care. **Development:** In Chile, nursing management for hospital care in medium- and high-complexity establishments is regulated by general administrative standard No. 19 through the exempt resolution 1127, 2007. More than 15 years after its implementation, some inequalities have been detected in its structure, as well as high heterogeneity in the functions that have been amended through the norm that regulates them. There is no consensus regarding the structure of nursing roles, whether at the international or national level; this includes the role of nursing coordinators within care management sub-directorates. This reflection reveals the divergence that exists among the structures of Nursing and the definitions related to nursing coordination, a fundamental aspect of governance in Nursing. Leadership style, motivation, effective communication, support, and knowledge of complex systems can determine the characteristics of nursing coordinators. **Conclusions:** The definition and functions of the nursing coordination role are divergent. Currently, the structures are dissimilar among hospital facilities. It is suggested that a general organizational structure is developed from a central level and universalized to all nursing sub-directorates, considering differences according to the service portfolios, complexity, and specialty of hospitals in Chile.

**Keywords:** Nursing; Nurse's Role; Leadership; Health Management.

## RESUMEN

**Objetivo:** El objetivo de esta reflexión fue explorar de acuerdo con la evidencia científica disponible, las funciones y atributos del rol de las enfermeras coordinadoras en atención cerrada. **Desarrollo:** En Chile la gestión del cuidado de enfermería para atención cerrada de establecimientos hospitalarios de mediana y alta complejidad se encuentra regulada por la norma general administrativa N° 19, con resolución exenta 1127 de 2007. A más de 15 años de su implementación se ha cuantificado una desigualdad en cuanto a estructura y alta heterogeneidad de las funciones enmendadas a través de la norma que las regula. A nivel internacional y nacional no existe consenso en relación con la estructura de enfermería y con ello el rol de coordinadoras de enfermería dentro de las subdirecciones de gestión del cuidado. Esta investigación demuestra divergencia en las estructuras de Enfermería y las definiciones con respecto a las coordinaciones de Enfermería, aspecto fundamental para la gobernanza de Enfermería. El estilo de liderazgo, motivación, comunicación efectiva, acompañamiento y el conocimiento de sistemas complejos, pueden determinar características de las enfermeras coordinadoras. **Conclusiones:** La definición y funciones del desarrollo del rol de la coordinación de enfermería es divergente. En la actualidad las estructuras son disímiles entre los establecimientos hospitalarios. Se sugiere establecer una estructura orgánica general desde el nivel central para la universalidad de las subdirecciones de enfermería, considerando las diferencias de acuerdo con carteras de servicios, complejidad y especialidad de los hospitales chilenos.

**Palabras clave:** Enfermería; Rol de la Enfermera; Liderazgo; Gestión en Salud.

## RESUMO

**Objetivo:** O objetivo desta reflexão foi explorar, de acordo com a evidência científica disponível, as funções e atributos da atuação dos enfermeiros coordenadores no cuidado fechado. **Desenvolvimento:** No Chile, a gestão da assistência de enfermagem para atendimento fechado em estabelecimentos hospitalares de média e alta complexidade é regulamentada pela norma administrativa geral nº 19, com isenção da resolução 1.127 de 2007. Mais de 15 anos após sua implementação, quantificou-se uma desigualdade em termos de estrutura e elevada heterogeneidade das funções alteradas pela norma que as regulamenta. A nível internacional e nacional não existe consenso em relação à estrutura de enfermagem e, portanto, ao papel dos coordenadores de enfermagem nas subdireções de gestão do cuidado. Esta reflexão demonstra divergências nas estruturas e definições de enfermagem em relação à coordenação de enfermagem, um aspecto fundamental para a governança em enfermagem. O estilo de liderança, a motivação, a comunicação eficaz, o suporte e o conhecimento de sistemas complexos podem determinar características dos enfermeiros coordenadores. **Conclusões:** A definição e funções do desenvolvimento do papel da coordenação de enfermagem são divergentes. Atualmente, as estruturas são díspares entre os estabelecimentos hospitalares. Sugere-se estabelecer uma estrutura orgânica geral a partir do nível central para a universalidade das subdireções de enfermagem, considerando as diferenças segundo carteiras de serviços, complexidade e especialidade dos hospitais chilenos.

**Palavras-chave:** Enfermagem; Papel do Profissional de Enfermagem; Liderança; Gestão em Saúde.

## INTRODUCTION

It has been described that between 1940 and 1980 Chilean hospitals already possessed a structure for Nursing management. This was characterized by the habilitation and organization of clinical services, the resolution of internal issues in the Nursing team, the management of human resources, and the direct supervision of collaborators for patient care.<sup>1</sup>

Similarly, historical records can be found from the former National Health Service (*Servicio Nacional de Salud* or SNS) for the 1950-1955 period. These report the selection process for nurses with administrative responsibility in different areas of healthcare. It is understood that, for locations with a higher population density, the position was presented as “Deputy Director” or “Deputy Head of Hospitals,” indicating the first outlines of a nursing structure called the Sub-department of Nursing in the SNS.<sup>2</sup>

In 1997, a legislative process in Chile facilitated the recognition that nurses played a pivotal role in addressing the social challenge of meeting the demand for nursing care. This recognition is deemed an indispensable asset, applicable across various tiers of healthcare and throughout the entire human life cycle.<sup>3</sup>

According to the general administrative standard No. 19, as outlined in exempt resolution 1127 of 2007, the purpose of nursing care management is defined as "establishing general standards to operationalize the nursing care management model in high- and medium/high-complexity hospitals and implementing the technical and administrative procedures that ensure the best results in patient care." This standard is mandated as a fundamental requirement for self-managed public hospitals within networks.<sup>4</sup>

However, more than 15 years after the enactment of this resolution, proposing a universal organizational structure for hospitals nationwide that are part of the public health network under the Ministry of Health (MINSAL) has proven to be unattainable. This development is crucial for enhancing the efficiency of nursing services and, subsequently, impacting clinical and hospital management.

In this context, the implementation of a structure for Nursing Sub-directorates in Chile is observed to be uneven. This observation is grounded in a study published in 2023, revealing that only 75% of the hospitals in the study possess a Sub-directorate of Care Management structure. Moreover, there is significant heterogeneity in how these institutions fulfill the functions outlined by the governing standard.<sup>5</sup>

When discussing the structure of nursing in Chile, it is essential to consider two fundamental concepts. In this context, the Royal Spanish Academy (*Real Academia Española*, or RAE) defines 'coordinating' as "Linking two or more things so that they form a harmonious whole or unit" or "Syntactically connecting two or more elements of the same hierarchical level." In turn, it defines 'to supervise' as "Inspecting the work performed by others, from a superior role." This clarification sheds light on the functions of Nursing Coordination and Nursing Supervision or heads of clinical services present in various Nursing structures within Chilean public hospitals.

The definition of care coordination remains unclear concerning roles when comparing different disciplines and even within the nursing profession itself. Its functions and roles are characterized by an ambiguous and heterogeneous nature.<sup>6</sup> Nursing middle management, specifically the "supervisor of a service or clinical unit," plays a pivotal role within the nursing structure. This role is responsible for disseminating and fulfilling the strategic vision, values, and objectives of the organization in each unit.<sup>7</sup>

The Nursing Coordination must comprehend and adhere to the organizational policies within which it is developed, both in the medium and long term. This approach enables the achievement of objectives through personal leadership skills in teams, clinical and organizational knowledge, as well as the support, understanding, and motivation of individuals. Consequently, this influence extends to the health teams they coordinate and the individuals for whom they provide care.<sup>8</sup>

Given the absence of a universal structure for the care management sub-directorates of Chilean public hospitals and the observed variability in defining the role of Nursing coordination in inpatient care, the following reflection is proposed. This reflection aims to explore, based on available evidence, the functions, and attributes of the role of nurses and nurse coordinators in inpatient care within Chilean public hospitals.

## **DEVELOPMENT**

A search was conducted using PubMed, SciELO, and CINALH between March and June 2023. The search utilized the descriptors (in Spanish) "Rol de la Enfermera," "Liderazgo," and "Gestión en Salud," with the selection of articles aligning with the general objective of this reflection. This process included the incorporation of free access studies at both the international and national levels. It is crucial to note that this reflection was formulated based on the predetermined general objective. Furthermore, as a reflective study, it adopts an exploratory perspective and does not aim to analyze the methodologies employed in the selected articles.

### **Differences in the Nursing Structure in Hospitals**

Within the context of Chilean healthcare, diverse structures are observed in association with the Care Management Sub-directorates. Some structures are aligned with Nursing Coordinations, incorporating different supervisors or nursing chiefs in clinical services. Conversely, other structures are framed within the framework of care management as a process, as depicted in figures.<sup>1-5</sup>

Nevertheless, the establishment of a universal structure and a comprehensive understanding of its functions within these dependent lines, accounting for variations in complexity, specialty, and the portfolio of services, would significantly enhance the professional management of Nursing. The concept of professional management is conceived as a collective endeavor wherein the organization defines decision-making mechanisms and formal and informal institutional structures. This approach affords Nursing autonomy, control, and authority over practices in each institution's professional sphere, while adhering to a standardized model for inpatient care.<sup>9</sup>

In this context, the role of a coordinator is considered a genuine asset for nurses overseeing teams in various units or clinical services. This role facilitates continuity, provides opportunities, and fosters harmony among professionals.<sup>10</sup>

Nursing coordination is intricately connected to team management at the mid-management level, responding effectively and consistently to high management or deputy Nursing directors in clinical establishments. Therefore, nurse coordinators must possess a deep understanding of complex systems, including hospital organizations, community needs diagnoses, and support systems for nursing and multidisciplinary teams.<sup>11</sup>

### **Factors Contributing to the Development of the Nursing Coordinator Role**

Social support or accompaniment is recognized as a predictor of organizational commitment in nursing, enhancing the emotional bond of nursing professionals with the health organizations to which they belong. This form of support, provided by nursing coordinators, is considered a fundamental element, particularly in contexts of crisis, high stress, and vulnerability, such as shortages of human resources.<sup>12</sup> Additionally, supporting new nurses in leadership positions is deemed an essential role within the nursing structure. This role involves accompanying and supporting the acquisition of positioning and leadership strategies, optimizing the effectiveness of new leaders within nursing sub-directorates and organizations.

Leadership exclusively focused on tasks is insufficient to achieve successful results in nursing teams. Therefore, the practice of nurse coordinators must necessarily emphasize relational aspects within

work teams, fostering positive outcomes in the nursing workforce and yielding improved organizational results.<sup>13</sup>

Effective communication in coordination has received positive evaluations among nurses and health teams. This contributes to the strengthening of the nursing staff, enhancing their human relations, and improving work environments. Consequently, this fosters the adequate development of Nursing teams' activities and has a positive impact on both patients and administrative management.<sup>10</sup>

The development of manuals, protocols, and clinical guidelines across coordinations is deemed an essential function within nursing coordination, applicable not only at the hospital level but also in primary health care settings. This practice allows for greater fluidity in the professional practice of nurses, promoting communication, facilitating responses to middle management and teams, ensuring continuity, and contributing to the standardization of care.<sup>14</sup>

Leadership style is considered a pivotal factor in the turnover of nurses within healthcare institutions, and as such, it should be a consideration for Nursing coordinators. This is a crucial point, as a high turnover rate among nursing staff significantly impacts the incidence of pressure injuries and medical errors in individuals requiring care in hospitals. Moreover, it has broader organizational and economic implications. It has been estimated that each nurse rotation is equivalent to three salaries for each rotation of one nurse in countries such as the United States, Korea, New Zealand, Australia, and Brazil, representing 25.1% of the salary of the nursing staff.<sup>15</sup>

Nurses working under leaders characterized by guiding their teams, offering mentoring, and providing continuous monitoring demonstrate higher job satisfaction and express fewer intentions to leave their current positions and organizations.<sup>16</sup> Therefore, these characteristics are essential considerations for nursing coordinators to incorporate into their leadership approach.

Another of the described functions is associated with the development, monitoring, control, and improvement of sensitive care indicators, facilitating the achievement of strategic objectives and public policies. Moreover, it contributes to the enhancement of the quality and safety of individuals receiving nursing services. These coordination-sensitive care indicators are regarded as a scientific tool for objectively assessing the quality of clinical nursing and the effectiveness of care provided to hospitalized individuals.<sup>17</sup> For example, it has been observed that the stronger the nursing coordination in healthcare establishments, the lower the incidence of lost nursing care among hospitalized patients ( $p < 0.001$ ).<sup>18</sup>

At the institutional level, hospitals are complex organizations where conflict resolution and the presence of support for the nursing team are deemed essential qualities and competencies for the development of the role of Nursing Coordinator, which is fundamental for fulfilling this position.<sup>19</sup>

Similarly, the identification of stakeholders represents a crucial strategy for the proper development of the nursing coordination role. The involvement of stakeholders is a crucial factor in understanding human resources for various healthcare planning processes and positioning the role.<sup>20</sup> This facilitates effective and efficient care coordination with different collaborators within the work teams.

One of the primary limitations of this article is the scarcity of published articles related to the structure of nursing in Chile. Additionally, there is variability in the use of the concept of nursing coordination globally, both within nursing and other disciplines. This variability poses a barrier to a more exhaustive analysis of the nursing structure and the role of nursing coordination within the sub-directorates of care management.

## CONCLUSIONS

The nursing structure in Chile currently lacks universality or a macrostructure. Nevertheless, outlines have been developed in accordance with each self-managed public health institution regarding internal nursing structure models within the organizations.

The definitions of the role of nursing coordinators at the international and national levels are divergent and varied, potentially leading to confusion between the nursing structures of different hospitals and regarding the understanding of the nursing structure within the community. There is variability in definitions regarding the functions of the role in lines of dependency.

In Chile, the structures of nursing sub-directorates vary among different clinical establishments, as illustrated in the available figures depicting the nursing structures of Chilean public hospitals. Currently, there is no overarching organic structure at the central level indicating a universal framework adapted to each service portfolio of medium and high-complexity public hospitals.

It is imperative to unify and reach a consensus on the structure and definitions of the figures included in the nursing structure within public hospitals. This aims to clarify the exposed differences regarding the roles of nursing coordinators and supervisors, as defined by the Real Academia Española. According to their definition, a nursing coordinator orchestrates two or more units with intermediate leadership at the same hierarchical level. In contrast, a nursing supervisor is associated with the nursing leadership of a unit or clinical service, ensuring the fulfillment of organizational objectives and the operational functionality of clinical services at the "unit" level.

The universal structure of nursing sub-directorates must account for inevitable variations based on the service portfolios and specialties of each hospital. In this regard, it is crucial to have nursing coordinators who operate administratively and technically under the nursing sub-directorates. This arrangement would facilitate the implementation of strategic plans by each sub-directorate responsible for providing care. However, it is necessary to clearly delineate the competencies, functions, and attributes of this role within the structure, emphasizing the coordinators' role as strategic collaborators in achieving the objectives set by each organization and delivering optimal outcomes for individuals, both within the nursing team and the patient community.

Concerning the research question, it can be observed that the characteristics and attributes of the nursing coordinator role, such as leadership style, social support, mentoring, continuous monitoring of sensitive indicators, team guidance, effective communication, and knowledge of health organizations, are essential elements for professionals undertaking this role. These should be established as strategic attributes or competencies within the job profile due to their impact on the outcomes of nursing teams and individuals requiring nursing services.

Defining a universal nursing structure strengthens governance at the local level, reinforces the improvement of universal good management practices, and addresses the care needs and high demand for nursing services in public health establishments.

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